Minor Surgery Accreditation

Research Project - Final Report

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The Irish College of General Practitioners

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Forward

I am delighted to introduce the results of the Minor Surgery Accreditation Research Project carried out by the ICGP and the Primary Care Division of the HSE. This project had its origins among the numerous GPs who undertake community based surgery and who have been seeking to improve both the quality and safety of their work.

As a GP who undertakes community surgery, I have always been struck by positive patient reaction to having their surgery performed locally and in a non-hospital setting. This is borne out by the positive results of the patient satisfaction survey carried out as part of this project with over 96% of patients rating their overall impression as very good or excellent.

This project shows that community based surgery is safe, effective and acceptable to patients.

This project has shown that there is potential within general practice, given proper resourcing, to contribute greatly to easing of hospital waiting lists for surgery given that up to 30% of patients who have surgery in hospital could have this performed in a general practice setting.

The challenge now is to roll out this accreditation project to the wider general practice community, thereby driving improvement in standards in line with HIQA National Standards for Safer Better Health Care (2012) and forming a network of General Practitioner Community Surgeons.

I am grateful to Mr. John Hennessy, Director Primary Care Division HSE, for his leadership in driving this project. Professor Frank Keane, Surgical Clinical Lead, has also been a huge support to the research.

I also acknowledge the role of the Primary Care Surgery Association in starting and continuing the dialogue regarding improving standards.

I would particularly like to thank members of the steering committee and the assessors for their sterling work.

Finally, I would like to thank Dr. Claire Collins and Dr. Ailís ní Riain, who managed this project on behalf of the Irish College of General Practitioners.

Dr Joseph Clarke
GP Lead HSE Minor Surgery Project.

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Executive Summary

Minor Surgery is carried out in the general practice/family medicine setting in many countries worldwide. It has been estimated that up to 60% of the minor surgical procedures that currently take place in acute hospital settings could be undertaken in other settings (Comptroller and Auditor General, 2014). Specific skills are required to undertake minor surgical procedures in general practice. At present there is no official credentialing of GPs undertaking minor surgical procedures in Ireland, although it occurs in the UK. This project was designed to gather evidence as to the requirements of an accreditation process to ensure that an identified doctor in an identified setting can provide quality care to patients requiring designated minor surgical procedures in general practice. As this was a research project, ethical approval was applied for and obtained. The project was run by the ICGP with research funding from the HSE Primary Care Division and was overseen by a multi-sectoral, multi-disciplinary Steering Group representing all stakeholders.

The first stage of this project was to establish a network of 20 GP practices to participate in the research and first accreditation process. This was pre-empted by a data collection exercise in order to establish eligibility criteria and standards and to assist in the quantification of expected sample size for the six month portfolio data collection period.

This next stage established and tested a process of assessment and accreditation for the network participants. It included recruitment and training of surveyors and the implementation of the accreditation model with network participants which included a review of their minor surgery portfolio, a documentary review of relevant policies and certification and a practice site visit.

Evaluation of this process was undertaken by means of three discursive workshops with participating GPs in addition to ongoing informal feedback, a focus group with surveyors and a patient satisfaction survey.

As a result of this project the authors and project steering group have suggested a number of recommendations which include:

- the retitling of minor surgery to community based surgery
- accreditation should offered to all experienced GPs, with agreed time limits, but should be voluntary
- the agreed procedures list should be reviewed and updated at an agreed timeframe
- standards for Community Based Surgery should be routinely reviewed and updated
- opportunities to develop common platforms with other GP accreditation requirements should be explored
- data collection should be integrated into certified practice management systems.
- clinical guidelines should be adopted or drawn up
- a clear pathway of training should be developed
- decontamination of RIMDs through local CSSDs pathways should be developed. single use instruments should be supplied in the interest of patient safety as already provided in HSE settings
- support and training should be made available for those who wish to decontaminate re-usable instruments at their practice
- further research should be undertaken for specific information requirements
- the terms of any contract from the HSE should be agreed in advance with the appropriate GP unions.

The key outputs from the project include:

- Standards for Accreditation of Experienced GPs in Community Based Surgery
- Discussion Paper on Framework for Accreditation and Re-accreditation Cycle for GPs undertaking Community Based Surgery

These documents are based on the findings of this research and are consistent with current literature and statutory requirements in the area of Community Based Surgery. Hence, they will need to be updated to reflect future developments prior to their implementation.

Acknowledgements

This project would not have been possible without the unlimited dedication of the steering committee, who gave graciously of an extensive amount of their time. We would like to thank them unreservedly.

We acknowledge and thank the HSE for providing the funding for the project and members of the PCSA for their guidance.

We thank the GPs and their practices for their participation. While funded under a research grant to participate in the project, many of the GPs went beyond the activities initially agreed and made notable additional contributions.

Chapter 1: Introduction

1.1 Background

Minor surgery is carried out in the general practice/family medicine setting in many countries worldwide. It has been estimated that up to 60% of the minor surgical procedures that currently take place in acute hospital settings could be undertaken in other settings (Comptroller and Auditor General, 2014). Minor surgery in primary care has long been held to be cost-effective and popular with patients (Comptroller and Auditor General, 2014; patient.co.uk, 2016). The international evidence varies but suggests that overall minor surgery has at least as good outcomes in the general practice setting as in the hospital day-case setting (Botting et al., 2016). Patients express high levels of satisfaction with minor surgery in general practice (George et al., 2008; patient.co.uk, 2016) – the location is more convenient, waiting times are shorter, procedures can be scheduled to minimise inconvenience to the patient, the environment in less threatening, and follow up is more convenient.

Based on anecdotal evidence in Ireland, we estimate that up to two thirds of Irish GPs undertake some minor surgical procedures in their practices. A small survey in the midlands indicated that this could be as high as three quarters of GPs undertaking at least one minor surgical procedure (Gallagher, 2007). However, no formal enumeration has taken place in Ireland. At present there is no official credentialing of GPs undertaking minor surgical procedures in Ireland, although it occurs in the UK.

Specific skills are required to undertake minor surgical procedures in general practice. This project sought to outline the standards required for a doctor in a specific setting to guide them to deliver safe, high quality care. This project was designed to gather evidence as to the requirements of an accreditation process to ensure that an identified doctor in an identified setting can provide quality care to patients requiring designated minor surgical procedures in general practice.

Accreditation of GPs who undertake minor surgery will indicate to patients and health service management that the GPs have been externally assessed to agreed

standards. It will provide a positive indication that a culture of safety exists within the practice and will support and facilitate the minimisation of risk. It will take a supportive and developmental approach and will enable participating GPs and practices to develop and improve the quality of the service they provide.

It is reported that both the Health Service Executive (HSE) and the Department of Health consider that more minor surgery cases, currently seen as day cases in hospital, could be dealt with in primary care (Comptroller and Auditor General, 2014). In 2014, a review of ambulatory surgery at the hospital level mobilised an energy around addressing the unacceptably high cost of such work being undertaken in that setting (National Clinical Programme in Surgery, 2014). On the basis of these reports and following discussions between the Irish College of General Practitioners (ICGP), the Primary Care Surgical Association (PCSA) and the HSE Division of Primary care, the HSE provided funding for the ICGP to undertake a research project, known as the Minor Surgery Accreditation Research Project.

1.2 Project Aims and Objectives

The overarching aim of the project was to establish a general practice minor surgery research network to undertake and record activity and outcomes from minor surgical procedures in a sample of practices in order to develop and test an accreditation process to enhance patient care.

Within this, the specific objectives were:

1. To establish a general practice research network to undertake a designated list of surgical procedures
2. To document minor surgery activity in the network prior to commencement and over a six month period thereafter.
3. To ascertain outcomes from the network (safety, quality, volume, range).
4. To develop and test accreditation criteria, standards and processes for Irish GPs.

1.3 Ethical Approval

As this was a research project, ethical approval was applied for to the Research Ethics Committee of the ICGP. The project was approved in May 2015. The principles of research including anonymity, confidentiality, no maleficence and beneficence were upheld at all times. The designated list of procedures that were agreed for inclusion were confirmed as covered by the medical indemnity bodies (Appendix 1).

1.4 Project Governance

The project was run by the ICGP (Principal Investigator: Dr Claire Collins, Director of Research and Project Lead: Dr Ailís ní Riain) with research funding from the HSE Primary Care Division.

The project was overseen by a multi-sectoral, multi-disciplinary Steering Group (Appendix 2) representing all stakeholders. The governance structures were designed in order to ensure collaboration with other stakeholders and interface with relevant bodies (Appendix 3). The structure also supported an international contribution. The steering group met six times during this one year project and supervised the development and implementation of all aspects of the research. As necessary, and discussed in relevant sections below, sub-groups of the steering group formed working groups for specific tasks with all decisions ratified by the full steering group.

1.5 Outline of Project Work Packages

1.5.1 Work Package 1 - Network Development

The first stage of this project was to establish a network of 20 GP practices to participate in the research and first accreditation process. This was pre-empted by a data collection exercise in order to establish eligibility criteria and standards and to assist in the quantification of expected sample size for the six month portfolio data collection period.

1.5.2 Work Package 2 – Accreditation and Assessment

This work package established and tested a process of assessment and accreditation for the network participants. It included recruitment and training of surveyors and the implementation of the accreditation model with network participants which included a review of their minor surgery portfolio, a documentary review of relevant policies and certification and a practice site visit. The portfolio information was determined in conjunction with the network participants and the project steering group. It included age, sex, date of procedure, type of procedure, clinical diagnosis, histological diagnosis, site, lesion width at widest diameter, least lateral margin, excision margin and complications. Portfolio data for six months was collected as part of this work package. All data returned to the study team was anonymous at patient level. While practice level data was considered in the accreditation process, only anonymised, aggregated data are reported on in this report.

1.5.3 Work Package 3 – Evaluation

Evaluation of this process was undertaken via a number of methods. Informal feedback from participating GPs was ongoing via phone calls and emails throughout the project. Formal input and feedback was obtained via three discursive workshops and an online survey. Feedback from surveyors was by way of a focus group. A patient satisfaction survey was also undertaken. The method of appreciative inquiry was utilised; the basic idea within this method is to build organisations around what works, rather than trying to fix what doesn't; the opposite of problem solving (Cooperrider et al., 1995).

1.6 Analysis

1.6.1 Quantitative Data:

The data collected was entered into PASW for the purpose of analyses. Data are presented and represented in the form of tables, graphs and charts. Descriptive statistics are provided as well correlational data as relevant. Continuous data was described using means and standard deviations. Comparison between groups was carried out using analysis of variance (ANOVA). The chi-square test was used to test

the existence of a relationship between categorical variables. Regression and multiple regressions were employed for establishing the contribution of other factors to the variability in continuous variables.

1.6.2 Qualitative Data:

Krueger's (1994) framework analysis approach was used to analyse the data. This thematic approach allows for themes to develop both from the research questions and the participants' narrative. Patterns and/or themes were sought separately by two researchers using open coding techniques. Themes deduced using open coding techniques were compared, recorded and all data specific to these themes noted. Sub-themes were then sought in order to provide a full view of the group's opinions (Braun and Clarke, 2006).

Chapter 2: Establishing the GP Research Network

2.1 Recruitment of GP Research Network

The Steering Group agreed the application process and advertisement campaign for recruitment of the GP Network at its meeting on May 25th 2015. The intention was to recruit 20 General Practitioners to participate in the accreditation research. The components of the application process were advertisement, application pack and selection of the research network (Table 2.1).

Table 2.1: Application Process for GP Network

ADVERTISEMENT	Forum (Journal of ICGP) June 2015 edition ICGP website PCSA website HSE website Advertisement on websites: May 29th 2015
APPLICATION PACK	Information Booklet (Appendix 4) Approved Procedures List (Appendix 1) Application Form (Appendix 5) Deadline for receipt of completed applications: June 19th 2015
SELECTION	Application Review Working Group Base and Prioritisation Criteria Application of Selection Criteria Successful applicants to be notified: June 30th 2015

Advertisements were placed in *Forum* (Journal of the ICGP) and on relevant websites. An application pack was developed for download from the websites, available in hard copy on request from the ICGP. A three week deadline for receipt of completed applications was agreed.

The criteria to be addressed in the application form (Table 2.2) were selected, informed by a review of the literature, particularly the UK experience (Department of Health UK 2007; NHS 2011).

Table 2.2: Application Form Components for GP Network Application

DOCTOR	Training Qualifications Clinical Indemnity Interest in Minor Surgery Experience in Minor Surgery
PRACTICE INFRASTRUCTURE	Practice Support Surgical Assistant Facilities and Equipment
POLICIES/PROTOCOLS AND PROCESSES	Health and Safety Statement Infection Control Risk Management Minor Surgery Register Consent Staff Immunisation
COLLABORATION	Hospital(s) to whom they refer Consultant contact/support Inter-referral from GP colleagues

In addition, applicants were asked to indicate how many of each of the 14 agreed procedures they had undertaken in the six months prior to application.
Completed application forms were received from 72 doctors from 64 practices. Individual and group practice applications were received. This included 58 individual applications and 6 group applications (2 group applications from 3 GPs each and 4 group applications from 2 GPs each). Applications were received from 20 counties, with the majority from Munster. Rural, urban, suburban and urban (deprived) practices were represented. All practice settings from single-handed practitioners to large practices were represented in the applications.

2.2 Selection of GP Research Network

Three members of the project Steering Group volunteered to form the Application Review Working Group. They met on June 25th 2015 to agree the selection criteria

and undertake the preliminary selection process. A short list of 30 qualifying applicants was considered by the Steering Group later that day and the final network was agreed.

Base/qualifying criteria relating to the doctor, the setting in which (s)he works and their practice of minor surgery were established by consensus (Table 2.3) and the treatment of group applications was agreed (Table 2.4).

Table 2.3: Base/ Qualifying Criteria for Selection of GP Network

Criteria relating to the Doctor

1. Higher professional qualification – MICGP, MRCGP or equivalent, sufficient to ensure entry onto the Specialist Division of the Medical Register in General Practice
2. Appropriate Medical Indemnity Cover

Criteria relating to the Practice

1. GMS List – either the applicant or other doctor in the applicant's practice
2. Treatment room
3. Surgical assistant - at least "sometimes"
4. Procedures Register / Log – in any format
5. Health and Safety Statement

Criteria relating to the Doctor's practice of Minor Surgery

1. Total procedures in preceding six months > 50.
2. Undertakes at least 3 of 4 "essential" procedures namely
    a. Shave and punch biopsy
    b. Excision of skin cyst (lipoma / dermoid cyst / meibomian cyst)
    c. Excisional biopsy of skin
    d. In-grown toenail surgery
    e. Aspiration or injection of joints.
3. Must currently take referrals from other GPs, either from within and/or from outside their own practice

NOTE: Candidates can be deemed to have met the base criteria if they only fail to meet one criterion.

Table 2.4: Treatment of Group Applications for GP Research Network

- Each applicant must meet the base criteria for the doctor
- The practice infrastructure criteria must be met
- The total number of procedures undertaken within the practice will be considered with a mean number assigned to each applicant
- The range of "essential" procedures from the base/qualifying criteria must be met within the practice
- Should group applicants be successful, the practice will receive one practice grant.

Thirty four applications (38 doctors in 34 practices) did not meet the base/qualifying criteria and were excluded from further consideration at this stage. The remaining 30 applications (34 doctors in 30 practices; 27 individuals and 3 group applications) were tested to ensure geographical spread and practice settings were represented. Prioritisation criteria were agreed (Table 2.5) and applied to an anonymised listing of the 30 qualifying applications. The top-ranking 20 applications (24 doctors in 20 practices; 17 individual and 2 groups: 2 x 2 GPs and 1 x 3 GPs) were identified. The next five ranking applications (5 individuals) were identified as reserve candidates. All 20 successful applicants joined the GP Research Network.

Table 2.5: Prioritisation Criteria for Selection of GP Research Network

All applications which meet the base/qualifying criteria ranked according to the following criteria:
Total number of procedures in the previous six months minus number of cryotherapy procedures
AND
Numbers of excisional biopsies plus excision of non-melanoma skin cancer

All GPs signed a research agreement (Appendix 6). Induction included provision of the Information Pack, a clinical data collection tool (Appendix 7) and individualised support by phone and email to each GP.

2.3 Description of GP Research Network

2.3.1 Total Number

A total of 24 GPs in 20 practices.

2.3.2 Geographical Distribution

GPs are located in 11 counties; with a predominance of Munster counties (Table 2.6).This reflects the geographic pattern of applications.

Table 2.6: Location of GPs

County	***Number of GPs***
Clare	2
Cork	8
Donegal	1
Dublin	1
Galway	2
Kerry	1
Roscommon	1
Tipperary	3
Waterford	1
Westmeath	2
Wicklow	2

2.3.4 Practice Settings

Practices are located in inner city, city suburbs, country towns and rural settings.

2.3.5 Practice Sizes

Practices range in size from 1-2 doctor practices to large practices that are part of Primary Care Teams.

Chapter 3: Development of Accreditation Model

3.1 Background

Best practice guidance from the UK Department of Health (2007) states that "a rigorous and fair form of accreditation, which can be followed across the country, will help to ensure that individual clinicians have the combination of training and experience that will enable them safely to take on their new roles". This document then goes on to state that the places where these clinicians should be resourced and have a governance structure that ensures high quality care. Research evidence generally presents accreditation as a useful tool to stimulate improvement and promote high quality organisational processes (Doyle & Grampp, 2008).

3.1.1 Terminology: Licensure / Certification / Accreditation / Credentialing

In the literature, various terms are used somewhat interchangeably in describing such systems. Rooney and von Ostenberg (1999) provide commonly accepted international definitions of licensure, certification and accreditation in their monograph on Quality Assurance Methodology (Table 3.1). While the terms accreditation and certification are often used interchangeably, accreditation usually applies only to organisations while certification may apply to individuals as well as to organisations. The closest equivalent to licensure in Ireland for individual medical practitioners is registration with the Medical Council.

Credentialing, which is the approach being taken in the UK, is the process of obtaining, verifying and assessing the qualifications of the health care practitioner to provide specific patient services. Credentials review is an ongoing process of rechecking the individual's qualification and competence. It is typically based on self-regulation, within the profession and health care organisation, and can promote continuous improvement, education and professional accountability.

The UK experience of GPs with a special interest (GPwSIs) in dermatology and skin surgery suggests that both the post and the individual clinician required accreditation (Botting, personal correspondence, 2015). Accreditation of GPwSIs was originally undertaken by a local group who were to approve a service that would then compete

with their own. This was identified as a flaw in this approach. Credentialing, which is still at a pilot phase, will be undertaken centrally by the RCGP, in conjunction with the specialist college. A credentialed doctor will need to carry out the work in a recognised setting.

There is significant overlap between the various terms defined in this section in the published literature.

Table 3.1: Definitions of Licensure, Certification and Accreditation

Licensure is a process by which a governmental authority grants permission to an individual practitioner or health care organisation to operate or to engage in an occupation or profession. Licensure regulations are generally established to ensure that minimum standards are met to protect public health and safety. It is usually granted to an individual after some form of examination or proof of education and may be renewed periodically through payment of a fee and /or proof of continuing education or professional competence. **Accreditation** is a process by which a recognised body assesses and recognises that a health care organisation meets applicable pre-determined and published standards. Accreditation standards are usually regarded as optimal and achievable, and are designed to encourage continuous improvement efforts with accredited organisations. Accreditation decision is made following periodic on-site evaluation by a team of peer reviewers. Accreditation is often a voluntary process, rather than one required by law or regulation. **Certification** is a process by which an authorised body evaluates and recognises either an individual or an organisation as meeting per-determined requirements or criteria. Certification usually implies that the individual has received additional education and training, and demonstrated competence in a specialty area beyond the minimum requirements set for licensure.

3.1.2 Accreditation

The purpose of accreditation is to guide the performance of health care providers to deliver safe, high quality health care (Australian Council on Healthcare Standards www.achs.org.au).

The rationale for presenting the purpose as guiding performance is as follows:

- Participating in an accreditation program or achieving accreditation status is not an absolute guarantee of safety as there are too many variables
- Accreditation should be and can be a very positive indication that a culture of safety exists in an organisation
- Accreditation supports and facilitates the minimisation of risk
- Accreditation results may be used by those responsible for operational management to assist in monitoring and improving performance

The UK Department of Health (2007) defined the function of accreditation as being to ensure 'fitness for purpose' through accreditation of both the services themselves, and individual GPwSIs working within them. In addition, the accredited individuals or services should consider the ways in which they can improve quality and further raise standards. They went on to state that the process of accrediting an individual should assure patients and commissioners that they operate within a coherent and quality-assured clinical pathway and that they maintain the highest possible standards of clinical governance.

Five key elements of accreditation have been identified (Australian Council on Healthcare Standards) (Table 3.2).The principles upon which accreditation programmes are developed include a consumer focus, effective leadership, continuous improvement, evidence of outcomes and striving for best practice.

Table 3.2: Key Elements of Accreditation

• Governance or stewardship function • A standards-setting process • A process of external evaluation of compliance against those standards • A remediation or improvement process following the review • Promotion of continuous quality improvement.

3.1.3 Components of Accreditation Programme

The components of an accreditation programme have been identified (Table 3.3). The accreditation process should be responsive to the needs of applicants. It should be supportive and developmental and the assessment should be summative, articulating clearly when and why particular applications are successful and where others fall short of what is required. The ongoing re-accreditation process should enable those who have already been accredited to continue to develop and improve the quality of the service they provide.

The major strength of the accreditation approach is that it supports continuous improvement through consultation and support, in addition to evaluation, rather than reliance on a punitive inspection methodology (Braithwaite et al, 2006). The self-assessment undertaken in preparation for accreditation survey identifies opportunities for improvement as well as determining compliance with standards (Australian Council on Healthcare Standards).

However, despite the popularity of accreditation and worldwide support for this approach a recent narrative review (Hinchcliff et al, 2012) concludes that " ...due to the limitations of the literature, it is not prudent to make strong claims about the effectiveness of health service accreditation".

Table 3.3: Components of Accreditation Programme

1. Mission and philosophy
2. Infrastructure and authority
    - Accrediting body?
    - Voluntary?
    - Linked to funding?
3. Published performance standards
    - Relevant, objective and measurable
4. Management of field operations
    - Surveyor recruitment, training and supervision
    - Consultation with candidates, for example through educational seminars
    - Pre-survey process – application, scheduling, notification and survey tools

- Process associated with conducting on-site surveys

5. Decision methodology or rules
    - Publicly available and consistently applied
6. Accreditation database
7. Programme sustainability and funding
    - Initial development frequently funded by government agencies or foundations
    - Most successful programmes require the organisation seeking accreditation to pay

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The UK Department of Health (2007) identified the key steps in accreditation as follows:

Step 1 **Invite applications** from individuals who wish to be accredited

Step 2 **Verify the skills and competencies** of individual GPwSI and **reach a decision** about individual accreditation

Step 3 Optional **service visit** to validate the quality of the provision and the role of the individual GPwSI

Step 4 **Re-accreditation** of the individual GPwSI and the service in which they work (at least every 3 years).

The updated NHS guidance (2011) updates this 2007 document in light of the 2010 NICE guidance, contractual developments within the NHS and the evolution of regulatory obligations through revalidation. It reflects the complex environment and further development of dermatology and skin services within NHS. It envisages that service (GP surgery, community hospital etc.) would be accredited first and then that the individual practitioner would be accredited to work within an accredited service. It outlines four potential groups of service provision within this area, depending on the procedures that the doctors carry out and provides a detailed curriculum for training, clinical and education service development aspects of services and a framework for monitoring, clinical governance and maintenance of competence. Checklists and template from both these documents informed this project in developing the Irish model.

3.1.4 Standards as the Basis for Evaluation

A standard is defined as an explicit, predetermined expectation set by a competent authority that describes an acceptable performance level (Rooney and von Ostenberg, 1999). Accreditation or certification standards are designed as optimal and achievable which, when met, would lead to the highest possible quality in a system. Standards can develop from a variety of sources, from professional societies to panels of experts to research studies to regulations. Standards might evolve from a consensus on what is best practice, given the current state of knowledge and technology. The philosophy of accreditation standards may be described as "doing the best given available resources". They should encourage incremental achievements. If they are set unrealistically high they will demoralise and demotivate (Australian Council on Healthcare Standards).

How standards are developed is more important than ***who*** develops them. For standards to be useful they must:

1. Address a recognised need
2. Be evidence based (as far as practicable)
3. Be developed through a transparent and consultative process
4. Be outcome focused
5. Achievable
6. Measurable

(Australian Council on Healthcare Standards – adapted from ISQUa Guidance and principles for development of health and social care standards 2013).

Standards are generally classified as addressing a system's structures, the processes the organization carries out, or the outcomes it expects from its care or services (Rooney & von Ostenberg, 1999) (Table 3.4).

Table 3.4: Types and Examples of Standards

Structure standards look at the system's *inputs,* such as

- Human resources
- Building infrastructure
- Availability of PPE
- Availability of equipment and supplies

Process standards address the *activities or interventions* carried out, such as

- Patient assessment
- Patient education
- Medication administration
- Equipment maintenance
- Staff supervision
- Clinical guidelines are explicit process standards.

Outcome standards look at the *effect* of the intervention and whether the expected purposes were achieved, such as

- Patient mortality
- Wound healing without complications.

Rooney and von Ostenberg (1999) have devised a checklist for evaluating a standard (Table 3.5).

Table 3.5: Checklist for Evaluating a Standard

✓ Does it focus on the patients receiving the care or service?
✓ Does it have face validity and demonstrated reliability?
✓ Does it address the performance of common or important functions such as patient management, leadership, infection control and management of human resources?
✓ Do experts believe it to be important to practice or in improving health outcomes?
✓ Is it amenable to assessment and quantification through an internal or external evaluation process?

- ✓ Can it be uniformly applied to all organisation of a particular type, such as a clinic?
- ✓ Is it consistent with existing laws and regulations?
- ✓ Does it complement any existing international standards, such as those published by WHO?
- ✓ Is it culturally sensitive and appropriate?
- ✓ Does it reflect what experts consider best practice?
- ✓ Does it provide a framework for the inclusion of advances in clinical practice or technology?
- ✓ Is it flexible enough to be revised as needed?

Accreditation standards are typically developed by a consensus of health care experts, published, and reviewed and revised periodically in order to stay current with the state-of-the-art thinking about health care quality, advances in technology and treatments, and changes in health policy (Rooney & von Ostenberg, 1999).

3.1.5 Approach to Accreditation Standards

Focussing on improving generic practice systems that support care for all patients of a practice is recognised as a beneficial activity (Edwards et al, 2010). The Royal Australian College of General Practitioners Quality Standards "concentrate on the principles of quality and safety rather than prescribing exactly how a practice should provide care" (RACGP, 2005). Standards / indicators developed with this approach continue to be appropriate to general practice regardless of changes in government policy. While good organisational processes do not necessarily ensure good quality clinical care, it is widely accepted that good quality clinical care is unlikely to be consistently delivered in the absence of a sound organisational structure and good practice management processes (ní Riain et al, 2015). Process data often provide a more sensitive measure of quality than outcome data, since a poor outcome does not necessarily result from a failure in the provision of care (Brooke et al 2000). Outcomes are not necessarily the best measures of quality as they do not capture all elements of performance but only permit an inference about the quality of the processes and structures of care (Wareham et al 2001).

3.1.6 Surveyors and On-site Evaluation

Surveyors (also referred to in various programmes as auditors, accreditors or peer reviewers) are central to the credibility, objectivity and sustainability of an accreditation programme (Shaw, 2004). Their professional background, culture and skills should reflect the function and scope of the programme. To be effective, they must be trained. Their task is to evaluate the applicant's performance against predetermined standards (Rooney & von Ostenberg, 1999).

On-site evaluation at pre-determined intervals is usually a key component of the evaluation. These may be undertaken with advance notice or unannounced, each having its own advantages and disadvantages (Rooney & von Ostenberg, 1999). Evaluation findings are then analysed to determine if an acceptable threshold of compliance has been reached in order to award accreditation. This threshold must be predetermined and consistently applied for credibility and confidence.

The number of accreditors in a team varies across programmes, depending on the scope of the accreditation to be undertaken. In many programmes, the participating organisations are asked to "loan" staff to participate in accreditation (Shaw, 2004). The primary advantage of this approach is that it keeps the cost of accreditation down and provides a supply of supporters. The experience of the initial accreditation for GPs with a Special Interest in the UK in 2007 had a minimum of four members including a senior commissioner; a senior professional representative from the Local Medical Committee, Professional Executive Committee, GP from the local faculty of the RCGP; a lay person and a senior clinician, ideally the local lead clinician from within the relevant specialty. The inclusion of surveyors who are in competition with the GPwSI being accredited was problematic in this programme. The UK Department of Health identified the competencies required in surveyors (Table 3.6).

Table 3.6: Competencies of accreditors/surveyors

- Have an awareness of the requirements of the relevant speciality-specific guidance where they exist
- Have credibility with a wide range of stakeholders, professional groups and the public at large
- Develop effective processes to gather the right information
- Establish relationships with key stakeholders demonstrated through the membership of the panel
- Demonstrate an understanding of the principles of clinical governance
- Demonstrate an understanding of relevant professional guidance and codes of conduct
- Demonstrate an understanding of the core competencies of the individual professional applying for accreditation
- Develop a process which enables others from the relevant clinical pathway to inform decision-making

3.1.7 Irish National Context

All registered medical professionals in Ireland must register and be compliant with a Professional Competence Scheme (PCS), under the terms of the Medical Practitioners Act, 2007. This legislative requirement was commenced in 2011. The PCS is run by a recognised post-graduate training body, under the auspices of the Medical Council. The components of the PCS are External CME, Internal CME, Personal CME, Training and Research (optional) and Clinical Audit. The scheme runs on a 5 year cycle and requires the individual doctor to achieve 50 points (across the 4 categories above) and complete one clinical audit each year. A random 10% audit is carried out by the Medical Council annually. Random verification audits are also undertaken by the post-graduate training bodies.

The Health Information and Quality Authority (HIQA) is the statutory body for accreditation of healthcare sites in Ireland. While its remit is likely to extend to general practice in the near future, it has not yet undertaken accreditation visits to

general practice. It has published two relevant National Standards. These are the National Standards for Safer Better Health Care (2012) and the National Standards for the Prevention and Control of Healthcare Associated Infections (2009). The former lists its standards under eight themes (Table 3.7). The latter details twelve standards relating to governance, management, physical environment, hand hygiene, communicable diseases, microbiological services, monitoring and anti-microbial resistance. While it explicitly includes primary care centres in its introduction no inspections have been carried out in general practice at the time of writing.

Table 3.7: Themes of the National Standards for Safer Better Health Care

1. Person-Centred Care and Support
   9 standards relating to patient involvement, equity of access, consent, respect and complaints handling
2. Effective Care and Support
   8 standards relating to evidence base (guidelines, protocols, policies), integrated care, care planning, designated responsible clinician, infrastructure and quality monitoring
3. Safe Care and Support
   7 standards relating to patient safety, incident reporting and management
4. Better Health and Wellbeing
   1 standard – promotion, protection and improvement of patient health and wellbeing
5. Leadership, Governance and Management
   11 standards relating to governance, management, accountability, service planning
6. Workforce
   4 standards relating to workforce recruitment, management and support
7. Use of Resources
   2 standards relating efficient use and management of resources
8. Use of Information
   3 standards relating to use, management and security of information

The current GMS contract has no specific requirements regarding minor surgery. Eighteen procedures are covered under the Special Items of Service element of the Primary Care Reimbursement Service, outlined in a HSE handbook (2006) (Table 3.8).

Table 3.8: Procedures covered under Special Items of Service of the Primary Care Reimbursement Service

1. Excisions -cryotherapy -diathermy of skin lesions -warts, verucca, solar keratosis, cysts papillomata, ingrown toenails, abscesses.
2. Suturing of cuts and lacerations
3. Draining of hydroceles
4. Treatment and plugging of dental and nasal haemorrhages
5. Recognised vein treatment
6. E.C.G. tests and their interpretation
7. Instruction in the fitting of a diaphragm
8. Removal of adherent foreign bodies from the conjunctival surface of the Eye
9. Removal of lodged or impacted foreign bodies from the Ear Nose and Throat
10. Nebuliser treatment (in the case of Acute Asthmatic Attack)
11. Bladder Catheterisation
12. Attendance at case conferences (where such case conference are convened by a DCC/MOH)
13. Advice and fitting of a diaphragm
14. Counselling and fitting of IUCD
15. Pneumococcal Vaccination
16. Influenza Vaccination
17. Pneumococcal/Influenza Vaccination
18. Hepatitis B Vaccination

The HSE has published a Guide for Infection Prevention and Control for Primary Care in Ireland (Lemass et al, 2013) and its principles and content informed the development of the infection prevention and control elements of this accreditation model.

The Primary Care Surgical Association (PCSA) is a voluntary association established in 2012 by GPs undertaking minor surgical procedures in primary care and has about 100 members (www.pcsa.ie). Its objectives are:

1. To promote the provision of appropriate surgical services in primary care settings to the highest standards
2. To further education and training needs of practitioners working in this area
3. To work with other professional organisations to develop guidelines for validation and appraisal
4. To act as an advocacy group for its members
5. To be a forum for the exchange of views, information and resources.

It has a number of activity streams and supports a range of research and mentoring activities in addition to holding an annual meeting with national and international experts.

3.1.8 Situational Analysis for Development of Accreditation Model for Minor Surgery in General Practice in Ireland

Strengths

- Size of country: can adopt a national model
- National Policy to devolve services from secondary to primary care
- HSE support for developing initiative
- ICGP credibility with stakeholders
- Majority of likely candidates have pre-existing relationship with ICGP - either MICGP or enrolled in ICGP PCS
- No established general standards / accreditation for general practice
- No national structure for GPwSI or similar.

Weaknesses

- Complex two-tier (+) healthcare system at primary care
- National policy not accompanied by significant resource allocation at present
- Previous quality initiative (General Practice Indicators of Quality, GP-IQ) was not sustained after development
- Low morale and high workload in general practice

- Reluctance to accept “further layers of bureaucracy”
- No established general standards / accreditation for general practice
- No national structure for GPwSI or similar.

Challenges

The overall challenge is to develop a robust, simple process that has credibility with patients, GPs and healthcare management.

- The process must be applicable to GPs in the various settings in which they practice – small or large practices, urban or rural etc.
- It must be self-funding and flexible enough to cope with variation in demand to ensure sustainability.
- It should be consistent with existing legal, regulatory and contractual requirements.
- It should aim to influence developments in general accreditation of general practice and evolving quality standards with the new GP contract.

3.2 Development Process for Standards and Criteria

3.2.1 Schedule for Development of Standards and Criteria

The Steering Group considered the literature review on accreditation and agreed the schedule for developing the Standards and Criteria at its meeting in September 2015 (Table 3.9). In addition, the members of the Steering Group provided input into the general guiding principles for developing the Standards. It was agreed that an Accreditation Working Group would be formed to assist the research team in developing the Accreditation Model. All members of the Steering Group agreed to provide advice on their own areas of expertise on request. It was agreed that the process should be rigorous without being unduly onerous. The scope of this Accreditation Research project was discussed and it was acknowledged that this is likely to be the first phase of a staged process.

The approach taken to the Standards was informed by the literature review and the expert input of the Steering Group and its Working Groups. They considered the fact that we were tasked with developing an Accreditation process for GPs who are

already experienced in undertaking minor surgery. In addition, it was recognised that both the doctor and the practice setting would have to be included, as no inspections are currently carried out by any external bodies in Irish general practice as part of a national programme.

Table 3.9: Schedule for Development of Standards and Criteria for MSAR Accreditation Model

	Responsibility	***Timeframe***
Draft Accreditation Model	Research Team	July – Aug 2015
Consult re Accreditation Model	Steering Group GP Research Network	Sept 2015 Oct 2015
Establish Accreditation Working Group	Steering Group	Sept 2015
Finalise Accreditation Model	Research Team Accreditation Working Group	Oct – Nov 2015
Approve Accreditation Model	Steering Group	Nov 2015
Recruit and Train Surveyors	Research Team Accreditation Working Group Extern (s)	Nov 2015 – Jan 2016

3.2.2 Accreditation Working Group

A four member working group of the project Steering Group was established and met on three occasions (September – November 2015) to develop the Standards and Criteria for the Accreditation Model.

At its first meeting the Working Group agreed the general principles for developing the standards, informed by the literature review (Table 3.10). It was decided that the

Standards should relate to the doctor, the practice infrastructure and the doctor's clinical record of undertaking minor surgical procedures. It was agreed that it was important to focus on important procedures and limit the total number of standards.

Table 3.10: General Principles for Development of Accreditation Model

Component	***Decision***
Terminology	Accreditation
Mission and Philosophy	The purpose of accreditation is to guide the performance of doctors who provide minor surgery in general practice to deliver safe, high quality health care.
Setting	Standards to apply to the doctor in the setting in which (s)he practices
Infrastructure and authority	Accreditation to be a voluntary process. Accrediting body for this Accreditation Research Project – ICGP. Governance for subsequent Accreditation Process to be considered by Steering Group once outcome of this Accreditation Research Process available.
Standards	Take into account published Standards (particularly from UK). Consult with stakeholders on Steering Group. Consult with GP Research Network. Combination of structure, process and outcomes standards.
Management of Field Operations	Develop process for surveyor recruitment, training and supervision. Identify software for measurement of standards and criteria. Notify GP Research Network of Standards and process for measurement.
Decision rules	To be developed at later stage.
Accreditation Database	Test identified software for suitability for subsequent Accreditation Process.
Programme Sustainability and Funding	To be considered by Steering Group once outcome of this Accreditation Research Process available.

The format of the standards was to mirror the layout of HIQA National Standards. Hence, the general standard would be a single declarative statement such as "Doctor should have appropriate training" and the specific requirements for this standard would then be explained in the criteria. The advantage of this approach is that the number of standards can be kept constant, for the most part, in subsequent updated editions and the criteria can be adjusted to reflect changes in healthcare policy, legislative and contractual requirements and quality improvement initiatives. It was agreed to consider the level of evidence required for each standard and criterion and how it is best measured as the standards evolve. Templates from the UK Department of Health and NHS documents on accreditation of GPwSIs in Skin Surgery and Dermatology, the Application Form for the GP Research Network and the HSE Guide for GPs on Infection Prevention and Control were considered in developing the standards.

It was clearly recognised that the Accreditation Model used in the Pilot Accreditation would inform the composition of the Accreditation Process components subsequently. For example, evidence collected may influence standards on minimum training requirements or minimum annual number of procedures. It will also provide evidence on necessity for survey visit, composition of survey team etc. Therefore, it was agreed that it would be prudent to adopt a cautious approach for the Pilot and requirements may be amended based on research findings. Draft standards were agreed at the conclusion of this first meeting and individuals undertook to work on individual standards for the next meeting.

At the second meeting of the Accreditation Working Group, further work was undertaken in outlining general principles (Table 3.11) and developing the next draft of the Standards, taking into account the key points with regards to accreditation that emerged from the October workshops with the GP Research Network (see Section 3.2.3 and Chapter 6, Table 6.14). It was agreed that the Standards and Criteria would be measured through three modalities, namely information and document review, clinical data review and practice visit.

Table 3.11: Further general principles in establishing an Accreditation Process for Minor Surgery in General Practice

- Should be opt-in, voluntary process
- Intention should be to keep the process as simple as possible, while ensuring it is sufficiently robust to ensure quality care
- Important to ensure that it is not seen as stopping GPs from doing work they are already doing
- Accreditation should focus on those who undertake higher volumes of more complex work. It may be seen as a requirement when applying for contracts for work e.g. waiting list initiatives for the HSE, contracts with health insurers etc.
- Accreditation model should ensure that it does not prohibit those who undertake small volume of "simpler" procedures (such as cryotherapy, therapeutic phlebotomy, suturing or punch biopsy) from continuing to undertake these procedures while accreditation is being rolled out.
- Important to consider how the patient / potential patient will be made aware of the significance of accreditation.
- Potential implications for indemnity should be explored.
- Intention should be to integrate data collection required within approved practice management software systems.
- Need to identify and learn from equivalent models e.g. community dentists.
- NCCP to be consulted.
- Opportunity to influence developing accreditation of general practice / primary care sites. Importance that HIQA be consulted / informed once results of this phase of the accreditation research project are available.
- Intention is ultimately to decouple site accreditation and credentialing of doctor once accreditation of general practice is operating.
- Should explore opportunities to develop common platform with site accreditation and other programmes such as LARC accreditation so that once common requirements are deemed sufficient for one purpose then they are accepted by others ie evidence (such as compliance with Health and Safety standards) is collected and approved only once.

At its third meeting, the Accreditation Working Group agreed the Draft Standards to be presented to the Steering Group. It also agreed the competencies required for surveyors for the practice visits (Table 3.12). While there was general agreement that surveyors for the Accreditation Process subsequently should be recruited by open advertisement, it was decided to recommend to the Steering Group that we rely on word of mouth to identify likely surveyors for this Accreditation Model, due to the tight timeline for recruitment and training. While it was agreed that at least some of the surveyors should ideally be GPs, it was acknowledged that recruitment for the intensity of the work and the short timeframe might make this difficult. For the others, ideally nurses or professions allied with some relevant experience would be identified through the professional networks of the Steering Group.

Table 3.12: Competencies of Surveyors for MSAR

- Efficient
- Ability to work as part of team
- Professional approach
- Experience of being present in medical environment
- Ability to form judgements based on evidence
- Analytical mind
- Preferably some experience in regulatory or risk assessment or infection control environment
- Availability

It was agreed that, subject to successful recruitment, training would take place in January 2016 with the surveyors undertaking the 20 practice visits in teams of two each during February 2016.

3.2.3 Consultation with GP Research Network regarding Accreditation

A series of workshops were held in October with the GP Research Network. Detailed recommendations made regarding the Accreditation Model was an important component of these workshops (see Chapter 6, Table 6.5). These points

were considered by the Accreditation Working Group and incorporated into the development of the Standards and Criteria.

3.2.4 Sign Off of the Accreditation Model

The Steering Group agreed the Standards and Criteria for the Accreditation Model at its meeting in December 2015, subject to minor amendments to wording in some places. In addition they agreed the process for measuring compliance with the Standards and the plan for recruiting and training the surveyors.

3.2.5 Distribution of the Standards and Criteria

The Standards and Criteria were amended according to the Steering Group recommendations and circulated to the GP Research Network in December 2015.

3.3 Recruitment and Training of Surveyors

A number of likely candidates were identified by members of the Steering Group through their professional networks and were approached directly by the Project Team. A detailed Job Description was developed and circulated to likely candidates (Appendix 8). Six surveyors were recruited. They all came from a healthcare background, the majority from a nursing background. The group had considerable experience in accreditation / clinical reviews / infection prevention and control / risk management.

A software package was identified to record compliance with the standards (Nimonik®). Nimonik® offers web and mobile solutions software to monitor and report on compliance performance on the Web, on iPad, iPhone and Android devices.

A one day training programme was designed for Surveyors (Appendix 9). This took place at a Primary Care Centre and included a mock practice visit at the GP's surgery, using the Nimonik® app. In addition, the Senior Dental Inspector gave a presentation on the equivalent process which is underway for dentists.

3.4 Content of Standards and Criteria

The Standards and Criteria for the Accreditation Model were circulated to the GP Research Network in December 2015. This consisted of a brief introduction, the ten standards and their accompanying criteria. There were 10 standards with 47 criteria requiring data collection across 60 data points (Table 3.13). The Standards for the Pilot Accreditation is included at Appendix 10.

Table 3.13: Standards and number of criteria for Accreditation Model

Standard Number	***Standard Title***	***Number of Criteria***
1	Doctor's qualification, registration and indemnification	4
2	Doctor's training and experience	1
3	Practice environment	29
4	Surgical assistant	2
5	Register/log of minor surgical procedures	1
6	Health and safety compliance	3
7	Infection prevention and control measures	3
8	Agreed minor surgical procedures undertaken	2
9	Referrals from other GPs	1
10	Quality assessment and improvement	1

Chapter 4: Testing and Implementation of Accreditation Model

4.1 Mapping Standards and Criteria

The Standards for the Accreditation Model were agreed by the Minor Surgery in General Practice Accreditation Research Project at its meeting in December 2015 and then distributed to the 24 GPs in 20 practices who constitute the GP Research Network for this project. It was agreed that evidence for compliance with the Standards and their related 47 criteria and 60 data points would be assessed using a combination of three different modalities. These are:

- Practice Visit
- Information and Document Review
- Clinical Data Review.

The criteria were mapped to the three different modalities. It was decided to double-check two criteria, in order to establish the most effective way to measure these. Criteria that were assigned for examination on the practice visit related primarily to practice infrastructure (Table 4.1). In addition, any documents that might include patient identifiers e.g. Health and Safety Incidents Log were reviewed by the surveyors at the practice visit, simply to verify their existence.

Criteria relating to the doctor's qualifications, training and experience and practice policies and protocols were reviewed in the information and document review element of measurement (Table 4.2). Evidence that had been submitted at the application for the Research Network in June 2015 were reviewed and accepted, if it was still in date at time of review (February 2016). Doctors supplied copies of the remaining documentation.

The GP Research Network collected data on all of the approved surgical procedures included in this project for six months on an excel database template supplied (See Chapter 6 for full description). These data were anonymised and contained no patient identifiers. Relevant data were extracted from these clinical returns to meet the remainder of the criteria (Table 4.3).

Table 4.1: Standards and Criteria Assessed at Practice Visit

Standard and Criteria	***Requirement***	***Additional Info***
Standard 3.1: Practice Environment - Treatment Room		
3.1.1 Surfaces	Are all surfaces suitable for effective cleaning and disinfection?	With particular attention to frequently touched areas in the patient zone e.g. smooth surface with no damage/cracks
3.1.2 Cleaning schedule	Is there an environmental cleaning schedule/record?	
3.1.3 Ventilation	Is there adequate ventilation?	Natural ventilation through open window is sufficient (with fly screen and privacy screen if required)
3.1.4 Couch	Is there a treatment or procedure couch?	Either with access all round or capacity to reverse patient direction (ie can be raised at either end)
3.1.5 Lighting	Is there good general lighting?	
3.1.6 Task lighting	Is there suitable task lighting?	Minimum 50w or equivalent, adjustable
3.1.7 Hand-washing sink	Is there a dedicated hand-washing sink with elbow taps?	Sink with hands-free. Sensor also acceptable
3.1.8 Trolley	Is there a suitable surgical trolley or surface to lay out sterile drape to create aseptic field?	Trolley or surface should be clutter-free and washable
3.1.9 Treatment room storage	Is there a storage area for surgical packs, syringes etc.?	
3.1.10 Communication	Is there a telephone or alarm button in the treatment room?	
Standard 3.2: Practice Environment - Surgical Equipment		
3.2.1 Local anaesthetic	Is there local anaesthetic?	With and without adrenaline
3.2.2 Instrument packs	Are there instrument packs?	Either disposable (single-use) or re-usable or combination
3.2.3 Diathermy	Is there diathermy?	Either electrical or battery operated
3.2.4 Suture materials	Are there at least two suture materials?	Dissolvable and non-dissolvable
Standard 3.3: Practice Environment - Resuscitation Equipment		
3.3.1 Resuscitation tray or trolley	Is there a resuscitation tray or trolley?	Clearly marked and conveniently sited
3.3.2 Emergency drugs	Are emergency drugs present and in date?	Atropine, Adrenaline, IV Hydrocortisone, syringes (5ml and 2ml)
3.3.3. Emergency drugs dosing chart	Is there a dosing chart for emergency drugs?	

3.3.4 Oxygen	Is there a supply of oxygen present and in date?	
3.3.5 Mask	Is there a mask with re-breather bag?	
3.3.6 IV fluid	Is there IV fluid?	Normal saline and giving sets
3.3.7 IV cannulae	Are there at least two sizes of cannulae?	
3.3.8 Resuscitation equipment checklist	Is there a checklist/log completed at regular intervals to ensure drugs are up-to-date?	Log completed at least once per year
3.3.9 Defibrillator	Is there a defibrillator?	Debrillator present with pads and batteries in date
Standard 3.4: Practice Environment Infection Prevention and Control Equipment		
3.4.1 Personal protective equipment	Is there personal protective equipment?	Gloves (sterile and non-sterile in a range of sizes), plastic aprons, goggles, masks
3.4.2 Hand hygiene equipment	Is there hand hygiene equipment?	Alcohol gel, elbow antiseptic soap dispenser, paper towels
3.4.3 Waste bins	Are there foot-operated waste bins for healthcare risk and non-healthcare risk waste?	
3.4.4 Sharps box	Is there a sharps box?	Correct box, appropriately sited, not overfull
3.4.5 Decontamination equipment	Does the practice use EITHER single use surgical instruments only OR combination of single use and reusable medical instruments and devices (RMIDs) OR RMIDs only?	
3.4.6 Decontamination on equipment	If RMIDs are used, are they adequately sterilised?	If practice does not use RMIDs please indicate NA option. If use RMIDs is there a separate sink for RMID pre-cleaning, Class B autoclave, Record of sterilisation and Record of test strips for traceability OR Evidence of off-site sterilisation pathway
Standard 6: Health and Safety Legislation Compliance		
6.3 Health and Safety Incidents Log	Is there a health and safety incidents log?	Electronic or in hard copy
Standard 7: Infection Prevention and Control Measures		
7.2 Immunisation*	Is there evidence that doctor and surgical assistant have been appropriately immunised?	

7.3 Training*	Is there evidence that doctor and surgical assistant have received appropriate training?	Hand hygiene, needlestick injury and biological spills management
Standard 10: Quality Assessment and Improvement**		
10.2c Critical incident analysis	Is there evidence of a critical incident analysis related to a minor surgery case?	Minutes of meeting or report (dated 2013 - 2016)
10.2d Multidisciplinary team meeting attendance	Is there evidence of attendance at a multidisciplinary team meeting related to a minor surgery case?	Minutes of meeting or report, At practice or off-site, Including at least one other specialist in addition to the GP and surgical assistant (dated 2013 - 2016)

*Also measured at Information and Document Review

**Candidates were required to fulfil one of seven options for Standard 10.2

Table 4.2: Standards and Criteria Assessed at Information and Document Review

Name	Requirement	Additional Info
Standard 1: Doctor's qualification, registration and indemnification		
1.1 Doctor's qualification	Does the doctor hold a higher professional qualification (MICGP, MRCGP or equivalent) sufficient to ensure entry onto the specialist division of the medical register in general practice?	Medical register, ICGP membership database or with provision of certificate by the doctor
1.2 Doctor's registration	Does the doctor hold current registration with the Medical Council on either: a. Specialist Division in General Practice: or b. General Division?	Medical register
1.3 Doctors indemnification	Is the doctor adequately indemnified to cover his/her practice?	Current medical indemnity certificate with MPS, Medisec or other recognised company
1.4 Professional competence	Is the doctor registered on, and compliant with the requirements of, the ICGP Professional Competence Scheme?	Statement of participation in professional competence scheme for most recent complete year
Standard 2: Doctor's Training and Experience		
2.1 Training and Experience	Does the doctor achieve at least 50 points on the training and experience score sheet?	Assess doctor's application against training and experience score sheet

Standard 4: Surgical Assistant		
4.1 Appropriate surgical assistant	Does the doctor have access to an appropriate surgical assistant?	Practice nurse, GP, GP registrar is appropriate. If "other" need additional information re training
4.2 Availability of surgical assistant	Is the surgical assistant available when needed?	Available when needed to ensure aseptic non-touch technique
Standard 6: Health and Safety		
6.1 Health and Safety Statement	Does the practice have a current health and safety statement?	Health and safety statement
6.2 Public liability insurance	Does the practice have sufficient public liability insurance?	Doctor to declare
Standard 7: Infection Prevention and Control Measures		
7.1 Needlestick injury / exposure prone procedures prevention and management policy	Does the practice have a needlestick injury / exposure-prone procedures prevention and management policy?	May be part of the health and safety statement
7.2 Immunisation*	Is there evidence that doctor and surgical assistant have been appropriately immunised?	Doctor to declare
7.3 Training*	Have the doctor and surgical assistant been trained in hand hygiene, needlestick injury and biological spills management?	Doctor to declare. Certificates.
Standard 9: Referrals from other GPs		
9.2 Appropriate correspondence with referring doctor	Does the doctor correspond with the referring doctor?	Doctor to declare. Template (if available).
Standard 10: Quality Assessment and Improvement**		
10.2a Audit report	Is there evidence of an audit report in the area of minor surgery?	Audit report (dated 2013-2016)
10.2b Patient satisfaction survey	Is there evidence of a patient satisfaction survey report related to minor surgery?	Report on patient satisfaction survey (dated 2013 - 2016)
10.2e Patient complaints/concerns management	Is there evidence of a written management process for patient complaints / concerns?	Process / Policy on patient concerns/complaints (dated 2013 - 2016)

10.2f Follow up arrangements	Is there evidence of a policy/management process for follow up of patients who have undergone minor surgery?	Protocol / Policy for follow up of minor surgery patients (dated 2013 - 2016)
10.2g Publication or Presentation	Is there evidence of a publication or presentation of research, audit or service evaluation related to minor surgery?	Publication or presentation (dated 2013 - 2016)

*Also measured at Practice Visit

**Candidates were required to fulfil one of seven options for Standard 10.2

Table 4.3: Standards and Criteria Assessed at Clinical Data Review

Name	Requirement	Additional Info
Standard 5: Register/Log of Minor Surgical Procedures		
5. Register/log	Does the practice keep a log where all surgical procedures on the agreed procedures list are entered?	
Standard 8: Agreed Minor Surgical Procedures undertaken		
8.1 Total number of agreed procedures	Has the doctor undertaken a minimum of 50 agreed procedures in the six month period?	
8.2a Range of agreed procedures	Has the doctor undertaken at least 3 excision biopsies of the skin?	
8.2b Range of agreed procedures	Has the doctor undertaken at least 3 shave or punch biopsies of the skin?	
8.2c Range of agreed procedures	Has the doctor undertaken at least 3 excisions of skin cysts?	
8.2d Range of agreed procedures	Has the doctor undertaken at least 3 surgeries to IGTNs?	
8.2e Range of agreed procedures	Has the doctor undertaken at least 3 cryosurgical ablations of skin lesions?	
Standard 9: Referrals from other GPs		
9.1 Accepting referrals	Has the doctor undertaken at least 3 procedures on patients referred from another GP?	Referring GP may be within or outside the doctor's own practice

4.2 Measuring Against the Standards

4.2.1 Schedule for Measurement against the Standards

The Steering Group agreed the schedule for measuring against the Standards and Criteria at its meeting in September 2015 (Table 4.4).

Table 4.4: Schedule for Measurement against the Standards and Criteria for MSAR Accreditation Model

	Responsibility	***Timeframe***
Accreditation Practice Visits	Surveyors	Jan – Mar 2016
Collation of Information and Documents from GP Research Network already supplied	Research Team	Jan 2016
Collection of outstanding Information and Documents	GP Research Network Research Team	Feb-Mar 2016
Extraction of Clinical Data relevant to Standards	Research Team	Mar 2016

4.2.2 Accreditation Practice Visits

Visits were scheduled to each of the 20 participating practice between 2nd and 26th February 2016. Each practice was visited by a team of two surveyors. Surveyor team personnel were interchanged to maximise learning and minimise bias. Two practices were visited on the same day where this was geographically feasible.

Each GP was provided with an outline of the practice visit and a profile of the team members who would be visiting their practice in advance. They were encouraged to make themselves and their surgical assistant / practice nurse available. Surveyors were provided with soft (Nimonik® app) and hard copies of the standards and criteria to be examined, and contact details and directions to the locations of the practices in advance. The visits lasted between 60 and 120 minutes, with most being completed within the allocated 90 minutes. Further feedback from the surveyors and GP network is detailed in Chapter 6.

The surveyor team reviewed all criteria assigned to the practice visit at each visit, and recorded notes and photographic evidence of both examples of good practice and areas where improvement was required. They indicated whether each criterion was met or not met in their report. Feedback after early visits was provided to the research team and the other surveyors to allow us to iron out any early technical problems and ensure a standard approach across all surveyor teams to specific issues.

4.2.3 Collation of Information and Documents from GP Research Network already supplied

Information and documents submitted by the GPs in the Research Network at the time of application were reviewed by the project team. Where this documentation addressed criteria of the Accreditation Model, it was checked to ensure it was in-date (where applicable) and recorded on Nimonik® app. Current registration with the Medical Council and relevant post-graduate qualifications was checked on the Medical Council website.

An individualised report was forwarded to each doctor requesting provision of outstanding information and documentation. A number of reminders were issued to ensure all relevant documentation was received. Data collection was completed in mid-April.

4.2.4 Extraction of Clinical Data relevant to Standards

All GPs in the Research Network provided six months clinical data on their minor surgery activity on an excel database for the research element of this project (see Chapter 6 for full description). As data collection began in August in some practices and in September in others, the six month period finished for some at end of January and for others at end of February. Final data, to include histology reports and record of complications (where applicable) were not available until later in March. All data were cleaned and combined on PASW. Data related to the clinical data standards were extracted and recorded on Nimonik® app.

Chapter 5: Accreditation Approvals Process

5.1 Process for Accreditation Approvals Process

5.1.1 Schedule for Accreditation Approvals Process

The Steering Group agreed the schedule for the Accreditation Approvals Process at its meeting in September 2015 (Table 5.1) and that an Accreditation Approvals Working Group would be formed to review the evidence from each doctor in the GP Research Network. The principles underpinning the approvals process were agreed by the Steering Group and applied by the Accreditation Approvals Working Group. Recommendations by the Working Group with regards to each doctor in the GP Research Network were considered and approved by the Steering Group.

Table 5.1: Schedule for Accreditation Approvals Process for MSAR Accreditation Model

	Responsibility	***Timeframe***
Review Evidence and Make Recommendations re Accreditation	Accreditation Approvals Working Group	April 2016
Approval of Accreditation Review	Steering Group	April 2016
Corrective Actions Reports	Research Team	April - May 2016
Corrective Actions Undertaken	GP Research Network	May – June 2016
Review of Corrective Actions Evidence	Accreditation Approvals Working Group	May – June 2016
Sign Off of Final Accreditation Results	Steering Group	June 2016

5.1.2 Accreditation Approvals Working Group

A four member working group was established, including three members of the Steering Group and one of the surveyors. The working group met for a full day meeting in April 2016 and reviewed subsequent documentary evidence weekly by email in June 2016.

5.2 Rules for Accreditation Approvals

The principles underpinning the Accreditation Approvals Process were as follows:

1. Accreditation applies to a named doctor in a named setting.
    a. Should an accredited doctor move practice to a new setting that setting will need to be approved.
    b. Should an accredited doctor leave an accredited setting then another doctor at the accredited setting would need to fulfil the accreditation criteria in order to be recognised.
    c. Should an accredited doctor move to an accredited setting then that doctor can be recognised at that setting.
2. Two of the Standards are varied.
    a. Standard 8: Clinical Data Review: A 10% variance is allowed on the total of 50 procedures, if there was an acceptable explanation. "At least one of each of at least three of the five listed procedures" is sufficient to ensure an acceptable range of procedures is undertaken. Cryosurgical ablation is compulsory.
    b. Standard 10: Quality Assessment and Improvement: Criterion 10.1 is deleted as it is simply a repetition of Standard 5.
3. The decision making rules for consideration of each doctor are as follows:
    a. A doctor must meet all 10 Standards to be recommended for accreditation.
    b. The doctor must meet all Criteria within the Standard to be considered to have met that Standard.
    c. Where a doctor does not meet a Standard a Corrective Actions report will issue outlining the area of non-compliance, the remedial action required, the evidence to be submitted and a time-frame for completion of the corrective action (Appendix 11).
    d. Evidence for corrective actions will be considered by the Accreditation Approvals Working Group who will then make recommendations to the Steering Group.
    e. A doctor will be given six weeks to submit evidence of completion of the corrective action(s). Where there is a concern with respect to patient safety, the doctor must submit a report on interim actions within

two weeks of notification and evidence of completion of the corrective action within six weeks.

5.3 Application of Accreditation Approvals Process

The project team collated all data from the three sources of examination, namely practice visit, information and document review and clinical data review for consideration by the Accreditation Approvals Working Group. This group reviewed all data, including photographic evidence from the reports in considering each application.

5.4 Outcomes of Accreditation Approvals Process

5.4.1 Results of Initial Review

Nine doctors in seven practices had achieved all Standards at the conclusion of the initial review in April 2016. The remaining 15 doctors in 13 practices were non-compliant with a number of Standards and Criteria (Table 5.2).Urgent interim corrective actions were requested from two doctors who were using non-compliant sterilisers. Both responded within the two week deadline indicating that they had transferred to single use instruments only. The Working Group advised that one doctor be re-visited when corrective actions were completed, in light of the high number of non-compliances with Standard 3: Practice Environment. One doctor who had not undertaken any cryotherapy procedures was advised to do so and asked to continue to submit clinical data for an additional six weeks to provide evidence of this.

At initial assessment, all doctors were compliant with four of the ten Standards (Table 5.3).

Table 5.2: Non-compliances at initial assessment

Number of doctors	***Number of Standards not complied with***	***Number of Criteria not complied with***	***Number of Corrective Actions***
3	1	1	1
1	1	2	2
1	1	4*	3
1	2	5*	4
2	2	6	6
1**	2	12	12
1	3	6	6

*Non-compliant with 2 criteria relating to Decontamination Equipment which required a single corrective action **Re-visit required

Table 5.3: Standards that all doctors complied with at initial review (n = 24 doctors)

Standard 2: Doctor's Training and Experience
Standard 5: Register/Log of Minor Surgical Procedures
Standard 9: Referrals from other GPs
Standard 10: Quality Assessment and Improvement

Of the remaining six Standards, the highest incidence of non-compliance was with Standard 3 (Table 5.4).

Table 5.4: Standards where doctors were non-compliant at initial review (n = 15 doctors)

Standard	***Number of doctors***	***Comment***
Standard 1: Doctor's Qualification, Registration and Indemnification	1	Doctor had not submitted his Statement of Participation in Professional Competence Scheme
Standard 3: Practice Environment	14	Doctors failed to meet between 1 and 12 of 29 criteria
Standard 4: Surgical	1	Doctor had indicated no availability of

Assistant		surgical assistant
Standard 6: Health and Safety Compliance	4	Doctors did not have Health and Safety Incidence Log
Standard 7: Infection Prevention and Control Measures	2	One doctor had not provided evidence of hand hygiene training and one had not provided evidence of immunisation
Standard 8: Agreed Minor Surgical Procedures Undertaken	1	Doctor had not completed a sufficient range of agreed minor surgical procedures

There are 29 criteria under Standard 3: Practice Environment under four headings. Non-compliance was detected across a number of criteria (Table 5.5).

Table 5.5: Non-compliance with Standard 3: Practice Environment (n = 14 doctors)

Criteria of Standard 3	***Number of Doctors***
3.1 Treatment Room	
3.1.1 Surfaces	1
3.1.2 Cleaning schedule	7
3.1.3 Ventilation	1
3.1.4 Couch	1
3.1.5 Lighting	0
3.1.6 Task lighting	1
3.1.7 Hand-washing sink	0
3.1.8 Trolley	1
3.1.9 Treatment room storage	0
3.1.10 Communications	0
3.2 Surgical Equipment	
3.2.1 Local anaesthetic	5
3.2.2 Instrument packs	0
3.2.3 Diathermy	8
3.2.4 Suture materials	3

3.3 Resuscitation Equipment	
3.3.1 Resuscitation tray or trolley	0
3.3.2 Emergency drugs	1
3.3.3. Emergency drugs dosing chart	0
3.3.4 Oxygen	1
3.3.5 Mask	2
3.3.6 IV fluid	0
3.3.7 IV cannulae	0
3.3.8 Resuscitation equipment checklist	4
3.3.9 Defibrillator	2
3.4: Infection Prevention and Control Equipment	
3.4.1 Personal protective equipment	2
3.4.2 Hand hygiene equipment	2
3.4.3 Waste bins	4
3.4.4 Sharps box	1
3.4.5 Decontamination equipment	2
3.4.6 Decontamination equipment	7

5.4.2 Corrective Actions Undertaken

Corrective Actions reports were issued to 15 doctors with a six week deadline for submission of completed and signed report with supporting evidence. Specific suggestions and signposts were given in the report as to the specific corrective action required. Completed reports with their supporting evidence were reviewed by the Accreditation Approvals Working Group.

Fourteen of the 15 doctors submitted corrective actions reports and supporting evidence by the June 10th 2016 deadline. One of these fourteen doctors had a re-visit by a single surveyor and the report of this re-visit was also submitted to the Accreditation Approvals Working Group for consideration. One doctor submitted a completed corrective actions report but no supporting evidence by the June 10th deadline. This doctor had six corrective actions to complete.

5.4.3 Accreditation Decision

The Working Group considered all evidence and recommended to the Steering Group that the original nine doctors who were compliant and that the fourteen doctors who had submitted evidence of completion of corrective actions be accredited. The Steering Group accepted this recommendation and decided that these twenty three doctors be accredited.

Subsequent to the deadline, the doctor who had not already provided evidence submitted some evidence. The Steering Group reviewed this evidence at its final meeting. The group established that there was evidence of completion of two of the actions, no evidence for three further actions and evidence for the sixth action that was the subject of considerable discussion by the group. The Steering Group decided that this doctor did not meet the Accreditation Standards and should not be granted accreditation at this time.

Chapter 6: Research and Evaluation

Clinical research was included in the project plan, from the start, to document minor surgical activity in the network and to ascertain outcomes (safety, quality, volume and range). Two additional voluntary components were added to the project, namely a patient satisfaction survey and a self-audit against the standards measured at the practice visit.

Evaluation was also included in work package 3 of the project plan. To maximise the information gathered during evaluation we used both formal and informal channels. Feedback from patients was sought using a patient satisfaction survey. Feedback from the GP Research Network was received both formally and informally through workshops early in project, questionnaire survey at end of project and informal feedback by email, by phone and in person throughout the project. Surveyor feedback was also sought using a focus group approach in addition to the immediate post-visit debriefing.

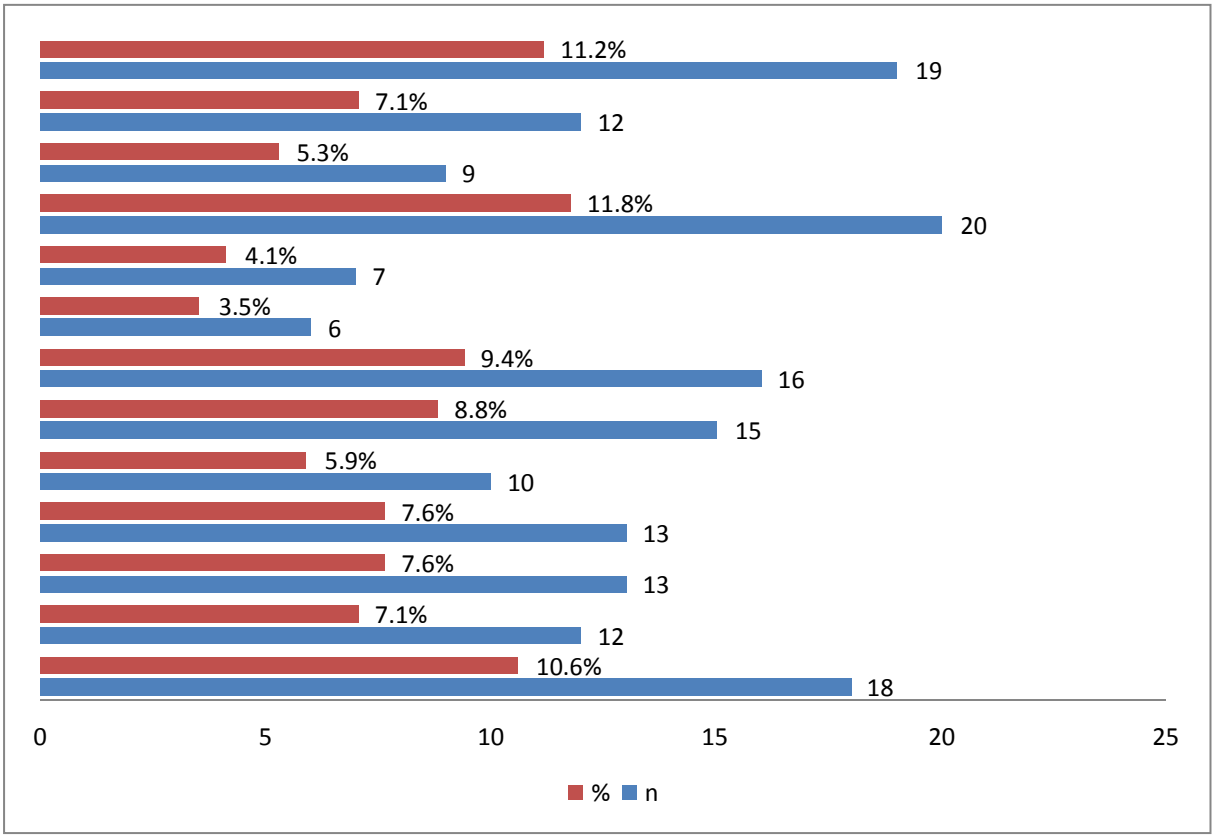
6.1 Patient Satisfaction Survey

This was one of two additional voluntary components of the project. It was suggested that it should be included at one of the October workshops. Dr. David Buckley provided a patient satisfaction survey tool that he had adapted from a UK template. We added some questions to gather basic demographic data from the practice and the anonymous patient responders.

All 20 practice sites in the GP Research Network were offered the opportunity to participate and 19 volunteered. Each practice was provided with 21 patient packs with instructions as to how to identify relevant patients and send the questionnaire out to them. Practice staff inserted the name of the practice and basic, anonymised demographic data about the patient before distribution. A total of 399 questionnaires were distributed to the practices with an accompanying explanatory letter for the patient and a freepost envelope for return. No reminders were sent. One hundred and seventy three completed questionnaires were returned from 13 practice sites, representing a 43% response rate from the total number of questionnaires

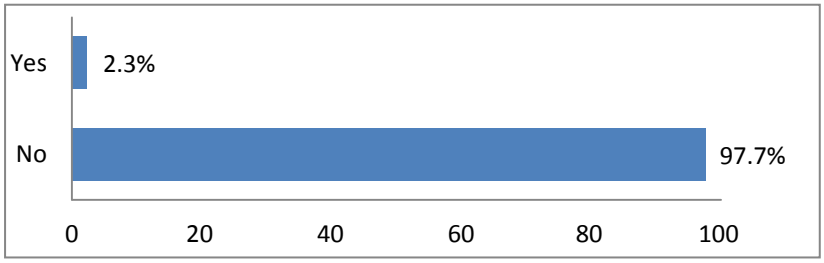
distributed to the 19 volunteer practice sites. This represents a 63% response from the 13 practices that made returns. The return rate ranged from six to 20 questionnaires across the practices (Figure 6.1). Patients were aged between 20 and 92 years of age (mean age: 61.12 years). Just over half the respondents have a GMS card (54.3%) and 45.7% were described as private patients. There were slightly more male patients than female (55.6% males and 44.4% females). All patients had minor surgery procedures in the practices between 11th August and 30th November 2015. The procedure type was known for 167 of the patients, with excisions, joint injections and cryotherapy being the most common.

Figure 6.1 Number of surveys returned by each practice (n=173)



The majority of respondents (97.7%) had no issues with booking their appointment for their minor surgery procedure (Figure 6.2).

Figure 6.2 Issue booking surgical appointment (n=173)



The respondents were mostly satisfied or very satisfied (95.9%) with the information provided in advance of the appointment (Figure 6.3) and found the consultation with the doctor/nurse useful or very useful (98.3%) (Figure 6.4).

Figure 6.3 Adequacy of information by the GP prior to appointment (n=172)

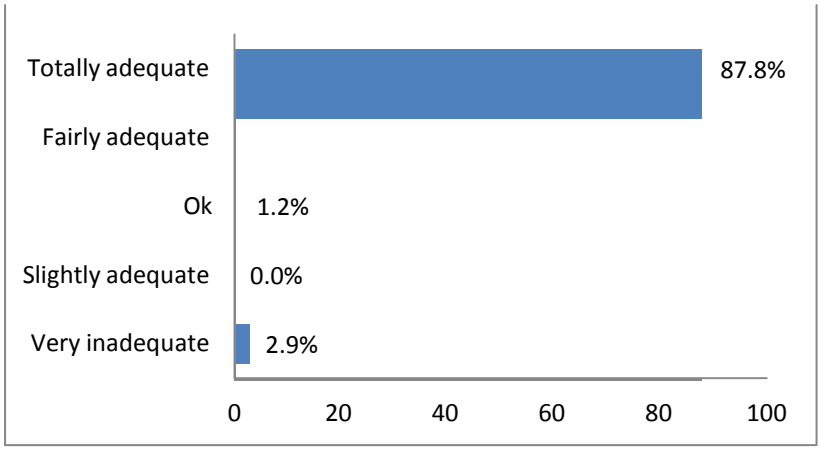
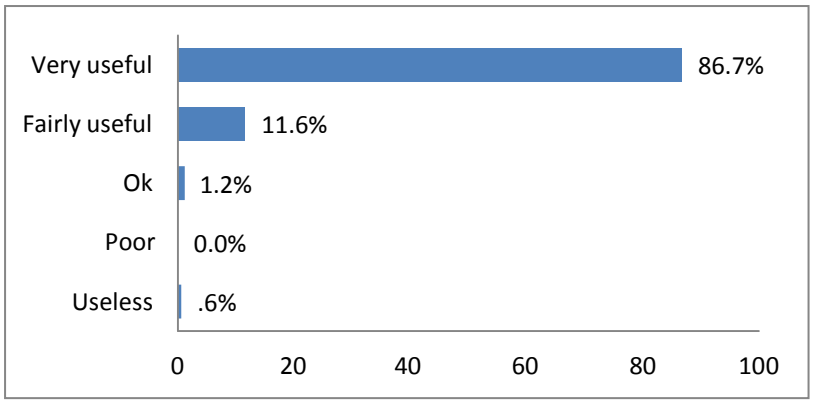
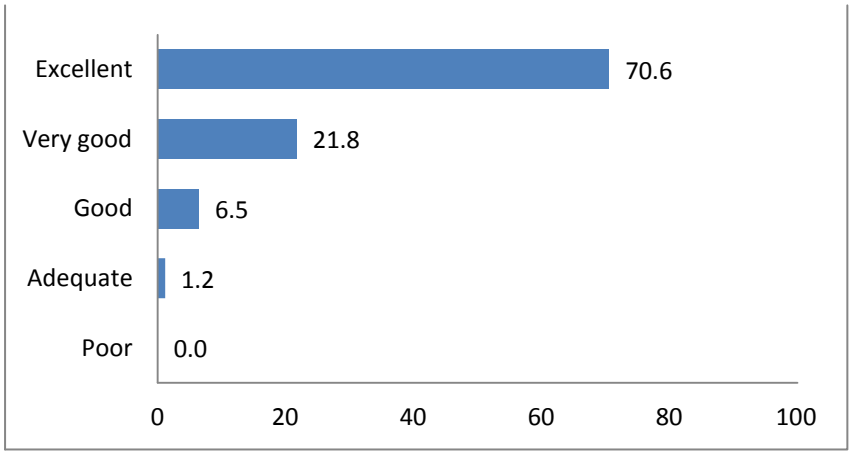


Figure 6.4 Usefulness of consultation with the doctor/nurse before procedure (n=173)



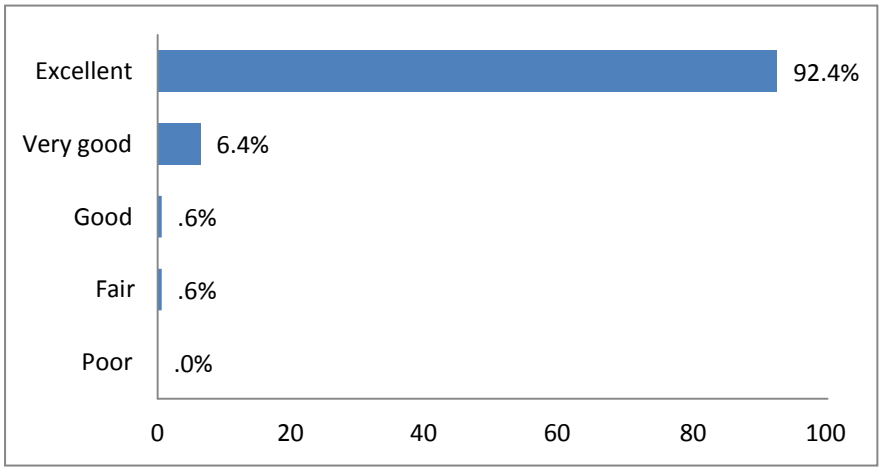
No patient rated the facilities as poor and two of 170 patients rated them as average (Figure 6.5).

Figure 6.5 Treatment room, premises and facilities for minor surgery (n=170)



The majority of patients rated the doctor's manner and communications as excellent (92.4%) or very good (6.4%)
(Figure 6.6).

Figure 6.6 Rate doctor's manner and communication during procedure (n=172)



Comfort levels during the procedure were high with only three of the 172 respondents (1.8%) reporting any level of discomfort (Figure 6.7). More than half the patients felt no pain during the procedure (55.3%) and another 38.2% experienced only slight pain (Figure 6.8).

Figure 6.7 Comfort level having procedure done at GP practice (n=172)

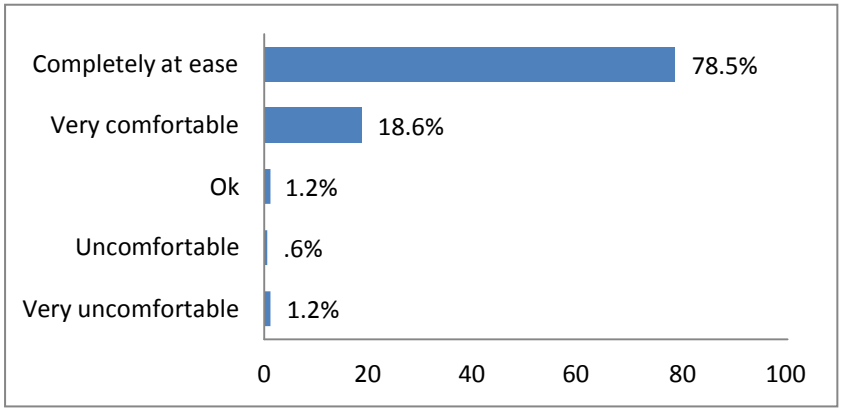
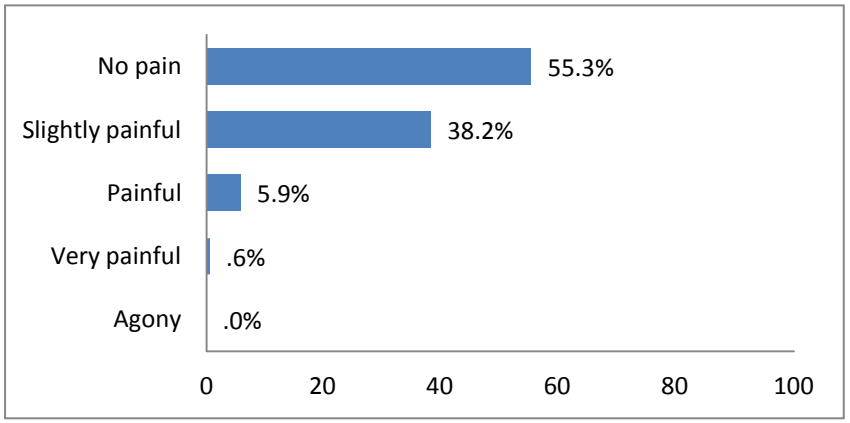
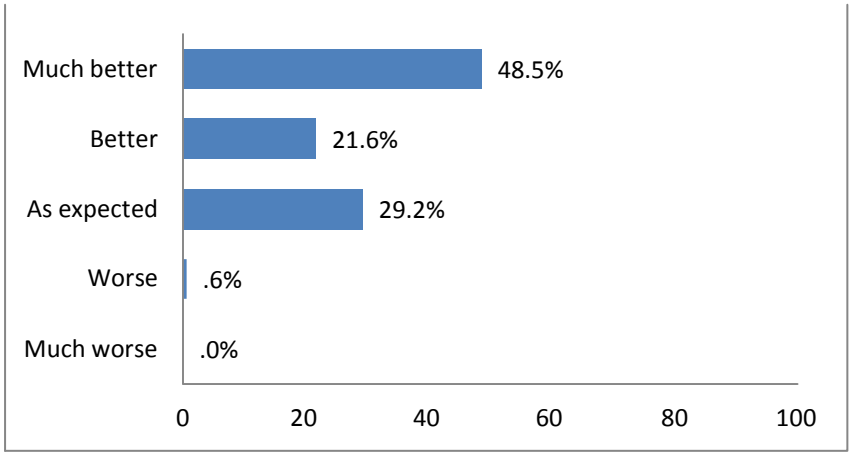


Figure 6.8 Level of pain during procedure (n=170)



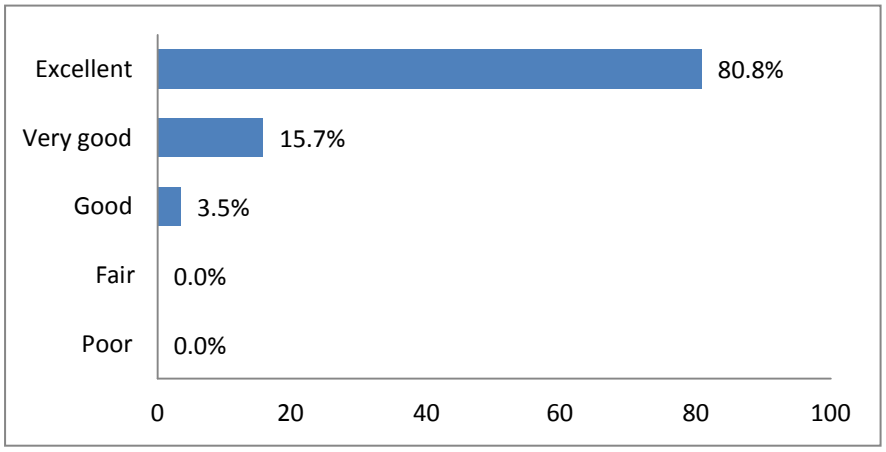
The minor surgery procedure failed to meet the patient's expectations in one instance, met patients' expectations in 29.2% and exceeded or greatly exceeded expectations in 70.1% of cases (Figure 6.9).

Figure 6.9 Expectation of surgery (n=171)



All patients rated the overall experience as positive with a significant majority (96.5%) rating it as excellent or very good (Figure 6.10).

Figure 6.10 Overall impression of having procedure undertaken at GP practice (n=172)



Patients were given the opportunity to provide free text comments and 70 of the 173 respondents did so. The comments were thematically analysed. Nine common themes were identified with a total of 84 comments under this thee as a number of contributions had more than one theme. Representative quotes from the responses are included below.

Generally complimentary (14 comments)

These comments refer to “excellent service” and “fantastic care” and other patients refer to their “delight” with the procedure and the service.

“Everything 100%”

“Excellent service. Walked in on a Saturday Morning op done. No fuss. Ideal!”

“Top marks”

Compliments about GP and nurse (27 comments)

Respondents frequently named their doctors, usually referring to them as Dr [First Name], and commented on their long-term relationship with the doctor. Many

referred to the professionalism of the doctors and nurses and their skills at putting them at ease.

> *"When I first arranged my appointment, I was very nervous and didn't know what to expect. On the day the doctor and staff made me feel very at ease and the surgery didn't hurt or upset me in any way....."*
>
> *"A wonderful GP. Very competent and kept me informed and relaxed during the procedure"*
>
> *"Dr [named doctor] is a wonderful doctor. Very thorough - excellent manner and very easy to consult with. Very patient. ..... Wish all doctors had his thoroughness, patients, friendly manner, excellent care and followed by an interest in his patients"*
>
> *"I found my GP to be very helpful and he done a great job"*
>
> *"I had 100% confidence in [doctor's first name] and there was no room for improvement...."*
>
> *"The answers to all the questions are nothing more than true. Excellent guy, doctor. No problem as far as I can say only top class"*

Speed and convenience (6 comments)

There were six comments about the overall speed and convenience of having minor surgery in general practice.

> *".....The whole procedure was swift, from the initial consultation to having the procedure to getting the results back in a timely manner - whole thing took 2 to 3 weeks"*
>
> *".....Wonderful service. Choosing my own day/time for procedure only have to travel to GP surgery, seen immediately on arrival (no lengthy waiting time) for professional, successful surgery"*

Appreciation of avoiding hospital attendance (16 comments)

The respondents are very conscious of the benefits to them, and to the hospitals, of their avoidance of hospital attendance when they have their procedures done in general practice.

"Having this procedure at the GP surgery was so much easier than having to travel 50k to the hospital. Knowing the GP and nurse made it so comfortable"

"A lot more procedures should be done at GP practice to save blocking up hospitals"

"I feel this is an excellent service as it eliminates waiting times and is a lot more comfortable than having to go to hospital. It also frees up hospitals....."

Happy with result / outcome (3 comments)

Three patients commented with their satisfaction with the outcome or results.

"The procedure healed beautifully...."

Happy to have similar procedure again / Recommend to others (8 comments)

Eight patients volunteered that they would be happy to have similar procedures in general practice in the future and would recommend this to others.

"..... I would have no hesitation going back if I needed and have recommended the doctor to family and friends"

"I would recommend doctors surgery room when available before any hospital"

Calls for extension of minor surgery in general practice (4 comments)

Four comments suggest that more minor surgery should be undertaken in general practice.

"Highly recommended and I look forward to more minor surgery taking place in local surgery"

Clinical details (2 comments)

Two comments relate to clinical details about their particular procedures, with one of these including a compliment to how that was handled.

"I was a bit weak and wobbly when I stood up; the nurse sat me down again. Got the Dr to take my blood pressure and later insisted on accompanying me to the car where my wife was waiting"

Concerns (4 comments)

Four respondents provided critical comments. The critical comments were preceded by complimentary remarks in two of these four.

> *"..... However I had one cause for concern, the GP wore non-sterile gloves for the procedure. I felt he was fully protected however I wasn't. I would have expected in minor surgery that I had carried out, that it necessitated sterile gloves. Having experience in this area, I am fully aware of the difference of each glove type. I had to follow up the biopsy results and would have appreciated if this was initiated from the clinic"*
>
> *"..... as a PAYE worker I feel the state should have paid for it"*
>
> *"I have a number of warts on my back and was expecting them to be dealt with, however only two were removed and I was charged 100 euro which I felt was unfair"*
>
> *"The delay in the waiting room from my arrival until the start of the procedure was the only negative aspect"*

6.2 Self-Audit

This was the second of two additional voluntary components of the project. In order to test the practicalities and reliability of undertaking accreditation using a self-audit component rather than a surveyor practice visit, we invited practices to undertake a self-audit as a voluntary addition to the project. Ten practices volunteered and seven undertook the audit, although two of these had difficulty with using the Nimonik® application. Thirty-four criteria from the practice visit component were compared between self-audit and surveyor conducted audit. The results show that the surveyors passed 213 criteria between the seven practices while the practices themselves passed 215 criteria (Table 6.1). The congruence rate (calculated as the number criteria passed in the self-audit as a proportion of those passed or considered not applicable by the surveyor) ranged from 94.1% to 109.7% with one practice passing itself on more criteria than the surveyor passed the practice on and three practices passing itself on fewer criteria than the surveyor.

Table 6.1: Self-audit compared with surveyor-audit

Practice	Self-Audit Passed n	Surveyor Passed n	Surveyor N/A n	Congruence Rate %
1	27	27		100.0
2	34	31		109.7
3	24	23	1	100.0
4	32	33	1	94.1
5	31	32		96.9
6	34	33	1	100.0
7	33	34		97.1
Total	215	213	3	99.5

The comparison here indicates that self-audit may be a reasonable approach for accreditation of practices. Additional instructions will likely be necessary for practices to inform their scoring to ensure they are clear what is expected for each criterion. External validation in terms of a surveyor visit for a proportion of practices would be required to maintain credibility and ensure robustness of the approach and methodology.

Written instructions on how to complete the audit using the app were provided but if a self-audit were to be included in any aspect of accreditation, further instructions, perhaps in the form of a webinar or online videos, should be considered.

6.3 Surveyor Feedback

Surveyor feedback was obtained in a focus group. Themes for discussion were circulated in advance. Four of the six surveyors attended the focus group and all six agreed the final report (Appendix 12). The key themes and suggestions are summarised in Table 6.2.

Table 6.2 Surveyor Feedback: Key themes and suggestions

Theme	*Suggestions*
The Standards	• Retain all existing standards • Retain "Yes/No" format for assessment • Reword a number of standards for greater clarity and inclusiveness • Variance in compliance across the practices (and also in preparedness for practice visit • Reported GP feedback that consent process, waste management and pathology follow up be included in standards
The Visit	• Retain 2 surveyors for each visit • Visits took between 60 and 120 mins • Completion of report took further 30-60 mins • Combined duration between 90 and 150 mins • Self-audit would not be sufficient • GPs and practice nurses open to advice about improvements
The IT support	• Nimonik® relatively straightforward and convenient • Surveyors require ipad with Nimonik® app; smart phone print too small
The Training	• Training programme sufficient for them • Might require 1-2 days depending on background of surveyors • Most helpful was mock practice visit with opportunity to use Nimonik tool
Support from Project Team	• Appropriate level of support • Appreciated responsiveness of team to issues as they arose
The Future	• GPs should provide more information /evidence at application phase • GPs should have more support in preparing for practice visit • GPs need more training on Significant Event Analysis/Critical Incident Analysis/ Health and Safety Incidents Log

	• Consider facility for surveyors to include final comment/overall impression

6.4 Feedback from GP Research Network

Feedback was received from the GP research network in a structured format on two occasions during the project; at a series of workshops in October 2015 (four months into the project) and in a questionnaire distributed once data collection was complete. Feedback was also provided by individual GPs from the research network throughout the project.

6.4.1 Workshop early in project and informal GP feedback

The October workshop was held at three locations in early October (Dublin, Athlone and Cork). It was held for 90 minutes in the early evening, to minimise time out of practice for the attending GPs. The purposes of the workshop were to troubleshoot any problems in data collection at that stage, to share learning from the GPs' experiences of data collection at that stage and for the GPs to contribute to the development of the accreditation model. Twenty-one of the 24 Research Network GPs (from 19 of the 20 practices) attended. In addition, two practice nurses, one receptionist, two HSE observers, and one other GP from one of the participating practices attended.

There was a lively discussion at each workshop with full participation and a high level of enthusiasm. GPs shared solutions to some problems encountered in data collection and shared information about practical issues relating to minor surgery procedures. Some small problems were identified with the excel template for data collection. GPs made suggestions for alterations to the procedures list for future participants and also for components of the Accreditation Model (Appendix 13). There were a number of outputs from the workshops (Table 6.3).

Table 6.3 Outputs from the October GP Research Network Workshops

- Common queries on data collection factsheet developed and distributed to GP Research Network
- Amended excel template for data collection drawn up and distributed to GP Research Network
- Detailed suggestions for components of Accreditation Model forwarded to Accreditation Working Group
- Other suggestions for procedures lists etc. recorded for future development

The GPs attending the October workshops had a number of suggestions regarding clinical data collection and, in addition, individual GPs made recommendations informally during the course of the accreditation research project (Table 6.4).

Table 6.4: GP Research Network: Suggestions regarding clinical data collection from October workshops and through informal feedback

Clinical data collection	***Suggestions from GP research network***
Agreed Procedures List	• Separate shave excision from shave biopsy • Need to differentiate diagnostic biopsy from excision biopsy • Distinguish between shave and punch biopsy • Dermoid cyst not a term in common use in general practice – GPs use term sebaceous cyst
Data collection	• Margins apply only to malignant • Patient informed applies only where histology specimen sent • Where >1 procedure undertaken on same patient record separately • Add “further treatment planned” as additional data element
Other	• Each GP doing minor surgery should work with named histopathologist to facilitate communications

The GPs also made recommendations regarding the developing Accreditation Model at the October workshops and informally subsequently (Table 6.5).

Table 6.5: GP Research Network: Suggestions regarding developing Accreditation Model from October workshop and through informal feedback

Accreditation Model	*Suggestions from GP research network*
Terminology	• Some suggested "community surgery" rather than "minor surgery" • Accreditation should be realistic while ensuring safe practice • Concerns about sustainability of accreditation
Training/Experience	• Scoring sheet for training/experience acceptable
Clinical data for standards	• No agreement on minimum annual number of procedures to maintain competence • Should combine number of procedures with infection rate below a specified standard
Procedures for inclusion/exclusion	• No agreement on whether cryotherapy should be included • Some suggested excluding therapeutic phlebotomy • Some suggested excluding joint injection • Suggestion that VHI covers more procedures than our list • Take care to discuss any proposed changes with indemnifiers
Practice infrastructure	• Room – adequate space, adequate lighting, couch you can walk around • Important not to apply hospital theatre standards to minor surgery in general practice setting • Practice visit should not be longer than 2 hours • No agreement on whether peer surveyor needed (GP) • A small number queried if a practice visit was required • The majority felt there was no need to observe the doctor doing procedures but one GP suggested that GP ability to use the various equipment was necessary • Major discussion and concerns about decontamination

	• Perception that single use instruments costly • Concerns re future requirements of HSE re decontamination – autoclaves, washer disinfector, ultrasonic cleaner etc. • Are GPs entitled to use local CSSD facilities? Would they want to?
Accreditation and Reaccreditation	• Audit should be component • Important to include maintenance of competence • Important to include further upskilling • Develop resource pack to support application and reaccreditation
Other	• PCSA has clinical guidelines (3 at present) • GPs willing to join MDT meetings re management of non-melanoma skin cancers (NMSCs)

There were a number of general comments from the GPs in the Research Network. While many of them are members of the Primary Care Surgical Association (PCSA), they were keen not to exclude any GPs from future accreditation and strongly recommended that this should be inclusive from the start and continue to be so. They specifically mentioned the importance of not excluding rural GPs or newly qualified GPs.

With regards to practical issues of scheduling patients for minor surgery, they discussed the DNA rates and a number of GPs noted that there is a higher DNA rate in patients who have GMS cards than in private patients. They also noted that cryotherapy rates were higher in GMS patients as cryotherapy is more likely to be required in older people, who are more likely to have GMS cards (over 70s).

There was considerable discussion at the workshops about GPs' willingness to provide minor surgical procedures being impacted by lack of resourcing of this activity. The GPs believe that if it is not adequately resourced then they will not be able to provide the service, patients will be disadvantaged and they (the GPs) will

become deskilled and, consequently, accreditation will not be sustainable. It was suggested that many GPs do not undertake procedures at present that they could do because of lack of resources and that patients become aware of this and present directly to hospitals for these procedures. Therefore, current data collection seriously underestimates the capacity to carry out minor surgery in general practice.

The patient satisfaction survey was instituted as an additional component of this project as a result of suggestions from the GP Research Network workshops.

6.4.2 Questionnaire Survey of GP Research Network

A questionnaire survey was distributed electronically to all 24 GPs who participated in this project at the conclusion of the accreditation process. The purpose of this was to seek their feedback on participation in the project, with a focus on recommendations for the future. Twenty responses were received (83.3% response rate).

Clinical Procedures

In the first instance we asked the GPs to recommend retention or removal of each of the 14 procedures included in this project, and whether any should be renamed (Figure 6.11). One GP each recommended the removal of five procedures with six recommending the removal of therapeutic phlebotomy for haemochromatosis. Retention of all other procedures was recommended by the remaining GPs with one GP each suggesting renaming seven procedures (Table 6.6).

Seven of the 20 respondents (35%) recommended that additional procedures be included with the remaining 13 (65%) stating that no further procedures should be added. One doctor gave four suggestions; three doctors gave three suggested additions, one doctor gave two suggestions and another two provided one suggestion each. Given overlaps, this yielded a total of 15 suggested procedures for addition to the agreed procedures list (Table 6.7).

Figure 6.11: GP Survey: Removal or retention and renaming of agreed minor surgical procedures

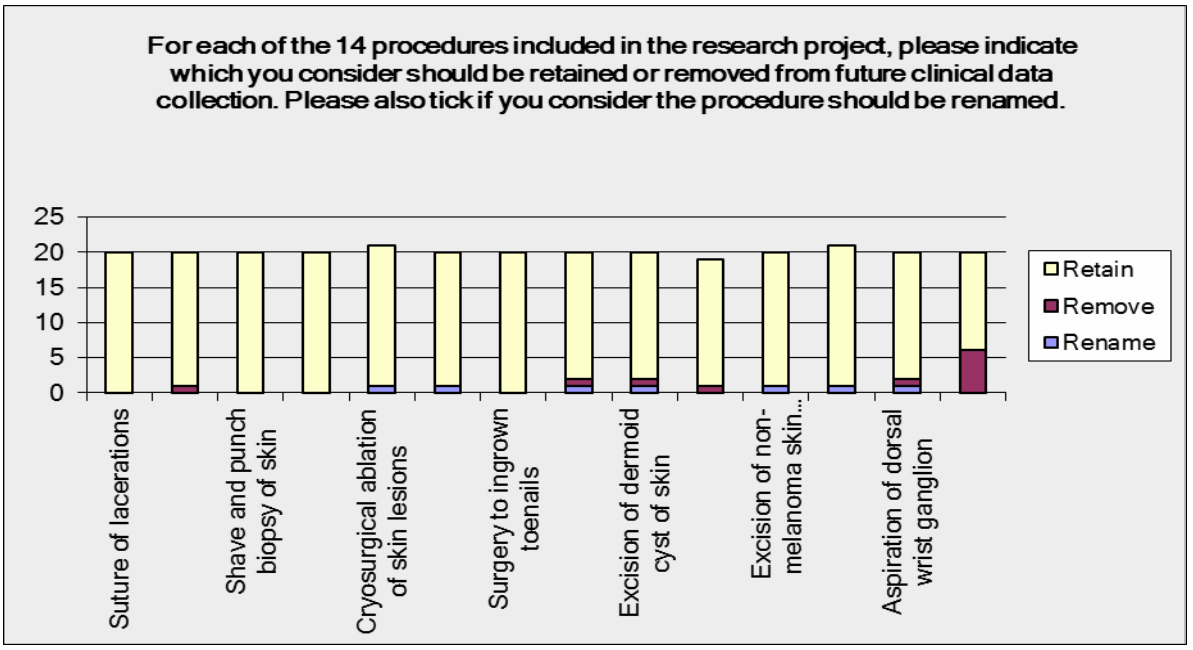


Table 6.6: GP Survey: Agreed surgical procedures where renaming recommended

Agreed Surgical Procedure that should be renamed	***GPs' suggestions regarding new name (where given)***
Excisional biopsy of skin: ellipse, modified ellipse	Punch/Excision biopsy
Excision of dermoid cyst of skin	Excision of Sebaceous Cyst
Cryosurgical ablation of skin lesions	Surgical ablation of skin lesions
Excision (enucleation) of lipoma	Surgical excision of lipoma
Excision of non-melanoma skin cancer with appropriate margins	Excision of non-melanoma skin cancer
Aspiration and injection of joint	Intra-articular procedure
Aspiration of dorsal wrist ganglion	Aspiration of ganglion

Table 6.7: GP Survey: Suggestions for additional procedures to be added to the agreed procedures list for minor surgery

Excision Lipoma	
Excision of Pigmented Nevus	
Removal of FB from eye	
Removal of lodged foreign body from skin e.g. earring backs etc.	Recommended by 2 doctors
Injection of acne cysts	
LARC procedures	Recommended by 2 doctors
Implanon removal	
Shave/excision biopsy face	
Biopsy intra-oral or lip lesion	
Nasal cautery	
Excision lesion eyelid including skin	
Excision biopsy suspicious skin lesion	
Removal warts and verucca	
Suprapubic catheterisation	
Haemorrhoid treatment and banding	

We asked the GPs to assess the amount of data we collected on each procedure and 18 of the 20 (90%) assessed this as about right, two respondents (10%) suggested that we collected too much data and no one thought that this was too little.

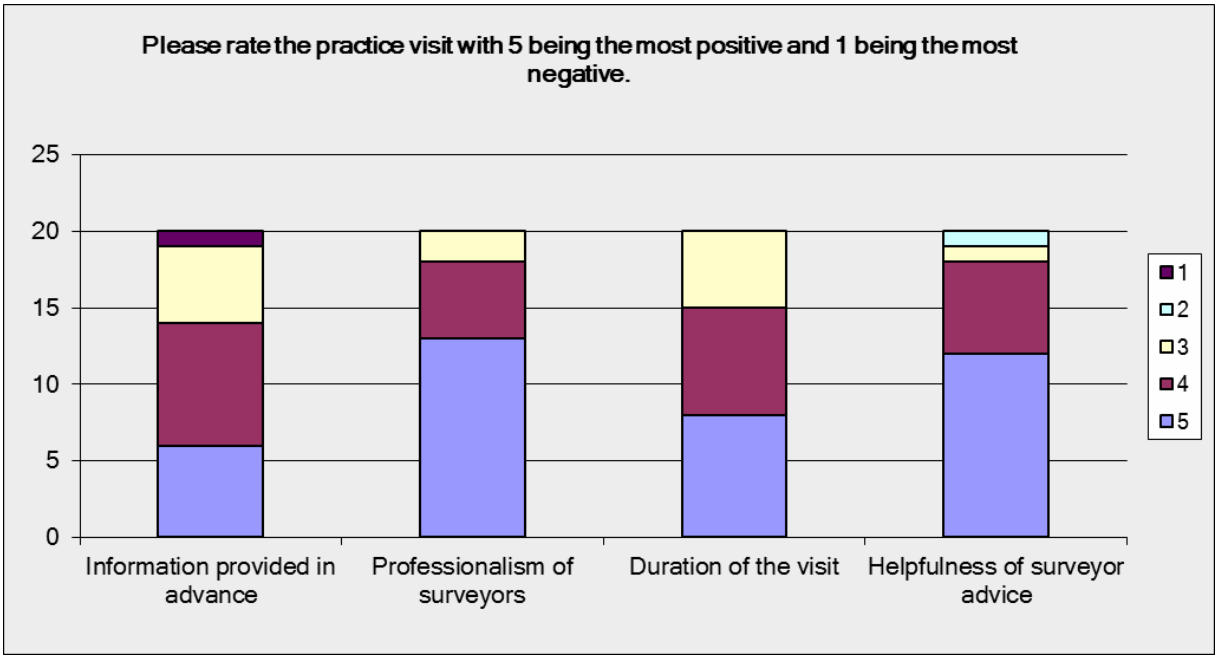
Accreditation Standards

Fifteen of the 20 respondents (80%) responded that the Standards were clearly written while four (20%) disagreed. One respondent agreed that there were areas not covered in the standards that should be included for the future. That doctor reported that we should add “observation of surgical procedures”.

Practice Visit

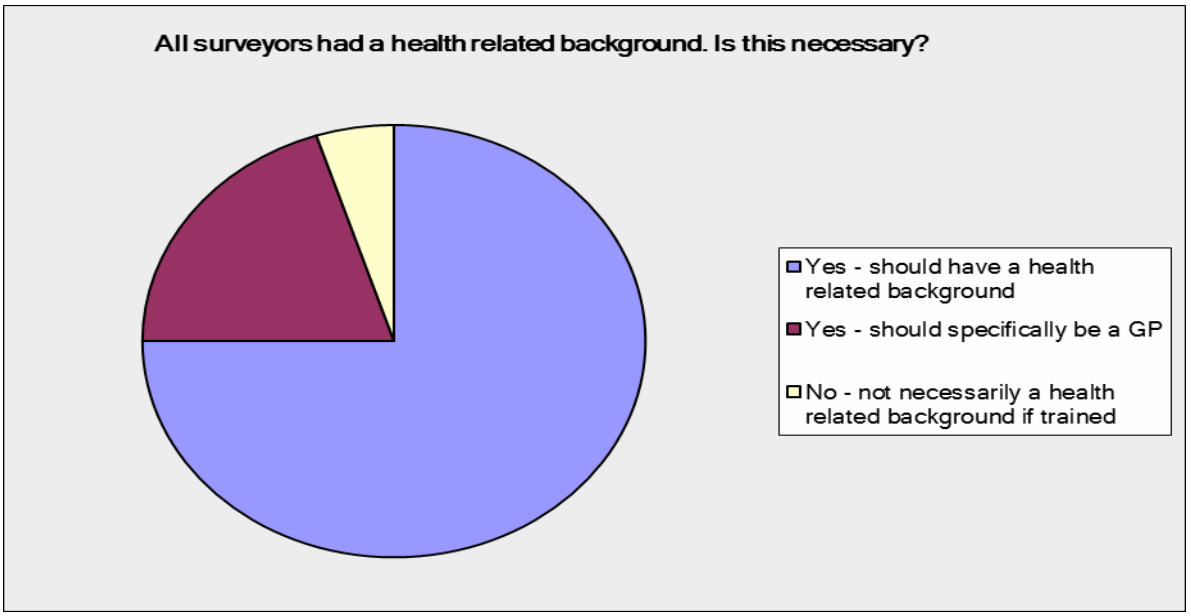
The respondents were asked to rate elements of the practice visit on a scale of one to five, where one is the most negative and five the most positive rating (Figure 6.12). Overall the majority were happy or very happy with the information provided in advance, the professionalism of the surveyors, the duration of the visit and the helpfulness of surveyor advice.

Figure 6.12: GP Survey: Satisfaction with elements of the practice visit.



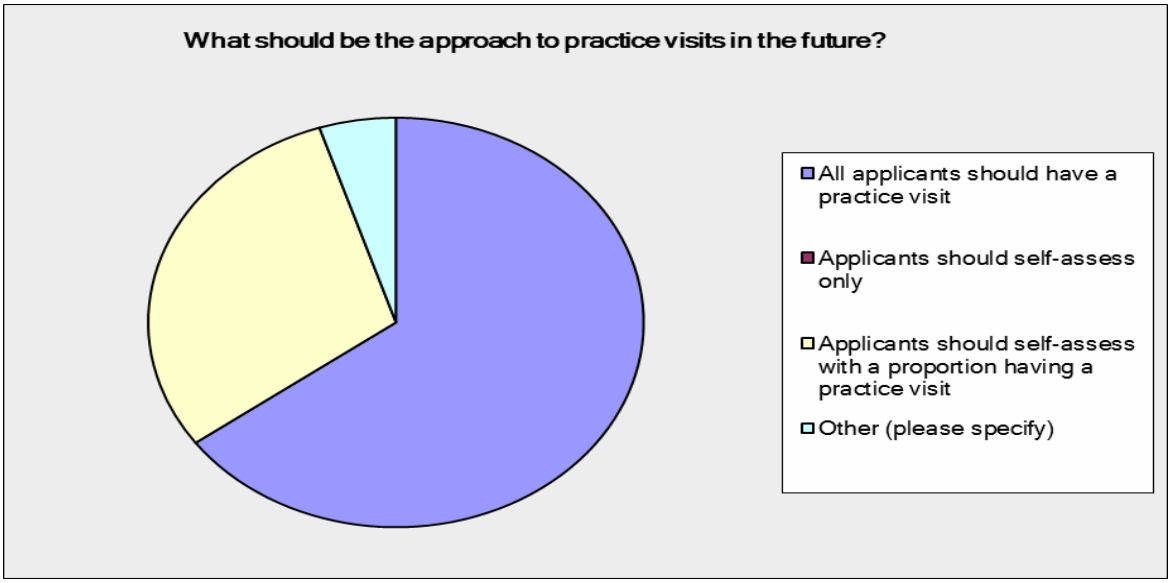
Fifteen of the respondents (75%) indicated that there should be two surveyors for the practice visit, with five (25%) indicating that there should be one surveyor. No respondent indicated a need for more than two surveyors. With regards to the professional background of surveyors, 15 of the respondents (75%) considered that surveyors should have a health-related background with 4 (20%) of the opinion that surveyors should specifically be GPs and one respondent (5%) suggesting that a health-related background is not necessary for the surveyors (Figure 6.13).

Figure 6.13: GP Survey: Professional background required in surveyors



When asked about the future approach to assessing practice infrastructure, 13 respondents (65%) responded that all future applicants should have a practice visit, six (30%) suggested that future applicants should self-assess with a proportion having a practice visit, no respondent felt that future applicants should self-assess only and one ticked “other” but did not provide any detail (Figure 6.14).

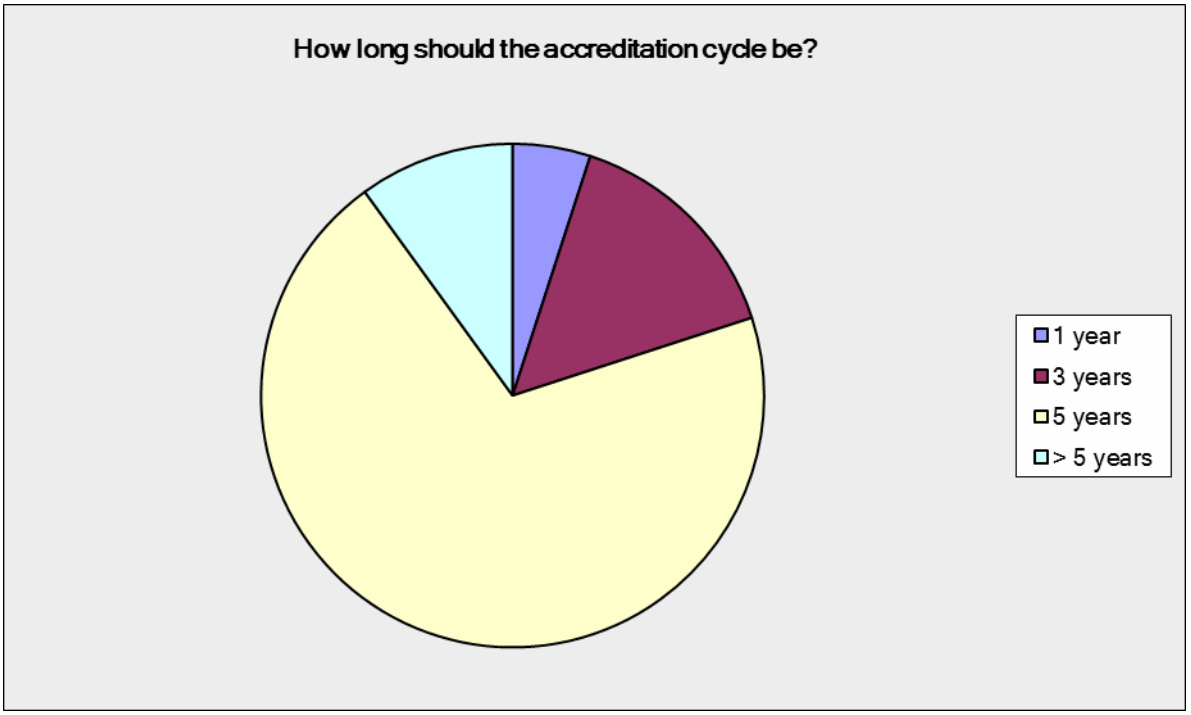
Figure 6.14: GP Survey: Method of assessing practice infrastructure for accreditation in future



Accreditation Cycle / Re-accreditation

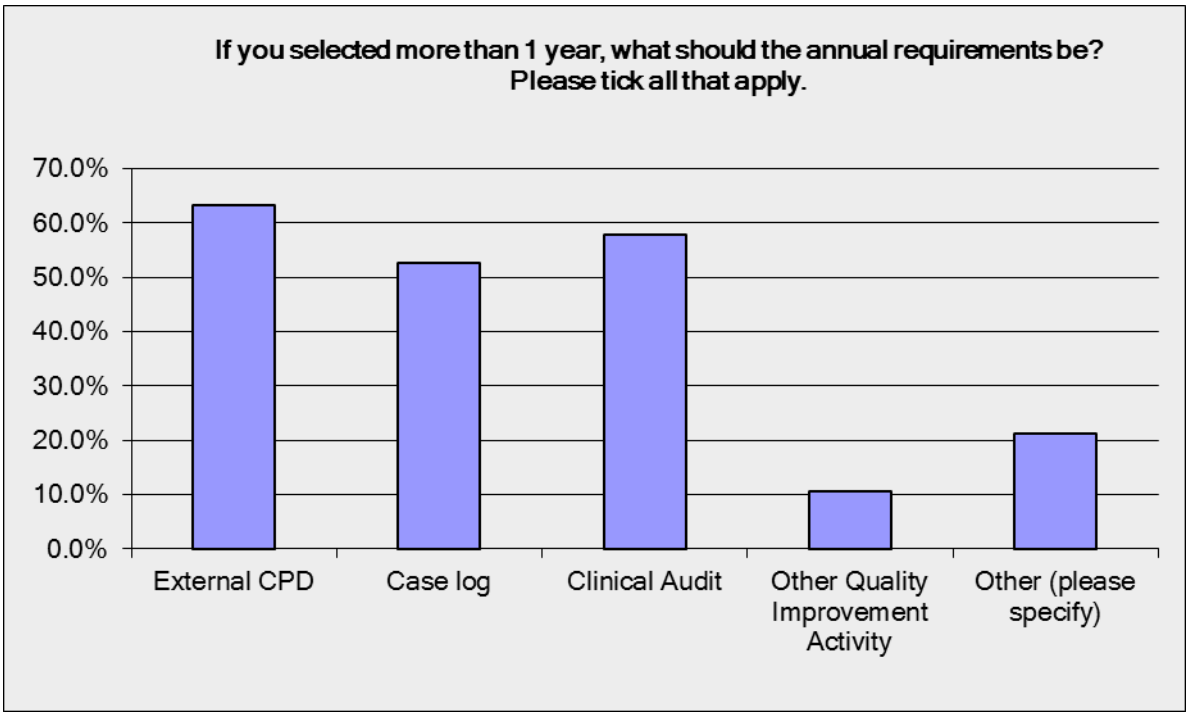
The majority of respondents (14/20, 70%) recommended that the accreditation cycle should be five years in duration, with three (15%) indicating a three year cycle, two (15%) recommending a cycle longer than five years and one respondent (5%) recommending a one year cycle (Figure 6.15).

Figure 6.15: GP Survey: Length of accreditation cycle



The 19 respondents who selected an accreditation cycle of more than one year were asked to indicate what components should be included in the annual requirements during an accreditation cycle. They were encouraged to tick as many options as they wished and given the opportunity to add others. Twelve respondents (63.2%) suggested external CPD should be an annual requirement, 11 (57.9%) suggested that clinical audit should be an annual requirement and 10 (52.6%) suggested that a case log should be an annual requirement. Two respondents (10.5%) suggested that other quality improvement activity should be included and four respondents (21.1%) ticked “other” but did not elaborate further on what these might include (Figure 6.16).

Figure 6.16: GP Survey: Components of annual accreditation cycle



Respondents were asked to indicate what components should be included in re-accreditation. They were encouraged to tick as many options as they wished and given the opportunity to add others. The most popular component was provision of clinical data (all surgical activity for a specified period) which was selected by 13 respondents (65%). Ten respondents (50%) selected a repeat practice visit and nine (45%) selected a self-audit. Less popular options were the case log (n=7, 35%) and two respondents (10%) ticked “other” but again not details was provided (Figure 6.17).

Fifteen respondents provided suggestions for supports that should be provided to future applicants for accreditation with some providing more than one suggestions, yielding a total of 38 suggestions, a number of which were the same or similar. These have been gathered under common themes in Table 6.8.

Figure 6.17: GP Survey: Components of re-accreditation

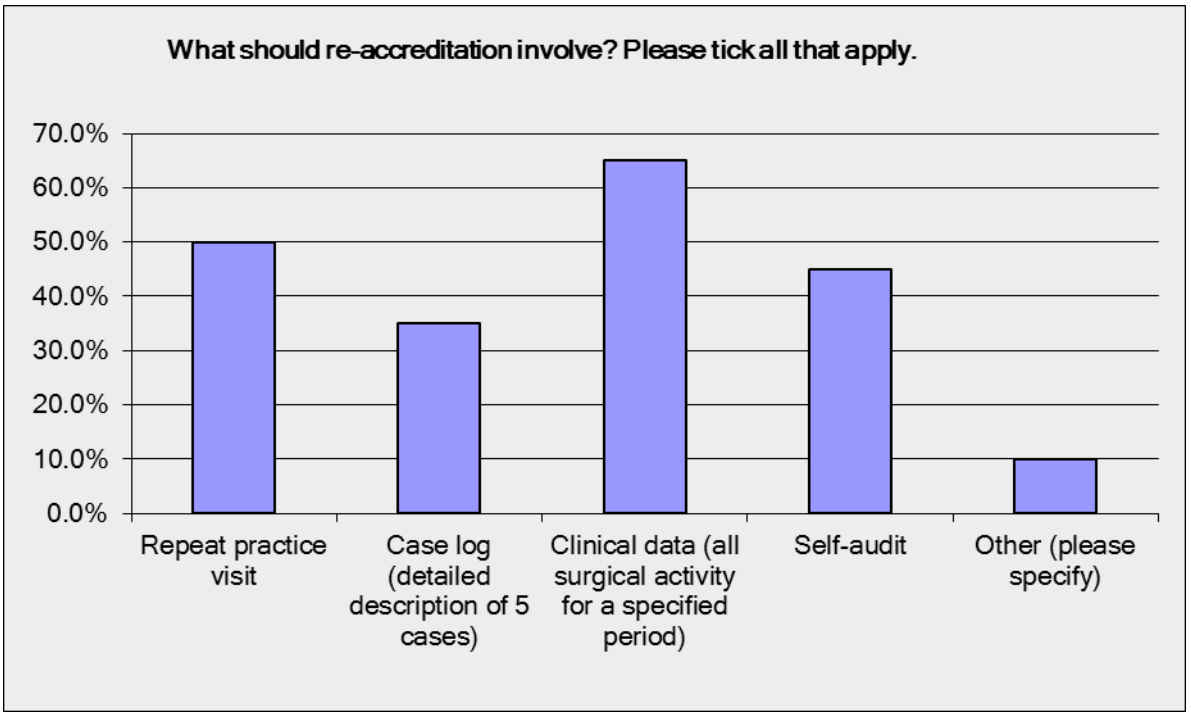


Table 6.8: GP Survey: Suggested supports for future applicants for accreditation

Funding, Training and other Resources (15 suggestions)	Training A 1/2 day course on line – Going through the process Training and Funding Funding/money (3 times) Funding towards equipment to meet standards Realistic remuneration for HSE Medical Card patients Recognition that this is under-resourced work of GP Admin support Nurse support Protected time Time Time management

Information (11 suggestions)	Prior information Clear information-->acceptable/not acceptable items Information on service setup Clear information Information Pack Guidelines on surgical skills training eg minimum standards, min. no. of cases annually Clear guidelines on what is expected of the applicant and equipment guidelines Document of “best practice” Clear criteria Premises and equipment guidelines Visit explanation
Mentoring (7 suggestions)	Mentoring if need to up skill in certain procedures Mentoring Access to a mentor Possible mentor who will offer support to get to standard Contact with a local practice/doctor who has already complete accreditation Membership of PCSA Join PCSA
Specific suggestions (n=2)	Sterilisation procedures Access to local hospital sterilization for minor surgery packs
General suggestions (n=3)	Realistic expectations More involvement Recall

General Comments

Finally, respondents were offered the opportunity to provide any further comments and seven chose to do so and provided nine comments (Table 6.9).

Table 6.9: GP Survey: General comments from respondents

"Other GPs should be informed so that patients can be referred."
"All requirements should be made known to applicants at the beginning."
"Great to be involved in its infancy!"
"If regular audit is a requirement, then a list of suggested audits that would also be acceptable for CME should be provided."
"Please link data collection to GP software to make the process easier."
"Should be limited to those who do at least one formal surgical session/month with protected time, designated treatment room and an assistant. Observation of surgical skills desirable - proof of adequate surgical margins if doing NMSC work, surgical audit to show success and complication rates, patient satisfaction survey every 2-3 years."
"Needs to be graduated system of levels 1,2,3 etc. trying to be more inclusive as present system is seen as excluding people and many very good service providers can deliver well at different levels but may not be able to bring premises to level required for open surgery but would be ok for cryo, diathermy,etc."
"There needs to be a value placed on getting to the standard required to pass this accreditation i.e. HSE/VHI etc. need to support this project by paying a 'facilities fee', such as are paid to private hospitals by insurance companies and NTPF. Same work, same recompense."
"Who is looking at quality of the work?"

6.5 Clinical Data Overview

As part of this research project on accreditation, the 20 participating practices were asked to record details of all minor surgery procedures undertaken over the six month study period. They were advised to collect data on all 14 agreed procedures undertaken in adults (aged 18 and older) and all surgical procedures for ingrown toenails in all patients aged 12 and over. They were further advised to include all GMS and private patients, and patients referred from within or outside the practice in addition to their own patients. All data was to be entered on an excel database using a template provided (Appendix 7) and returned monthly during the six month study period. Doctors were asked to submit a final clinical data database combining all six month data and including reports of histology reports, patient notification and

complications one month after completion of data collection. Practices were provided with feedback after two months of data collection. Based on this feedback and the workshop with GPs in October 2015, the template was modified slightly.

Practices were asked at the application stage to how many of each of the 14 procedures they undertook in the preceding six months prior to application – if logs were not kept, practices were asked to estimate numbers. The data provided by practices at that stage suggested that in excess of 6,500 procedures in a six-month period from the 24 GPs. A total of 4,263 procedures (35% less) were completed by the research practices over the six month study period; however, a small number were procedures not included (n=12) or the procedure type was not indicated (n=4).

Of the procedures included in the study period, those most often carried out were cryosurgery (32.2%), excisional biopsy (16.2%) and joint aspiration/injection (15.8%) (Table 6.10).Patient age ranged from 12 to 99 years with a mean of 55.6 years. Fifty-four patients were aged under 18 years; the mean of age of those aged 18 or over was 56.1 years.

Table 6.10: Procedures carried out by the research network (n=4245)

	N	%
Aspiration-dorsal wrist ganglion	26	0.6
Aspiration and Injection-joint	670	15.8
Cryosurgical ablation	1369	32.2
Curettage and diathermy	164	3.9
Excision of skin cyst or lipoma	160	3.8
Excisional biopsy	688	16.2
IGTN	230	5.4
Incision and drainage	135	3.2
Non-melanoma skin cancer	55	1.3
Shave and punch	420	9.9
Suture	81	1.9
Therapeutic phlebotomy	247	5.8

Overall 46.8% of patients were female; 55.3% were GMS patients and 44.6% were private patients (two cases did not have status recorded). Overall, 43.5% had private health insurance – 74.8% of private patients and 18.9% of GMS patients. Over half of the procedures (n=2166; 53.8%) were carried out on patients of the operating GPs. An additional 23.3% were on patients of another GP in the same practice and 22.9% were on patients of a GP from another practice.

Samples should be submitted for histology in respect of four of the above procedures. Submission of histology was reported for all non-melanoma skin cancers; however, only half of (53.8%) of cysts/lipoma were submitted for histology (Table 6.11). Non recording or not-applicable responses were counted as non-submission and hence the rates noted here may be slightly deflated. In terms of cysts/lipoma, three of the four practices which undertook a larger number of excisions on cysts/lipoma brought the overall histology submission rate down with the proportion of samples submitted in these three being 5.3%, 6.3% and 13.3% whereas excluding these *three* from the overall calculation increased the rate to 87.8%. One practice (not one of the three noted above) who undertook a large number of shave and punch had a histology submission rate notably lower than other practices of 86.3%.

Table 6.11: Proportion of procedures where histology submission was recorded

Procedure	***%***
Excision of skin cyst or lipoma	53.8
Excisional biopsy	95.8
Non-melanoma skin cancer	100.0
Shave and punch	91.6

Overall, only 40 complications were noted, a rate of less than 1%; infection was noted in almost one half of these (Table 6.12). The procedure where most of the complications arose was excisional biopsy but relative to the number of each procedure undertaken, the highest complication rate was seen for non-melanoma skin cancer (Table 6.13).

Table 6.12: Types of complications noted

Complication	***N***
Bleeding	4
Dehiscence	3
Infection	19
Reaction to suture	1
Other	15

Table 6.13: Complication rate for each procedure type

Complication rate/procedure	***N***	***%***
Aspiration-dorsal wrist ganglion	0	0.0
Aspiration and Injection-joint	2	0.3
Cryosurgical ablation	9	0.7
Curettage and diathermy	0	0.0
Excision of skin cyst or lipoma	1	0.6
Excisional biopsy	17	2.5
IGTN	3	1.3
Incision and drainage	1	0.7
Non-melanoma skin cancer	3	5.5
Shave and punch	3	0.7
Suture	1	1.2
Therapeutic phlebotomy	0	0.0

The collection and analysis informs two recommendations for the future. Firstly that formal collation of data is required to accurately enumerate the number of procedures undertaken and secondly that the integration of data collection into the practice management software, with pre-populated procedures lists and codes, is necessary. This is suggested as, although drop down menus were provided, many practices did not use these (even for simple yes/no replies) and entered an array of responses which complicated the analysis of the data.

Chapter 7: Conclusions and Recommendations

7.1 Concluding Remarks

There was a high level of interest in and enthusiasm for this initiative, which was sustained throughout the duration of the project. The evidence for this includes the high number of applicants, the full participation of successful applicants and the subsequent expressions of interest from more GPs. The sustained contributions from the multidisciplinary steering group provide further evidence of the importance of this work. It is critically important that the initiative continues, in whatever format, to ensure that this momentum is not lost.

The project outputs have been informed by the detailed feedback from the GP Research Network, the Steering Group with its various working groups, the surveyors and the experience of the project team. This speaks to the pre-eminence of who develops the accreditation model over how it is developed that was identified during the literature review.

The condensed time frame, one year for all components with recruitment over the summer months, had an impact on the perceived support for the GP Research Network. This is evident from the GP feedback. They strongly recommended clear guidelines and supports for future participants. This finding has influenced the framework for further development outlined in the discussion document (Appendix 15).

This project was contemporaneous with simultaneous related activities within Infection Prevention and Control within the HSE and the development of NCCP Guidelines and the ongoing communications with HSE and NCCP personnel were helpful to this project. When these activities produce final reports their conclusions will need to be taken into account in future iterations of the Community Based Surgery Standards and the Accreditation Process.

6.2 Project Outputs

- Standards for Accreditation of Experienced GPs in Community Based Surgery (Appendix 14)
- Discussion Paper on Framework for Accreditation and Re-accreditation Cycle for GPs undertaking Community Based Surgery (Appendix 15)

These documents are based on the findings of this research and are consistent with current literature and statutory requirements in the area of Community Based Surgery. Hence, they will need to be updated to reflect future developments prior to their implementation.

6.3 Recommendations

As a result of this project the Steering Group for the Minor Surgery Accreditation Research Project make the following recommendations:

1. The activity should be called Community Based Surgery
2. Accreditation for GPs in Community Based Surgery should be voluntary.
3. GPs who wish to continue undertaking minor surgical procedures without being accredited should not be prevented from doing so. Accreditation may lead to enhanced contracts with HSE or insurers.
4. National roll-out of accreditation in Community Based Surgery should be offered to all experienced GPs. The HSE and the Department of Health should consider supporting this.
5. The terms of any contract from the HSE for undertaking Community Based Surgery should be agreed in advance with the appropriate GP unions.
6. Clear communication should be undertaken to ensure that potential patients will be made aware of the significance of accreditation.
7. Accreditation should be governed by the ICGP with relevant stakeholders participating in the Accreditation Board.
8. Staff should be employed at the ICGP to support the Accreditation Board.
9. Accreditation should be on 5 year cycle with requirements to be fulfilled in each year (subject to agreement on a Framework by the Accreditation Board).
10. Accreditation should be funded by an Accreditation Fee.
11. Accreditation and re-accreditation process should be subject to continuing evaluation and review.

12. Data collection for Community Based Surgery accreditation should be integrated into certified practice management systems.
13. Contract should be agreed with Nimonik® for audit software.
14. Surveyors should be recruited and trained for practice visits.
15. An appeals process should be developed for unsuccessful applicants.
16. Applications for accreditation in Community Based Surgery under this accreditation process should be open to those who are already undertaking minor surgery in general practice. The definition time limits for it should be agreed by the Accreditation Board.
17. The ICGP, in conjunction with the PCSA, should develop a clear pathway of training in Community Based Surgery, with associated training courses and mentorship programmes with accredited GPs as mentors.
18. Education and training should be provided to practice nurses who take the role of surgical assistants, particularly for procedures that they may undertake such as cryotherapy, suturing and therapeutic phlebotomy.
19. The ICGP should support applicants for accreditation with access to dedicated resources and preparation workshop.
20. Dedicated resources for accreditation in Community Based Surgery should be collated in a designated section of the ICGP website.
21. Agreed procedures list should be reviewed and updated every 2 years, in consultation with the HSE and medical indemnifiers. The first review should be undertaken before the next phase of roll out, taking into account relevant feedback from this report.
22. Standards for Community Based Surgery should be routinely reviewed and updated every 5 years. This update should be informed by the continuing evaluation and review of accreditation, and new legislative or contractual requirements. Interim review and update should be considered in responding to substantive changes to legislation or contracts.
23. Findings from this accreditation research project should be communicated to relevant bodies such as HIQA, NCCP, medical indemnifiers and the HSE and relevant subsequent engagement pursued.
24. Further research in Community Based Surgery should be undertaken to

i. Monitor uptake, Community Based Surgery activity and complication rates
ii. Explore post-accreditation Community Based Surgery activity
iii. Inform enhanced co-operation between primary and secondary care in relation to Community Based Surgery
iv. Undertake relevant community/hospital comparisons in Community Based Surgery
v. Explore GP engagement in MDT meetings
vi. Inform the development of appropriate training and CME programmes
vii. Develop a national audit process.

25. Clinical guidelines should be adopted or drawn up for submission for approval to the ICGP Quality in Practice committee.
26. Opportunities to develop common platforms with other GP accreditation requirements such as HIQA accreditation or long acting contraception certification should be explored, to minimise duplication of collection of evidence.
27. Decontamination of RIMDs through local CSSDs pathways should be developed. Single use instruments should be supplied in the interest of patient safety as already provided in HSE settings.
28. Support and training should be made available for those who wish to decontaminate re-usable instruments at their practice.

Appendix 1 Agreed Procedures List

Suture of lacerations

Incision and drainage of abscess or haematoma

Shave and punch biopsy of skin

Curettage and diathermy of skin lesions

Cryosurgical ablation of skin lesions

Excisional biopsy of skin: ellipse, modified ellipse (A or O-T plasty, S plasty, Rotation flap or similar)

Surgery to ingrown toenails

Excision (enucleation) of lipoma

Excision of dermoid cyst of skin

Excision of meibomian cyst

Excision of non-melanoma skin cancer with appropriate margins

Aspiration and injection of joint

Aspiration of dorsal wrist ganglion

Therapeutic phlebotomy for haemachromatosis

Appendix 2 Steering Group Membership

Dr Jonathan Botting	UK GP RCGP Clinical Lead for Minor Surgery Course Organiser for PG Diploma of Minor Surgery
Dr Joe Clarke	GP GP Lead for HSE Primary Care Division
Dr Regina Codd	GP Community Oncology National Cancer Control Programme
Ms Caroline Conneely	National Decontamination Quality Lead HSE Quality Improvement Division, Decontamination Safety Programme
Ms Mary Culliton	Public Interest
Prof Frank Keane	Surgeon Joint Lead National Surgery Programme, RCSI
Dr Niall Maguire	GP Chair of Primary Care Surgery Association (PCSA)
Ms Mary McKenna	Lead IPC ADON HSE Health Care Associated Infections/Anti-Microbial Drug Resistance National Clinical Programme
Dr Nuala O'Connor	GP ICGP Lead, Health Care Associated Infections/Anti-Microbial Drug Resistance National Clinical Programme

Dr Margaret O' Riordan	GP Medical Director, ICGP (resigned March 2015)
Mr David Orr	Plastic Surgeon
Dr Tony O'Sullivan	GP Minor Surgery Training, ICGP
Dr Muna Sabah	Pathologist
Ms Kathy Taaffe	Practice Nurse Professional Development Co-ordinator Practice Nursing
Dr Anne-Marie Tobin	Dermatologist HSE Lead for Dermatology

In Attendance:

Dr Claire Collins	Principal Investigator, Director of Research at ICGP.
Dr Ailís ní Riain	GP, Project Lead.

Appendix 3 Steering Group Terms of Reference

Agreed by Steering Group at its first meeting on May 25th 2015.

Project Overview:

The purpose of this project is to establish a general practice minor surgery research network to undertake and record activity and outcomes from minor surgery procedures in a sample of practices in order to develop and test an accreditation process to enhance patient care.

The objectives are:

1. To establish a general practice research network to undertake a designated list of surgical procedures
2. To document minor surgery activity in the network prior to commencement and over a subsequent six month period
3. To ascertain outcomes
4. To agree Irish guidelines on minor surgery
5. To develop and test accreditation criteria, standards and processes for Irish GPs.

The project will be undertaken at the Irish College of General Practitioners and is funded by the Health Service Executive.

Purpose / role of the group:

The Steering Group will provide the oversight function for the Accreditation Research Project on Minor Surgery Service Delivery in General Practice.

The Steering Group is to:

- provide input on the development and implementation of the study
- oversee the security and handling of data, analyses and reports undertaken, adherence to protocols and use of the study database
- provide risk assessment
- Review progress on key milestones to ensure completion of agreed tasks.

Membership:

Members have been selected to represent the key stakeholders in providing minor surgery in general practice. Membership of the Group was agreed jointly by the ICGP and the HSE.

Conflicts of Interest:

All Steering Group members must disclose any commercial interest, financial interest, and/or other relationship, (for example with manufacturers of pharmaceuticals, laboratory supplies, and/or medical devices, with commercial providers of medically related services), which may impact on or influence their involvement or decision-making as part of this committee to the Chairman of the Steering Group and/or the Principal Investigator (Dr Claire Collins). All relationships must be disclosed (which may include a spouse's/partner's commercial or financial interest). A conflict of interest may preclude continued membership of the Steering Group.

Accountability:

Members of the group may report back to their agencies/disciplines on the project.

Working methods:

The group will hold at least 4 meetings between May 2015 and April 2016. The group will select its Chairman at the first meeting. Sub-groups may be established for specific tasks e.g. selection of GPs for the research network, accreditation etc.

Meetings may be by videoconference or face-to-face, at the discretion of the Steering Group in conjunction with the Project Team. The agenda and supporting documentation will be provided by email one week in advance of the meeting.

Dr Claire Collins (Principal Investigator) and Dr Ailís ní Riain (Project Lead) will attend meetings and report to the Steering Group on progress. Secretariat for the group will be provided by the ICGP. Meeting minutes will be available as an ongoing record of progress.

Each member of the committee:

- Will agree to collaborate in a spirit of shared understanding and trust
- Undertakes to inform other Steering Group members via the Principal Investigator if (s)he intends to devote substantially less effort to the work anticipated in these terms of reference or to otherwise relinquish active involvement in the Steering Group
- Agrees to keep confidential all information and material relating to this project
- Will use reasonable endeavours to perform and fulfil, promptly, actively and on time, all obligations they agree to take on board.

Intellectual Property and Intellectual Property Rights:

The ICGP has in place a published policy on intellectual property management that conforms with the policies established by the National Council for Science Technology and Innovation in the National Code for Managing Intellectual Property from Publicly Funded Research, April 2004 and the National Code of Practice for Managing Intellectual Property from Collaborative Research, November 2005.

Publication of Data:

It is the intention that, where possible, results should be published (by written, verbal or electronic means). All publications, by project staff and external researchers to arise from this project must be approved by the Steering Group.

For each agreed paper/publication, authorship will be based on participation in conception, design, analysis interpretation of data and drafting/editing of the manuscript. The order of authorship will be based on descending order of contribution to the specific publication. Due recognition will be given to the Research Team in managing the Project, collecting data etc. in respect of authorship. Disputes over authorship will be resolved at the Steering Group level. Due recognition will also be given to the funders.

Communications Policy:

No member of the Steering Group will speak to the media regarding this project, without explicit direction from the Steering Group. All members (including the

Chairman) will consult with the ICGP's Communications Officer in advance of such communication.

Expenses:

Travel expenses will be reimbursed to committee members for meeting attendance in line with the ICGP standard rates and the production of receipts.

Appendix 4 Information Booklet for GP Research Network

Minor Surgery in General Practice: Accreditation Research Project

Application for GP Research Network

Information Booklet

Application deadline: Friday June 19th 2015
Return completed application forms to: minorsurgeryresearch@icgp.ie

Background

It has been estimated that 30% of the minor surgical procedures that currently take place in acute hospital settings could be undertaken in general practice. Minor surgery in primary care has long been held to be cost-effective and popular with patients. However, at present there is no official credentialing of GPs undertaking minor surgical procedures in Ireland.

Overview

The aim of this project is to establish a general practice minor surgery research network to undertake and record activity and outcomes from minor surgical procedures in a sample of practices in order to develop and test an accreditation process to enhance patient care. The evidence from this project will provide meaningful information to the service providers and planners to guide future service development and the accreditation process.

The objectives of the project are:

1. To establish a general practice research network to undertake a designated list of surgical procedures.
2. To document minor surgery activity in the network prior to commencement and over a six month period thereafter.
3. To ascertain outcomes from the network.
4. To agree Irish Guidelines on minor surgery.

5. To develop and test accreditation criteria, standards and processes for Irish GPs.

Ethics Approval

The project has been approved by the ICGP Research Ethics Committee (May 2015).

Governance

The project is run by the ICGP (Principal Investigator: Dr Claire Collins, Director of Research and Project Lead: Dr Ailís ní Riain) with research funding from the HSE Primary Care Division.

The project will be overseen by a multi-disciplinary Steering Group representing all stakeholders.

Duration

The project will be of 12 months duration.

GP Research Network

The GP Research Network will consist of 15-20 GPs who will establish a minor surgery clinic in their practices undertaking a list of agreed procedures (Appendix: Procedures List). A weekly minimum number of appointments in minor surgery for the six month period may be set as a requirement.

Stage 1: Application and Selection Procedure

GPs may apply by completing the application form and returning it to minorsurgeryresearch@icgp.ie by **Friday June 19th 2015**. Supporting documentation should be provided by email where possible. If such documentation is being sent by post it must reach the ICGP by the application deadline and the envelope must be clearly labelled for 'Minor Surgery Research'.

A subgroup of the Steering Group will select the GPs to join the Research Network, based on selection and prioritisation criteria agreed by the Steering Group. The Research Network will be ratified by the Steering Group. The Research Network will be established and members notified by June 30th 2015.

Stage 2: Data Collection

The GPs in the Research Network will collect data on the procedures carried out in the minor surgery clinics and provide this data, duly anonymised, to the research project team. It is likely that this six month data collection period will commence in July 2015.

Stage 3: Assessment for Accreditation

Members of the GP Research Network will be assessed for accreditation during the course of this project and successful applicants will be accredited at the end of the project.

Candidate Specification

Candidates must be registered with the Medical Council, working in general practice in Ireland and carrying out minor surgery.

Remuneration

A small research grant will be paid to GPs in the Research Network and the accreditation application fee will be waived.

Queries

Contact Dr Claire Collins or Dr Ailís ní Riain (minorsurgeryresearch@icgp.ie) if you have queries.

APPENDIX

Minor Surgery Accreditation Research Project

Procedures List

- Suture of lacerations
- Incision and drainage of abscess or haematoma
- Shave and punch biopsy of skin
- Curettage and diathermy of skin lesions
- Cryosurgical ablation of skin lesions
- Excisional biopsy of skin: ellipse, modified ellipse (A or O-T plasty, S plasty, Rotation flap or similar)
- Surgery to ingrown toenails
- Excision (enucleation) of lipoma
- Excision of dermoid cyst of skin
- Excision of meibomian cyst
- Excision of non-melanoma skin cancer with appropriate margins
- Aspiration and injection of joint
- Aspiration of dorsal wrist ganglion
- Therapeutic phlebotomy for haemachromatosis

Appendix 5 Application Form for GP Research Network

Minor Surgery in General Practice: Accreditation Research Project

Application for GP Research Network

Application deadline: Friday June 19th 2015 **Return completed application form to:** minorsurgeryresearch@icgp.ie

- **Please complete all sections of the application form.**
- **Applications must be submitted in TYPED format.**
- **When requested to select answer(s), please mark X in the relevant row.**
- **If you select 'other' in any of the tables below please type an explanation in the space provided.**

SECTION 1: THE APPLICANT

Name:

Practice Address:

Email address:

Medical Council Registration Number:

Division of Medical Council Register:

General Practice	
General	
Other (please specify)	Type here

Medical Indemnity:

MPS	
Medisec	
MDU	

Other (please specify)	Type here

Does your medical indemnity specifically cover you to perform minor surgery?

Yes	
No	

Qualifications:

Qualification/Degree	University/Institution	Date Conferred

Indicate how many sessions you work each week (session = half day) in

Type answer here:

How many years have you been working in general practice in Ireland?

Type answer here:

Do you hold a contract with PCRS for provision of services to medical card holders?

Yes	
No	

SECTION 2: THE PRACTICE

Staff

	Total	Full-time	Part-time
Doctors			
Nurses			
Other staff			

Total number of patients in the practice:

Type answer here:

Number of GMS patients in the practice:

Type answer here:

Number of private patients (not GMS and seen in the past 3 years) in the

Type answer here:

List any other specialist services provided in the practice?

Type answer here:

What clinical management software package is used in the practice?

Socrates	
HealthOne	
Helix Practice Manager	

CompleteGP	
MedTech32	
Other (please specify)	Type here:

Total number of consulting rooms:

Type answer here:

Is there a dedicated treatment room for use in minor surgery?

Yes	
No	

Please list equipment relevant to minor surgery held at the practice:

Type answer here:

Please describe the resuscitation equipment at the practice:

Type answer here:

What kind of surgical instruments do you use?

Single use only	
Reusable	
Combination	

How is reusable equipment sterilised?

Autoclave in **practice**	
Sterilised off-site	
Not applicable	
Other (please describe)	Type here

When carrying out surgical procedures do you have a surgical assistant?

Yes, always	
Yes, sometimes	
No	

If yes, who is the surgical assistant?

Practice nurse	
GP	
GP registrar	
Other (please specify role)	Type here

If yes, has your surgical assistant received training for that role?

Yes	
No	
Unsure	

Are all staff involved in minor surgical procedures appropriately immunised?

Yes	
No	
Unsure	

Do you send resected specimens for histological examination?

Yes, always	
Yes, sometimes	
No	

If yes, sometimes, please estimate the percentage of specimens you send for histological examination:

Type answer here:

SECTION 3: POLICIES, PROTOCOLS and PROCESSES

Do you provide information leaflets to patients on specific minor surgical procedures?

Yes, always	
Yes, sometimes	
No	

How do you record consent for minor surgical procedures?

Verbal consent	
Doctor note in medical record	
Signed consent form	
Other (please specify)	Type here

Do you keep a minor surgical procedures register?

Yes	
No	

If yes, in what format?

Hard copy	
Part of practice management software	
Other computerised database	
Other (please specify)	Type here

If yes, what data do you record? (Please mark all that apply**)**

Type of procedure	
Site of procedure	
Lesion width at widest diameter	
Excision margin	
Least lateral margin	
Clinical diagnosis	
Histological diagnosis	
Patient informed of histological diagnosis	

Does your practice have the following? (Please mark all that apply)

	Yes	**No**	**Unsure**
Health and Safety Statement			
Resuscitation Protocol/Policy			
Infection Control Policy			
Risk Management Protocol			
Patient Complaints Procedure			
Chaperone Policy			

SECTION 4: TRAINING and EXPERIENCE in MINOR SURGERY

List your training in minor surgery:

Type answer here:

Outline your qualifications in minor surgery:

Type answer here:

Other relevant qualifications / courses:

Type answer here:

Describe your experience in minor surgery:

Type answer here:

Please indicate how many of each of the following procedures you have undertaken in the past six months (1st Dec 2014 – 31st May 2015)

Procedure	**Number (1st Dec 2014 – 31st May 2015)**
Suture of lacerations	
Incision and drainage of abscess or haematoma	
Shave and punch biopsy of skin	
Curettage and diathermy of skin lesions	
Cryosurgical ablation of skin lesions	
Excisional biopsy of skin: ellipse, modified ellipse	
Surgery to ingrown toenails	
Excision (enucleation) of lipoma	
Excision of dermoid cyst of skin	
Excision of meibomian cyst	
Excision of non-melanoma skin cancer with appropriate margins	
Aspiration and injection of joint	
Aspiration of dorsal wrist ganglion	
Therapeutic phlebotomy for haemachromatosis	
TOTAL NUMBER OF MINOR SURGICAL PROCEDURES	

Do you practice dermoscopy?

Yes	
No	

If yes, describe the training you have undertaken in dermatology/dermoscopy

Type answer here:

Hospital(s) to whom you refer patients that require secondary care following

Type answer here:

name

Type answer here:

Do you take inter-referrals from other GPs?

Yes	
No	

If yes, indicate source:

From within your own practice	
From other GPs	
Both	

If yes, indicate the approximate number of inter-referrals per month:

Type answer here:

SECTION 6: ADDITIONAL INFORMATION

Please provide any additional information relevant to this application here:

- **Note:** You may append audit reports or other supporting documents as attachments to your email.

SECTION 7: REFEREES

Please provide the contact details for three referees who have knowledge of your work in minor surgery. These might include surgeons or dermatologists to whom you refer patients, pathologist or GPs from whom you take referrals.

1. Name:
   Specialty:
   Address:
   Email:
   Phone number:
   Professional relationship to the applicant:

2. Name:
   Specialty:
   Address:
   Email:

Phone number:

Professional relationship to the applicant:

3. Name:

   Specialty:

   Address:

   Email:

   Phone number:

   Professional relationship to the applicant:

Appendix 6 Research Agreement with GP Research Network Participants

MINOR SURGERY IN GENERAL PRACTICE ACCREDITATION RESEARCH PROJECT RESEARCH AGREEMENT

Agreement between

Irish College of General Practitioners and Dr _____

Please insert your name here

Irish College of General Practitioners Contact Details

Dr. Claire Collins, Dr Ailís ní Riain,

Principal Investigator Project Lead

Minor Surgery in General Practice Accreditation Research Project

Irish College of General Practitioners, 4/5 Lincoln Place, Dublin 2

Tel: 01 6763705

Email: claire.collins@icgp.ie ailis.niriain@icgp.ie

Practice Contact Details

Please insert name and address of doctor here – may use practice stamp

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This project is funded by a research grant from the Health Service Executive (HSE).

Scope of Partnership

Project: The aim of this project is to establish a general practice minor surgery research network to undertake and record activity and outcomes from minor surgical procedures in a sample of practices in order to develop and test an accreditation process to enhance patient care.
This project seeks to establish proof of the potential of GPs to provide a quality service for patients requiring minor surgery procedures for public and private patients across the range of complexity, not limited to simple procedures.

The project is overseen by a multi-disciplinary Steering Group including representatives of all stakeholders.

Research:

The GP will be required to:

- Establish a weekly minor surgery clinic at the practice.
- Undertake at least 100 minor surgical procedures in public patients over the six month data collection period (equivalent to 4 procedures each week).
- Collect data on all minor surgery procedures undertaken, including but not necessarily limited to the procedures listed in Appendix 1, using the data collection template provided.
- Maintain a register of minor surgical procedures
- Return anonymised data on these procedures to Minor Surgery in General Practice Accreditation Research Project Team in the agreed format at monthly intervals.
- Ensure that patients are appropriately consented for the procedures.
- Agree not to charge public patients any additional fees in excess of the STC for minor surgical procedures (normal practice applies in respect of private patients).
- Ensure that the practice has a Health and Safety Statement in place.
- Agree to undertake therapeutic phlebotomy for haemachromatosis.

- Participate in the development of accreditation process for minor surgery in general practice.
- Contribute to assessment of feasibility of accreditation.

The ICGP will be required to

- Provide templates required for data collection.
- Provide support for GPs through its Minor Surgery in General Practice Accreditation Research Project Team.
- Provide Practice Research Grant for participating practices.
- Recruit, train and supervise the Accreditation Team.
- Waive the Accreditation Fee for participating GPs.
- Accredit GPs who successfully meet the criteria.
- Evaluate the Accreditation Process.
- Provide report to the HSE at the conclusion of the project.

Level of funding

€15,000 Practice Research Grant
GP Accreditation Fee waived

This allocation is available on a once off basis. Any project overruns will need to be covered by individual GP practices. The ICGP will pay 33% on selection and the remainder on successful completion of the project. Variations on this payment schedule are at the discretion of the ICGP, particularly in relation to performance management. This fee is inclusive of expenses incurred by the GP in attending an evaluation session at the ICGP.

Communications Policy

All media access will be channelled through the ICGP representatives.

Indemnification Clause

The practice agrees to indemnify and keep indemnified the ICGP against all actions, proceedings, claims, or any demands whatsoever and howsoever arising in respect of any debts, costs, claims, liabilities, acts, matters or things due, made, done or omitted or to become due to be made, done or omitted by the selected practices which may be taken or made against or become payable by the ICGP concerning the carrying out of the research that is the subject matter of this agreement.

Confidentiality

The doctor agrees to provide anonymised data on all minor surgical procedures carried out during the six month data collection period. The doctor agrees that their data can be used in an aggregated, anonymised form in reports and papers arising from this project. The practice agrees to keep confidential any information regarding other participating practices it becomes aware of during the evaluation process. The ICGP research team agrees to keep the individual doctors data results confidential.

Agreed by:

Doctor

Signed:	***Date:***	
Print Name:		

On behalf of the Irish College of General Practitioners

Signed:	***Date:***	
Print Name:		
Title:		

Appendix A

Minor Surgery Accreditation Research Project

Procedures

Suture of lacerations

Incision and drainage of abscess or haematoma

Shave and punch biopsy of skin

Curettage and diathermy of skin lesions

Cryosurgical ablation of skin lesions

Excisional biopsy of skin: ellipse, modified ellipse (A or O-T plasty, S plasty, Rotation flap or similar)

Surgery to ingrown toenails

Excision (enucleation) of lipoma

Excision of dermoid cyst of skin

Excision of meibomian cyst

Excision of non-melanoma skin cancer with appropriate margins

Aspiration and injection of joint

Aspiration of dorsal wrist ganglion

Therapeutic phlebotomy for haemachromatosis

Appendix 7 Excel template for Clinical Data Collection

Clinical data collected over six months

[Collected in an excel file with drop-down menus]

Data item	Drop down menu detail
operator code=MCRN	
case identifier	
age (years)	
sex	M, F
GMS/Non GMS	GMS, Non GMS
Private Health Insurance	Yes, No
Patient Status	
Date of procedure	Patient of the operating GP, Patient of another GP in the practice, Patient of a GP outside the practice
Type of procedure (general)-see list detail on sheet 2	Suture, Incision and drainage, Shave and punch, Curettage and diathermy, Cryosurgical ablation, Excisional biopsy, IGTN, Lipoma, Dermoid cyst, Meibomian cyst, Non-melanoma skin cancer, Aspiration and Injection-joint, Aspiration-dorsal wrist ganglion, Therapeutic phlebotomy
Site	ear, eyelid, lip, nose, forehead, other face location, neck, other head location, toe, foot, ankle, leg, knee, hip, finger, hand, wrist, elbow, shoulder, genitals, chest, abdomen, other torso location, other site
Histology submitted	Yes, No, Not applicable

Histology reviewed	Yes, No
Clinical diagnosis ICD 10	
Histological diagnosis ICD 10	
Patient informed	Yes, No, Not applicable
Lesion widest diameter(mm)	
Least lateral margin(mm)	
Deep margin(mm)	
Margin completeness	
Complications	Yes, No
If yes, complication 1	Bleeding, Infection, Wound Breakdown, Other
If yes, complication 2	Bleeding, Infection, Wound Breakdown, Other
Further Treatment Planned	
Comments	

Appendix 8 Job Description for Surveyors

Project Overview

The aim of this project is to establish a general practice minor surgery research network to undertake and record activity and outcomes from minor surgical procedures in a sample of practices, in order to develop and test an accreditation process to enhance patient care.

The steps involved are:

1. Establish GP research network
2. Document minor surgery activity
3. Ascertain outcomes
4. Develop and test accreditation standards and criteria

The project began in May 2015 and will run for 1 year. It is funded by the HSE.

Ethics and Governance

This project was approved by the ICGP Research Ethics Committee. Claire Collins, ICGP Director of Research is the Principal Investigator and Ailís ní Riain is the Project Lead. Project oversight is provided by a multi-disciplinary Steering Group, representing all the stakeholders. Task-oriented working groups are formed as sub-groups of the Steering Group for specific elements of the project.

Progress to Date

The GPs in the research network were appointed and began to collect clinical data in August 2015. There are 24 GPs in 20 practices across 11 counties. The data they collect will allow us to research the levels of activity and outcomes of minor surgery in general practice.

The Steering Group agreed the Standards for the pilot accreditation of these GPs at its meeting on December 10th 2015.

Pilot Accreditation Process

There are three components to the pilot accreditation process, namely information /document review, clinical data gathering and practice visit. We wish to recruit suitably qualified persons as surveyors for the practice visits. We anticipate that they will be doctors, nurses and/or professions allied.

Workload for the Surveyors

- All surveyors will attend the training day in Dublin.
- All surveyors will indicate their availability to undertake accreditation visits to the practices involved in this project.
- Each practice visit will be undertaken by 2 surveyors.
- Each practice visit will take 60-90 minutes and focuses on the appropriateness of the setting in which the doctor undertakes his minor surgery. Surveyors will not need to observe the doctor operating. Detailed checklists and training will be provided to the surveyors.
- It is anticipated that it will take c 3 hours to read the documentation in advance of the practice visits and c 3 hours to agree the practice report.
- Where possible 2 practice visits will be scheduled on the same day – provided the practices are sufficiently close to each other.

It is our intention to recruit 6 surveyors. If all share the workload equally then the total time commitment (including preparation, visits and report writing) will be of the order of 9.5 working days.

Competencies of Surveyors

- Efficient
- Ability to work as part of team
- Professional approach
- Experience of being present in medical environment
- Ability to form judgements based on evidence
- Analytical mind

- Preferably some experience in regulatory or risk assessment or infection control environment
- Availability

Outcome of Accreditation

Pilot accreditation reports will be considered by an Accreditation Approvals Working Group (a subgroup of the Steering Group) and decisions on accreditation of each applicant will be approved by the Steering Group.

Learning from this pilot accreditation will inform the Accreditation Process that will be developed subsequently.

Timeline for Pilot Accreditation

- Training for surveyors will be held in Dublin on Thursday January 28th 2016
- Practice visits will take place over c. 12 weeks between February and April 2016

Remuneration

Surveyors will be paid at the rate of €191 per half day worked. The ICGP will pay travel expenses at the standard rate.

Appendix 9 Agenda for Surveyor Training Day

Date: Thursday January 28th 2016

Venue: Irishtown & Ringsend Primary Care Centre, 1a Irishtown Rd, Dublin 4

(description, directions etc in separate document)

Tea & coffee available on arrival; light lunch provided.

09.30 Introductions
10.00 Project Overview (Claire Collins)
10.15 How the standards for Pilot Accreditation were developed (Ailís ní Riain)
10.30 Practice Visit Checklist Overview (Tony O'Sullivan)
11.00 Tea / Coffee
11.15 The experience of inspection in general dental practice (Joe Mullen, Chief Dental Inspector)
11.45 IT Programme for Practice Visit (David Butler)
12.15 Practice Visit Walk Through (facilitated by Tony O'Sullivan & David Butler)
13.45 Lunch
14.15 Review of Practice Visit and Input into Practice Visit Checklist (facilitated by David, Claire and Ailís)
15.30 Tea / Coffee
15.45 Scheduling of Practice Visits
16.00 Conclusion

Appendix 10 Standards and Criteria for Pilot Accreditation

Minor Surgery in General Practice Accreditation Research Pilot Accreditation of GP Research Network

Introduction

Background

This project aims to establish a general practice minor surgery research network to undertake and record activity and outcomes from minor surgical procedures in a sample of practices, in order to develop and test an accreditation process to enhance patient care.

24 GPs in 20 practices were recruited to join the GP Research Network and are providing anonymised clinical data on six months activity in minor surgery.

Pilot Accreditation

The purpose of accreditation of GPs who undertake minor surgery in general practice is to guide the performance of doctors who provide minor surgery in general practice to deliver safe, high quality health care.

The purpose of the pilot accreditation element of the project is to develop and test accreditation criteria, standards and processes for Irish GPs.

A pilot Accreditation Model has been developed by the Project's Accreditation Working Group, and was approved by the project Steering Group on December 10th 2015.

All GPs enrolled in the GP research network for this accreditation research project will be enrolled in the pilot accreditation. Accreditation fees have been waived for all participants in this pilot.

Standards for Pilot Accreditation

The standards for the pilot accreditation are below. Each standard is accompanied by an explanation of the criteria which describe the requirements to meet the standard.

Components of Pilot Accreditation

There are three components to the pilot accreditation.

1. Information /Document Review
2. Clinical Data Analysis
3. Practice Visit

The components reviewed in assessing each standard are clearly indicated.

Information / Document Review

Documents already submitted in the application to join the Research Network will be reviewed and accepted where these are current. Outstanding or updated documents will be requested in January 2016.

Clinical Data Analysis

The elements from the clinical data that are required for the standards will be extracted from the final databases submitted in February / March 2016.

Practice Visit

Practice visits will take place between February and April 2016. Each visit will last approximately 90 minutes. There will be two surveyors on each visit. There will be no observation of surgical procedures during these visits.

Surveyors are being recruited at present and we hope to include GPs and nurses/other professionals with relevant experience. Training for the surveyors will be provided by the ICGP. You will be contacted in January 2016 regarding the scheduling of the practice visit.

Governance

Oversight for the pilot accreditation will be provided by the Accreditation Approvals Group, a working group of the Project Steering Group. Final decision regarding accreditation will rest with the Steering Group.

Outcome

GPs who successfully complete the pilot Accreditation Process will be accredited.

Evaluation/Feedback on Pilot Accreditation

You will have the opportunity to contribute to the Accreditation Process that will be developed from this pilot.

Contacts

General queries regarding the project may be addressed to minorsurgeryresearch@icgp.ie.

Dr Ailís ní Riain, Project Lead ailis.niriain@icgp.ie 087 2906369

Dr Claire Collins, Principal Investigator claire.collins@icgp.ie 086 8534116

Sally-Anne O'Neill, Project Administrator sallyanne.oneill@icgp.ie

Section 1: The Standards

Standards Relating to Doctor's Qualifications, Training and Experience

1. The doctor is required to be appropriately qualified, registered and indemnified to undertake minor surgery in general practice
2. The doctor is required to have sufficient training and experience to undertake minor surgery in general practice

Standards relating to Practice Infrastructure

3. The practice is required to have a designated treatment or clinical room which is adequately equipped with surgical, resuscitation and infection prevention equipment
4. The practice is required to make an appropriate surgical assistant available when needed
5. The practice is required to have a procedures log/register where all minor surgical procedures on the agreed procedures list are entered
6. The practice is required to be compliant with the requirements of Health and Safety legislation
7. The practice is required to have evidence of effective infection prevention and control measures

Standards relating to the Doctor's Practice of Minor Surgery

8. The doctor is required to undertake a sufficient range and number of minor surgical procedures.
9. The doctor is required to be prepared to accept referrals from other GPs
10. The doctor is required to provide evidence of a focus on quality assessment and improvement.

Section 2: The Criteria

Standards Relating to Doctor's Qualifications, Training and Experience

Standard 1

The doctor is required to be appropriately qualified, registered and indemnified to undertake minor surgery in general practice

Criteria for Standard 1

Qualification

a. The doctor should have a higher professional qualification (MICGP, MRCGP or equivalent) sufficient to ensure entry onto the Specialist Division of the Medical Register in General Practice.
b. Specific qualification in minor surgery / dermatology not required.

Registration

The doctor should hold current registration with the Medical Council on either

a. Specialist Division in General Practice
b. General Division

Indemnity

The doctor should be adequately indemnified to cover his/her practice.

Professional Competence

The doctor should be registered on, and compliant with the requirements of the ICGP Professional Competence Scheme

Evidence for Standard 1

Doctor to complete application form and attach copies of relevant certificates/ diplomas etc.

Stage for Measurement of Standard 1

Information / Document review

Standard 2

The doctor is required to have sufficient training and experience to undertake minor surgery in general practice

Criteria for Standard 2

The doctor's should have sufficient training and experience through combining the following categories

- hospital-based training/experience
- minor surgery experience during GP training
- minor surgery experience as a GP
- post-graduate training programmes and courses
- membership and active participation in relevant clinical societies
- evidence of CPD – CME and audit

See checklist on following page

Evidence for Standard 2

Doctor to complete application form and attach copies of relevant certificates / diplomas etc.

Stage for Measurement of Standard 2 Information / Document review

Training and Experience Checklist

To qualify for accreditation, the individual should reach **50** points or more on the following scheme:

Item	**Points**	**Comments**
FRCSI or equivalent	60	
ICGP minor surgery course or equivalent	20	
Dermatology/Dermoscopy/Skin cancer course	20	Duration of at least 10 weeks resulting in Certificate or Diploma
Surgical experience in GP registrar years	10	
Surgical experience as hospital SHO	10	Per year: max 2 years
Surgical experience as hospital registrar	20	Per year: max 2 years
Surgical experience as GP principal	10	Per year: max 3 years Must include ellipse excisions
Current, active membership of PCSA or equivalent	10	Must be able to provide evidence of active involvement e.g. certs regarding involvement in discussion forum etc.
Attendance at PCSA conference	10	Per year: max 3 years
Attendance at other relevant training or CME	10	Per year: max 3 years
Received mentoring support from a skilled colleague in general practice	15	
Completed course in aseptic technique/handwashing technique	10	Must provide evidence e.g. certificate of completion of course
Participating in teaching surgical skills	30	
Published research or audit related to surgical procedures	20	

This model will allow doctors with a reasonable combination of training and experience to qualify.

Standards relating to Practice Infrastructure

Standard 3

The practice is required to have a designated treatment or clinical room which is adequately equipped with surgical, resuscitation and infection prevention equipment

Criteria for Standard 3

This standard addresses the physical environment and equipment required to carry out minor surgery safely.

The primary focus of the infrastructural requirements is to provide safe patient care and protect the patient from preventable infection. It also focuses on ensuring that staff members work in safe conditions.

Single-use instruments are preferable because of the complex requirements for appropriate sterilisation of reusable instruments.

See checklists on following page

Evidence for Standard 3

Visual inspection by surveyors with completion of checklists

Stage for Measurement of Standard 3 Practice visit

Treatment Room Infrastructure Checklist

- All surfaces suitable for effective cleaning and disinfection with particular attention to frequently touched areas in the patient zone (with record of environmental cleaning schedule).
- Adequate ventilation: Natural ventilation through open window is sufficient (with fly screen and privacy screen if required).
- Treatment or Procedure Couch: Either with access all round or capacity to reverse patient direction (i.e. can be raised at either end).
- Lighting: Good general lighting and task light (Minimum 50w or equivalent, adjustable).
- Dedicated hand-washing sink with elbow taps.
- Suitable surgical trolley or clutter free washable surface to lay out sterile drape to create aseptic field.
- Storage area for surgical packs, syringes etc.
- Telephone or alarm button.

Surgical Equipment Checklist

- Local anaesthetic: With and without adrenaline.
- Instrument packs: Either disposable (single-use) or re-usable or combination.
- Electrical diathermy.
- At least two suture materials: Dissolvable and non-dissolvable.

Resuscitation Equipment Checklist

- Resuscitation tray or trolley: Clearly marked and conveniently sited.
- Emergency drugs: Atropine, Adrenaline, IV Hydrocortisone, Dosing chart for emergency drugs, syringes (5ml and 2ml).
- Oxygen.
- Mask with re-breather bag.
- IV fluid (normal saline), giving sets and at least two sizes of cannulae.
- Checklist/log completed at regular intervals to ensure drugs are up-to-date.

- Defibrillator.

Infection Prevention and Control Equipment Checklist

- Personal Protective equipment – gloves (sterile and non-sterile in a range of sizes), plastic aprons, goggles, masks
- Hand hygiene equipment – alcohol gel, elbow antiseptic soap dispenser, paper towels
- Foot-operated waste bins for healthcare risk and non-healthcare risk waste
- Sharps box – correct box, appropriately sited, not overfull
- Decontamination – Separate sink for RMID pre-cleaning, Class B autoclave, Record of sterilisation, Record of test strips for traceability
- **OR** Evidence of off-site sterilisation pathway

NOTE: these last 2 requirements do not apply if ONLY single-use instruments are used

Standard 4

The practice is required to make an appropriate surgical assistant available when needed

Criteria for Standard 4

The practice nurse, another GP, a GP registrar, medical student or a suitably trained individual is considered to be an appropriate surgical assistant.

A surgical assistant is considered to be needed when their presence is required to ensure aseptic non-touch technique.

Evidence for Standard 4

Doctor to complete application form

Stage for Measurement of Standard 4

Information / Document review

Standard 5

The practice is required to have a procedures log/register where all minor surgical procedures on the agreed procedures list are entered

Criteria for Standard 5

The procedures register / log should be completed on the template excel database supplied by the Minor Surgery in General Practice Accreditation Research project team and returned to them when requested.

All relevant columns should be completed for each procedure.

Evidence for Standard 5

The doctor will provide clinical data returns for a six month period

Stage for Measurement of Standard 5 Clinical data return

Standard 6

The practice is required to be compliant with the requirements of Health and Safety legislation

Criteria for Standard 6

The practice must have a safety statement with components as specified by Health and Safety legislation (including a written risk assessment), which is signed by employer/senior manager and with evidence that it has been reviewed within the last year.

The practice must have a Health and Safety incidents log.

The practice must have sufficient public liability insurance.

Evidence for Standard 6

Doctor to provide information in application form and attach copies of Health and Safety statement

Surveyors to view Health and Safety incidents log at practice visit

Stage for Measurement of Standard 6 Information / document review and practice visit

Standard 7

The practice is required to have evidence of effective infection prevention and control measures

Criteria for Standard 7

This standard addresses infection prevention and control practices in the practice. The infrastructural requirements are specified in Standard 3.

The practice must have needlestick injury / exposure-prone procedures prevention and management policy (may be part of safety statement).

Doctor and assistant(s) must be appropriately immunised. Decisions about vaccinations recommended should be based on the duties of the individual rather than on job title alone.

Doctor and assistant(s) must be appropriately trained re hand hygiene, needlestick injury and biological spills management.

Evidence for Standard 7

Document review

Surveyors to view evidence of immunisation and training at practice visi

Stage for Measurement of Standard 7

Information / Document review and practice visit

Standards relating to the Doctor's Practice of Minor Surgery

Standard 8
The doctor is required to undertake a sufficient range and number of minor surgical procedures.

Criteria for Standard 8

In the 6 month data collection period for this project, the doctor should have undertaken a minimum of **50** of the minor surgical procedures on the agreed procedures list of the Research Accreditation Project

AND

a range of procedures including at least **three** of each of the following

- excisional biopsy of skin: ellipse
- shave or punch biopsy of skin
- excision of skin cyst (may be either lipoma, dermoid or mebomian cyst)
- surgery to ingrown toenails
- cryosurgical ablation of skin lesions

Evidence for Standard 8

The doctor will provide clinical data returns for a six month period.

Stage for Measurement of Standard 8

Clinical data return

Standard 9

The doctor is required to be prepared to accept referrals from other GPs

Criteria for Standard 9

The doctor should have undertaken at least three procedures on a patient referred from another doctor, either within or outside his/her own practice during the six month data collection period.

The doctor should correspond appropriately with the referring doctor.

Evidence for Standard 9

The doctor will provide clinical data returns for a six month period

The doctor will indicate how correspondence with referring doctors is managed

Stage for Measurement of Standard 9

Clinical data return and Information/document review

Standard 10

The doctor is required to provide evidence of a focus on quality assessment and improvement

Criteria for Standard 10

The doctor should keep a procedures register / log of all minor surgical procedures undertaken

AND show evidence of any **one** of the following in the past 3 years (2013-2016)

- Report of an audit undertaken in the area of minor surgery
- Report of a patient satisfaction survey undertaken in patients who have undergone minor surgical procedures
- Evidence of critical incident analysis relating to an incident in minor surgery (for example, documented agenda item at a practice meeting)
- Evidence of attendance at multi-disciplinary team meeting where a relevant case was discussed
- Evidence of a written management process for patient complaints/concerns
- Evidence of follow-up arrangements for patients referred for minor surgery
- Publication or presentation of relevant research, audit or service evaluation

Evidence for Standard 10

The doctor will provide clinical data returns for a six month period.

The doctor will provide copies of relevant reports/evidence.

Stage for Measurement of Standard 10

Clinical data return and Information/Document review

Appendix 11 Corrective Actions Report Template

Corrective Actions Required for Pilot Accreditation in Minor Surgery in General Practice

Name:	
GP Site	

Instructions:

1. Complete Corrective Action for each Standard and Criterion not achieved.
2. Tick the box in the column labelled “Declaration”.
3. Provide a brief explanation in the column labelled “Evidence of Compliance”
4. Sign and date the completed form when all Corrective Actions completed.
5. Return to Dr Ailís ní Riain by email at minorsurgeryresearch@icgp.ie with further attachments to prove compliance. These may take the form of photographs, receipts for purchase of equipment etc.
6. Deadline for submission for consideration for Pilot Accreditation is .....

Standard and Criterion not achieved	**Evidence**	**Rationale**	**Corrective Action Required**	**Resource Signpost**	**Declaration:**	**Evidence of Compliance**

Appendix 12 Surveyor Feedback

Minor Surgery Accreditation Research Project

Surveyor Feedback on Practice Visits

Date: Fri 11th March 2016 (11.00 – 12.00)

Participating: 4 Surveyors, Ailís ní Riain

Apologies: 2 Surveyors

Theme 1: The Standards

Areas to be explored:
• Which worked well? • Which were unclear? • Which could be omitted? • What should be added?

Surveyors recommended that none of the existing standards for the practice visit should be omitted. They also recommended that we keep to a "Yes/No" format for the answers.

They reported GP feedback that Consent process, Waste management and Pathology Follow-up were more important than some of the areas reviewed at present.

GPs who weren't well prepared thought that standards were very detailed: whereas, GPs at the higher end didn't think so. In fact, some of the latter thought they were quite basic.

Surveyors report some difficulty with the wording of some of the standards:

Example 1: Treatment room surfaces "Are all surfaces suitable for effective cleaning and disinfection?" - while the answer to this question might be "yes" the surfaces may in fact not have been clean on the day of inspection or may have been cluttered. So perhaps needs a second question "Are surfaces clean and clutter free?"

Example 2: Are there at least two suture materials? yes = 10 different types [*Ailís explained that this was a typo – should read at least one of each type]*

Example 3: Need more detail re treatment room couch. One practice had suitable couch, suitable sited with paper liner. However, underneath this was a cloth rug which would not be consistent with appropriate infection control.

Example 4: Question about MDT meetings is unclear and little concrete evidence was identified in the practices. Surveyors suggest that GPs should submit evidence for information and document review stage for this.

Surveyors report STRIKING VARIANCE in standards between practices visited and were quite startled by this. While some practices had "fabulous facilities – better than hospitals", others did not. However, they also commented on the participating doctors' willingness to participate and improve and a strong will to move forwards with minor surgery. They report that most of the GPs mentioned the question of financial viability in two different areas:

- The cost to get their practices up to the standard (although surveyors agreed that actually would need relatively little investment combined with time, energy, direction and a good deep clean to bring most practices well up to the standard)
- The uncertainty re financial viability of providing minor surgery for their patients once the project ends.

Surveyors expressed surprise about some issues they witnessed in the practices:

- One practice had correct sharps container in the treatment room but the one in the doctor's own consulting room was not properly assembled or dated.
- Many doctors were not aware of Infection Prevention and Control Guidelines for general practice and lacked detailed knowledge in this area.
- Impression was that many doctors had not undertaken a hand hygiene course *[Ailís reported that many had undertaken the HSEland course and submitted certificates at the Information and Document Review element of Pilot Accreditation].*
- At least one doctor was not Hep B vaccinated.

Sterilisation processes were identified as probably the area with greatest variation in standards. Some practices reported single use instruments only. The impression was that at least some had made this change very soon before the practice visit as there was an autoclave still in situ in the treatment room.

In discussions with some of the doctors regarding the expense of converting to single use instruments only it transpired that financial cost was the most common concern. Many GPs had not considered the opportunity cost with regards to amount of practice nurse's time taken up to undertake and record sterilisation activity and also the cost associated with sufficient maintenance of autoclaves.

It is important that online and hard copy of standards should be in same format – not the case at present.

Information point: Some defibrillator batteries have an insertion date and no expiry date. In these instances, if the green light is flashing then it is working.

Theme 2: The Visit

Areas to be explored:
• Did the general approach achieve its aims? • Did you get sufficient information in advance? • What was the average duration of the visit? • Do we need 2 surveyors? • What would your opinion of self-audit by the practices be? • Any other comments re the practicalities of the visit?

Average duration: 60-90 mins. Small number took up to 2h (delays or high level of engagement).

Subsequent completion of report: 30-60 mins.

Combined visit and report: Range 90-150 mins (1.5-2.5 hrs).

Discussion about number of surveyors needed: view is that at early stages of development of programme 2 surveyors are needed. Suggestion is that with significant experience (high number of survey visits, maybe >30) then surveyor might undertake practice visits solo. Therefore, ultimately 2 surveyors may be a luxury. Surveyors report that it is very useful to have 2 surveyors on visit – one to take pictures and the other to take notes.

The variance each surveyor brought to the audit process assisted in enlightening each other during that visit and then the next visit undertaken in a new surveyor pairing. This ultimately would have increased the knowledge base of the surveyors and the quality of the audits undertaken.

General view of surveyors is that it is better to agree report after the visit, particularly when there are difficulties meeting the standards. Surveyors can discuss and agree wording in private once visit is over. Some surveyor pairs undertook audit as they went through the visit – but needed to add the comments afterwards. Typing comments on an iPad during the visit was found to be disruptive (off-putting to GP) and would extend the time required for the visit itself.

Surveyors were unanimous in the view that self-audit would not be sufficient, even with fail-safe of a % audit. They believe that all applicants need to be visited. They report that there was evidence that much improvement and change was obviously recent, driven by the upcoming practice visit.

Example: Autoclave

One practice visited did not have an autoclave fit for wrapped instruments or have a valid method of traceability of instruments used, and having received the checklist ahead of audit.

Example: Hand hygiene sinks

When questioned practice staff would indicate their dedicated hand hygiene sink. Yet when questioned later in the visit it sometimes transpired that these were actually multi-purpose sinks as dirty surgical instruments may also be washed in these sinks.

“Inspection gets to the parts that tick boxes can’t reach”.

Another benefit of the visit is that the majority of practices were open to being advised about how to improve and were grateful for supplier contacts, referral to where to find guidelines etc.

GPs did not express any reservations with surveyors who were not GPs.

Theme 3: The IT support

Areas to be explored:
• How did you find Nimonik? • How long did it take to agree and upload the reports? • Any other comments re IT supports / requirements?

There were some early teething problems with Nimonik but it becomes relatively straightforward once Nimonik is up and running. It is important to ensure that the Nimonik app is downloaded onto the device that will be used in advance of the visit.

Surveyors report that an iPad is required as the print on smartphones is too small for the number of items to be reported.

Having the audit tool on a device is certainly time-saving as it cuts down on the time required for “free text”.

Theme 4: The training

Areas to be explored:
• Did the training prepare you for the work? • What level of experience would be required in recruiting new surveyors? • What else should be included in the training?

Surveyors felt their training was sufficient for themselves. More generally, they suggested that 1-2 days training would be sufficient. They found the mock walk-through in the general practice really useful, particularly when it combined with the opportunity to have hands-on experience on Nimonik, supported by the expert

(David). They further suggested that if each surveyor had own or ICGP-supplied ipad on the day with Nimonik app downloaded it would be very helpful. It was also very useful to see equipment or processes that they might not have been familiar with previously. Examples include the track and trace system for sterilisation, diathermy machines etc. They also felt that the hands-on experience discussed by the Dental Inspector was an interesting element of the day.

Theme 5: Support from the project team

Areas to be explored:
• What could the project team have done better to support your work?

Surveyors were happy with the support from the project team ("good", "excellent") and made no suggestions regarding this. They were appreciative of the responsiveness of the team to issues as they arose. *[Ailís encouraged them to be frank and provide constructive criticism].*

Theme 6: The future of Minor Surgery Accreditation

Areas to be explored:
• Any further suggestions for the future of accreditation.

Surveyors recommend that GPs could be asked to provide more information / evidence at the application phase in future – examples: pictures of diathermy machine, task lighting etc.

General reflections on the experience

Surveyors were surprised that Significant Event Analysis and/or Critical Incident Analysis and/or Health and Safety Incident Logs were not clearly understood by the majority of GPs. A common response was "We have no log because we have had no incidents". They do not appear to be aware of the underlying purposes of such logs – to promote quality improvement and further development. They are not aware that positive and negative events may be included for analysis and discussion. In addition, they were not aware that an incident does not have to be an acute situation

for inclusion. Surveyors suggest that these should be clearly defined for participating GPs.

Surveyors felt that the report as it currently is does not discriminate sufficiently between high quality and problematic practices. They asked about the weighting of different elements within a standard. *[Ailís explained that the default weighting was used here and that the %s reported will not be used. It will be a matter for the Accreditation Approvals Working Group to recommend weightings for each element of standards to the Project Steering Group, who will make the ultimate decisions. Then those weightings will be applied to future accreditation visits].*

Surveyors suggested that the facility for including a final comment / overall impression of the practice would be helpful in discriminating.

Surveyors repeated the importance of making questions less vague and more concrete.

They also pointed out the need to address the fact that in some practices (maybe as many as 5 of the 20) minor surgery seemed to undertaken "sometimes in one room and sometimes in another" and develop clear guidelines about this.

Surveyors expressed their appreciation of the receptiveness of the GPs and practices nurses and acknowledged that this was a daunting process for practice staff as it was their first experience of being visited. GPs and practice nurses displayed a desire to improve, shown by their encouragement to surveyors to give feedback.

Concluding remarks:

Ailís concluded by thanking all surveyors for their participation in this process, on behalf of the project team. She stated that the team were fortunate in the level of expertise, professionalism and flexibility displayed by all surveyors. She explained that future of accreditation is not yet clear but that she would let surveyors know if future opportunities to contribute to this process arose. She agreed to circulate note on this evaluation to all surveyors so that any further thoughts could be included and also to find out if the final project report could be circulated to the surveyors for their information.

Appendix 13 Feedback from GP Research Network at October workshops

Minor Surgery in General Practice Accreditation Research Project

GP Research Network

October Workshops

Composite Report

A workshop for the GP research network was held in October. The purpose of the workshop was two-fold:

i. To troubleshoot issues arising from data collection at an early stage
ii. To provide the Research Network with the opportunity to provide input into the developing Accreditation Model.

The workshop was held in the evening and repeated at three separate locations, to minimise time out of practice for the GPs. Workshops were held in Dublin (Oct 5th), Athlone (Oct 8th) and Cork (Oct 12th).

Format of Workshop

18.30 Welcome and Introductions

18.35 Brief Overview of Project and Progress to date

18.45 Data Collection – Feedback to date

18.55 General Discussion of Project

19.15 Input from participants on Accreditation Model

19.55 Any other issues

20.00 Workshop concludes.

Attendance

Twenty one of the 24 GPs in the Research Network attended, with 18 of the 20 practices present. A colleague GP from one of the practices, two practice nurses, a receptionist and two representatives of the HSE also attended.

Feedback on Data Collection

GPs were given a brief summary of issues that had been clarified as a result of individual queries to stimulate discussion (Appendix 1). Feedback from the GPs on data collection yielded the following suggestions:

Dublin:

- Suggest additional column for “further treatment planned”
- Should separate shave excision from shave biopsy
- Margins only apply to malignant lesions so recommend give Yes / No / NA as options as margins don’t matter in benign lesions
- Where no procedure is undertaken then no entry of data to be made
- 2 separate procedures in same patient – 2 separate entries

Athlone:

- Dermoid cyst more commonly called sebaceous cysts
- Need to differentiate between biopsy and excisional biopsy
- Leave margins blank or write N/A unless given in histology
- Same advice for Pt informed (where there is no histology specimen sent)
- Record all procedures

Cork:

- Should distinguish between shave and punch
- Important to distinguish between diagnostic biopsy and excisional biopsy
- Another column for “further treatment planned”
- Consider also comment column
- Asked for clinical diagnosis but often have differential in mind and it might be one of the differential diagnoses that dictates the procedure undertaken
- Margins may not be reported by all pathologists
- Should there be a designated histopathologist at referral hospital?

Accreditation Model

Dublin

- Minimum number of procedures undertaken annually was discussed but no firm conclusion reached.
- Re procedures – accreditation should combine mix of procedures + infection rate below a specified standard.
- Consider excluding therapeutic phlebotomy.
- Consider excluding joint injection.
- Don't underestimate/downgrade cryotherapy because although it is a very simple procedure it has more potential for complications than some other procedures.
- Description of PCDS levels 1,2 and 3; mentors and planning for future in-practice training.
- Important to capture training / courses / experience and teaching in model
- Appears that combined scoring sheet for training / courses / experience would be acceptable.
- Audit should be a component
- Room – adequate space, adequate lighting, couch that you can walk around
- Should use disposable equipment or have Class B (2?) autoclave and washer /disinfector.
- Some discussion of HSE position on Class 2 autoclaves and need for washer / disinfector etc. and mention of the dental standards.
- It was suggested that GMS doctors are entitled to use CSSD in their local hospitals.
- Important not to apply hospital operating standards to general practice – check if there are separate standards for side room / minor surgery theatre in hospitals.
- Discussion of a practice visit – felt that it should not be longer than 2hr – to review equipment and review data.
- Discussion on whether it should be 1 or 2 surveyors.

Athlone:

- Important to distinguish between what's reasonable, what's daft and what's pure OCD.
- Discussion about complexity in adequately sterilising reusable equipment.
- Suggestion that while single use certainly not cheaper at present it may become so if requirements for sterilisation become more rigorous.
- Consider option of off-siting to local hospital CSSD – opinion was that GPs are entitled but that hospitals are not willing to provide the service, also GPs suggested that they would be concerned that they would not get their own instruments back from the hospital CSSD.
- 2 doctors are single use only, 2 combined single use and re-usable.
- Is visit certainly required?? Don't take it lightly because if we start with it then we may be stuck with it.
- Concern was expressed that GPs in the Research Network might not reach the Accreditation standard.
- Will audit be included as element?

Cork:

- Should be peer surveyor – need at least 1 GP on the visit
- Visit should be basically a tick box exercise
- Visit could be done in 1 hr
- No need to observe doctor doing procedures
- Accreditation should be both realistic and safe
- Consider excluding therapeutic phlebotomy and joint injections

Other Comments

Dublin:

- 3 of the 4 GPs attending are PCSA members
- Higher non-attendance (DNA) rate with GMS patients at minor surgery clinics
- Cryo rates are higher in GMS patients than private as over 70s (who are more likely to require cryo) all have medical cards

- Important to provide evidence of maintenance of competence and further upskilling after accreditation

Athlone:

- Need for care re indemnifiers
- Important not to exclude newly qualified doctors
- Important not to exclude rural GPs or GPs west of the Shannon
- As list of procedures generated from insurer's list important not to exclude any of the procedures on insurers lists from accreditation
- GP said that there are more procedures on the VHI approved list
- Possibility of private insurance payments being linked to accreditation in the future
- GP described inviting HIQA to visit to future-proof when designing the treatment room in a new surgery
- Concern was expressed about the sustainability of accreditation – will be discouraging for GPs and for GMS patients particularly if service stops when project ends.
- Important to turn focus to out-of-hours settings

Cork:

- GP mentioned PCSA suite of 3 guidelines.
- GP expressed ambitions to join MDT meetings re further management of patients with skin cancer.
- Caution was expressed that historically procedures that could be undertaken in general practice are not being adequately paid for then they will not be done by the GPs (business decision), patients become aware of this and then present directly to ED – i.e. that the current data collection seriously underestimates the capacity within general practice to carry out minor surgery
- Concern that many GPs have recently reduced their minor surgery activity because of financial constraints.
- GP asked that we use term community surgery rather than minor surgery.

- Consider including a patient satisfaction survey as data from this would provide powerful evidence- GP is willing to circulate his survey and wonders if the network GPs would be willing to do this as an add-on to the current project.
- Care must be taken to include a recommendation in the project report not to exclude those who wish to participate – HeartWatch experience was mentioned.
- Private communication at conclusion of workshop – request to reflect the particular financial cost to those practices undertaking high volume work in this research.

Appendix

Minor Surgery in General Practice Accreditation Research Project

GP Research Network

October Workshop

Data Collection Queries

Patients for inclusion: All procedures undertaken on all patients including

- GMS and private patients
- Procedures undertaken in minor surgery clinic AND at any other time.

Patient ages: Include all procedures undertaken on all patients 18 years and over. Include IGTN procedures on all patients 12 years and over. May continue to undertake procedures on children as previously, with appropriate consent, but do not include in returns for this research project.

Patient identifier: At discretion of practice. Either initials, dob, MRN or any combination thereof. Purpose is to ensure that doctor can identify patient should we require further clarification of data provided at data analysis stage.

Procedures to be included: All qualifying procedures undertaken by doctor enrolled in the Accreditation Research Project PLUS any procedures carried out by practice nurse under the direct supervision of that doctor (likely cryo, therapeutic phlebotomy).

2 Procedures on same patient: Enter as 2 separate entries on the procedures log / excel database. **Operator code:** Doctors Medical Council Registration Number (MCRN) or other identifier for practice nurse.

Coding: Insert ICD 10 codes for the clinical condition if coding is used in your practice.

Monthly returns: Data on procedures undertaken each month to be submitted by email using the excel template supplied and labelled according to instructions in Information Booklet. Data on some patients may be incomplete. Specifically:

- histology results may not be back
- complications may not have presented

Please complete the patient record on your practice copy of the database once this information is available and we will ask you for completed returns at end of research period.

Software Integration: Work is ongoing with practice management software systems company with aim of developing a recording mechanism that will be integrated into practice software system. System will be multi-purpose and IPCRN compliant.

Appendix 14

Accreditation Standards for Community Based Surgery (for GPs with experience)

Standards Relating to Doctor's Qualifications, Training and Experience

1. The doctor is required to be appropriately qualified, registered and indemnified to undertake minor surgery in general practice.
2. The doctor is required to have sufficient training and experience to undertake minor surgery in general practice.
3. The doctor is required to accept referrals from other doctors.
4. The doctor is required to provide evidence of a focus on quality assessment and improvement.

Standards Relating to Practice Processes and Procedures

5. The practice is required to make an appropriate surgical assistant available when needed.
6. The practice is required to have a procedures log/register where all minor surgical procedures on the agreed procedures list are entered.
7. The practice is required to be compliant with the requirements of Health and Safety legislation.
8. The practice is required to have evidence of effective infection prevention and control measures.
9. The practice is required to have a process in place for managing communications with patients regarding minor surgery procedures.

Standards relating to the Doctor's Practice of Minor Surgery

10. The doctor is required to undertake a sufficient range and number of minor surgical procedures

Standards Relating to Practice Infrastructure

11. The practice is required to have an appropriate designated treatment or clinical room.
12. The treatment room is required to be adequately equipped with surgical equipment.
13. The treatment room is required to be adequately equipped with resuscitation equipment.
14. The treatment room is required to be adequately equipped with infection prevention equipment.

Section 2: The Criteria

Standards and Criteria Relating to Doctor's Qualifications, Training and Experience

Standard 1

The doctor is required to be appropriately qualified, registered and indemnified to undertake minor surgery in general practice

Criteria for Standard 1

1.1 Doctor's Qualification

The doctor should have a higher professional qualification (MICGP, MRCGP or equivalent) sufficient to ensure entry onto the Specialist Division of the Medical Register in General Practice.

Evidence required: Certificate of Qualification

1.2 Doctor's Registration

The doctor should hold current registration with the Medical Council on either

a. Specialist Division in General Practice
b. General Division.

Evidence required: Current Annual Certificate of Registration

1.3 Doctor's Indemnity

The doctor should be adequately indemnified to cover his/her practice.

Evidence required: Current Certificate of Membership with recognised indemnifier

1.4 Doctor's Professional Competence

The doctor should be registered on, and compliant with the requirements of the ICGP Professional Competence Scheme.

Evidence required: Current Statement of Participation

1.5 Doctor's Compliance with NCCP Guidelines

The doctor should have knowledge of and be compliant with relevant NCCP clinical guidelines.

Evidence required: Doctor's declaration

Stage for Measurement of Standard 1 Application

Standard 2

The doctor is required to have sufficient training and experience to undertake minor surgery in general practice

Criterion for Standard 2

2.1 Doctor's Qualification

The doctor's should have sufficient training and experience through combining the following categories

- Hospital-based training/experience
- Minor surgery experience during GP training
- Minor surgery experience as a GP
- Post-graduate training programmes and courses
- Membership and active participation in relevant clinical societies
- Evidence of CPD – CME and audit.

Evidence required: The doctor is required to achieve at least 60 points on the attached training and experience checklist and supply copies of certificates on request.

Stage for Measurement of Standard 2

Application

Training and Experience Checklist

To qualify for accreditation, the individual should reach **60** points or more on the following scheme:

Item	Points	Comments
MRCSI, FRCSI (part 1) or equivalent	30	
ICGP minor surgery course or equivalent	20	Certificate of completion
Dermatology/Dermoscopy/Skin cancer course	20	Duration of at least 10 weeks resulting in Certificate or Diploma
Surgical experience in GP registrar years	10	
Surgical experience as hospital SHO or registrar	10 per year	Max 3 years
Surgical experience as GP principal	10 per year	Max 3 years Must include ellipse excisions
Current, active membership of PCSA or equivalent	10	Must be able to provide evidence of active involvement e.g. certs regarding involvement in discussion forum, attendance at conference etc.
Attendance at other relevant training or CME	10 per year	Max 3 years
Received mentoring support from a skilled colleague in general practice	10	Must be certified by mentor
Participating in teaching surgical skills	10	Must be certified by course tutor
Published research or audit related to surgical procedures	10	Must provide copy of publication or cite reference

This model will allow doctors with a reasonable combination of training and experience to qualify.

Standard 3

The doctor is required to accept referrals for minor surgical procedures from other doctors

Criteria for Standard 3

3.1 Doctor Accepts Referrals

The doctor should accept referrals for minor surgical procedures from other doctors from within and outside his/her own practice.

Evidence required: Doctor Declaration on application form

3.2 Communication with Referring Doctors

The doctor should correspond appropriately with the referring doctor.

Evidence required: Protocol for communication with referring doctor

Stage for Measurement of Standard 3 Application

Standard 4

The doctor is required to provide evidence of a focus on quality assessment and improvement

Criteria for Standard 4

4.1 Quality Improvement Activities

The doctor should have undertaken any **one** of the following in the past 3 years

a. Audit in the area of minor surgery
b. Patient satisfaction survey in patients who have undergone minor surgical procedures
c. Critical incident analysis relating to an incident in minor surgery
d. Attendance at multi-disciplinary team meeting where a relevant case was discussed
e. Publication or presentation of relevant research, audit or service evaluation
f. Presentation of relevant research, audit or service evaluation
g. Teaching/Lecturing on relevant subject

Evidence required: Copy of report, minute indicating attendance, paper or presentation or lecture/conference timetable

Stage for Measurement of Standard 4

Application

Standards Relating to Practice Processes and Procedures

Standard 5

The practice is required to make an appropriate surgical assistant available when needed

Criteria for Standard 5

5.1 Suitably trained assistant

The practice nurse, another GP, a GP registrar, medical student or a suitably trained individual is considered to be an appropriate surgical assistant.

Evidence required: Qualifications / training record of surgical assistant

5.2 Availability of suitably trained assistant

A surgical assistant is considered to be needed when their presence is required to ensure aseptic non-touch technique.

Evidence required: Evidence that surgical assistant is scheduled to work when minor surgery clinic is running.

5.3 CPR Training

Doctor and surgical assistant(s) must have current CPR training.

Evidence required: Current certificates of CPR training for doctor and surgical assistant(s).

Stage for Measurement of Standard 5 Application

Standard 6

The practice is required to have a procedures log/register where all minor surgical procedures on the agreed procedures list are entered

Criteria for Standard 6

6.1 Surgical procedures register

The surgical procedures register / log should be capable of being transferred securely with patients being anonymous/anonymised and should contain the following variables at a minimum:

age (years)	**sex**	**histology submitted**	**histology reviewed**	**clinical diagnosis ICD 10**	**histological diagnosis ICD 10**	**patient informed**	**lesion widest diameter(mm)**	**least lateral margin (mm)**	**deep margin (mm)**	**margin completeness**	**complications**

Ideally it should be incorporated into the practice management software.

Evidence required: Screen shot of template

Stage for Measurement of Standard 6 Application

Standard 7

The practice is required to be compliant with the requirements of Health and Safety legislation.

Criteria for Standard 7

7.1 Health and Safety Statement

The practice must have a Health and Safety statement with components as specified by Health and Safety legislation (including a written risk assessment), which is signed by employer/senior manager and with evidence that it has been reviewed within the last year.

Evidence required: Current Health and Safety Statement

7.2 Health and Safety Incidents Log and Reporting

The practice must have a Health and Safety Incidents Log and evidence that any relevant incident has been/would be reported to the Health and Safety Authority.

Evidence required: Health and Safety Incidents Log and evidence of reporting if such an incident has occurred in the past. If such an incident has not occurred a declaration that reporting as appropriate takes place should be submitted.

7.3 Public Liability Insurance

The practice must have adequate public liability insurance.

Evidence required: Current Certificate of Public Liability Insurance

Stage for Measurement of Standard 7 Application

Standard 8

The practice is required to have evidence of effective infection prevention and control measures

Criteria for Standard 8

8.1 Needlestick injury / exposure prone procedures prevention and management policy

The practice must have a needlestick injury / exposure-prone procedures prevention and management policy. This may be a component of the Health and Safety statement.

Evidence required: Current Needlestick Injury / Exposure-prone procedures prevention and management policy

8.2 Immunisation

The doctor and surgical assistant(s) must be appropriately immunised.

Evidence required: Hepatitis B antibody levels for doctor and surgical assistant(s)

8.3 Training

Doctor and surgical assistant(s) must be appropriately trained about hand hygiene, needlestick injury and biological spills management.

Evidence required: Certificates of training in hand hygiene, needlestick injury and biological spills management for doctor and surgical assistant(s)

8.4 Risk Waste Disposal Policy

The practice must have a risk waste disposal policy, including evidence that clinical risk waste is collected by a licensed operator.

Evidence required: Waste disposal policy

Stage for Measurement of Standard 8 Application

Standard 9

The practice is required to have a process in place for managing communications with patients regarding minor surgery procedures

Criteria for Standard 9

9.1 Patient concerns/complaints

The practice should have a process for managing patient concerns/complaints

Evidence required: Patient Concerns/Complaints Policy

9.2 Patient Consent

The practice should have a patient consent process

Evidence required: Patient consent documents

9.3 Follow up after minor surgical procedures

The practice should have a process for follow-up for patients who have undergone minor surgery

Evidence required: Evidence of follow-up arrangements for patients who have undergone minor surgery to include patients of the practice and patients referred from other practices. This should include procedure for addressing follow up consultations and communicating histopathology results to the patient.

Stage for Measurement of Standard 9

Application

Standards relating to the Doctor's Practice of Minor Surgery

Standard 10

The doctor is required to undertake a sufficient range and number of minor surgical procedures.

Criteria for Standard 10

10.1 Anonymised Clinical Data Upload

The doctor should keep a log of all agreed minor surgery procedures for the 6 month data collection period and upload agreed, anonymised data. This log should be ideally incorporated into the practice management software, should be transferred securely with patients being anonymous/anonymised and should contain the variables outlined in Standard 6 at a minimum.

Evidence required: Anonymised data

10.2 Number of minor surgical procedures

The doctor should have undertaken a minimum of 50 of the agreed minor surgery procedures during the six month data collection period.

Evidence required: Anonymised data

10.3 Range of minor surgery procedures

The doctor should have undertaken at least two of each of the following minor surgery procedures listed below during the six month data collection period.

- excisional biopsy of skin: ellipse
- shave or punch biopsy of skin
- excision of skin cyst (may be either lipoma, dermoid or mebomian cyst)
- surgery to ingrown toenails

Evidence required: Anonymised data

10.4 Cryosurgical ablation of skin lesions

The doctor should have undertaken at least five cryosurgical ablations of skin lesions using liquid nitrogen during the six month data collection period.

Evidence required: Anonymised data

Stage for Measurement of Standard 10 Clinical data return

Standards relating to Practice Infrastructure

Standard 11

The practice is required to have an appropriate designated treatment or clinical room

Criteria for Standard 11

11.1 Treatment room surfaces

All surfaces must be suitable for effective cleaning, clean and clutter free. This includes frequently touched areas in the patient zone, floors, walls and ceiling.

11.2 Treatment room cleaning schedule

The treatment room must have an environmental cleaning schedule/record.

11.3 Treatment room ventilation

The treatment room must have adequate ventilation. Natural ventilation through an open window is sufficient (with fly screen and privacy screen, if required).

11.4 Treatment/procedures couch

There must be a treatment/procedures couch, either with access all round or capacity to reverse patient direction (can be raised at either end). The surface of the couch should be suitable for effective cleaning, clean and undamaged. The couch should be covered by disposable paper lining. Pillow, if present, should also be suitable for effective cleaning and clean.

11.5 Treatment room lighting

There must be good general lighting.

11.6 Treatment room task lighting

There must be suitable task light, which is 50watt or equivalent and adjustable.

11.7 Hand-washing sink

There must be a dedicated hand-washing sink in the treatment room with hands-free taps. It should not be used for any other purpose, such as washing of instruments or

disposing of any substances including body fluids. The sink should be easily accessed, clean, without a stopper and with a washable splashback.

11.8 Surgical trolley

There must be a suitable surgical trolley or surface to lay out sterile drape to create aseptic field.

11.9 Treatment room storage

There must be a storage area for surgical packs, syringes etc.

11.10 Treatment room communications

There must be a telephone or alarm button in the treatment room.

Evidence required: Visual inspection by surveyors

Stage for Measurement of Standard 11

Practice visit

Standard 12

The treatment room is required to be adequately equipped with surgical equipment

Criteria for Standard 12

12.1 Local anaesthetic

There must be local anaesthetic, with and without adrenaline.

12.2 Instrument packs

There must be instruments packs, either disposable (single-use) or re-usable or combination.

12.3 Diathermy

There must be diathermy, either electric or battery operated.

12.4 Suture materials

There must be both absorbable and non-absorbable sutures.

Evidence required: Visual inspection by surveyors

Stage for Measurement of Standard 12 Practice visit

Standard 13

The treatment room is required to be adequately equipped with resuscitation equipment

Criteria for Standard 13

13.1 Resuscitation tray/trolley

There must be a resuscitation tray/trolley, which is clearly marked and conveniently sited.

13.2 Emergency drugs

Emergency drugs must be present and in date. These are atropine, adrenaline, iv hydrocortisone and syringes (5ml and 2ml).

13.3 Emergency drugs dosing chart

There must be a dosing chart for emergency drugs.

13.4 Oxygen

There must be a supply of oxygen present and in date.

13.5 Mask with re-breather

There must be a mask with re-breather bag.

13.6 IV fluid and giving sets

There must be IV fluid (normal saline) and giving sets.

13.7 IV Cannulae

There must be at least two sizes of IV cannulae present.

13.8 Defibrillator

There must be a defibrillator with pads and batteries in date.

13.9 Resuscitation drug and equipment checklist

There must be a checklist/log completed at regular intervals to ensure that all resuscitation drugs and equipment are in date.

Evidence required: Visual inspection by surveyors

Stage for Measurement of Standard 13 Practice visit

Standard 14

The treatment room is required to be adequately equipped with infection prevention equipment

Criteria for Standard 14

14.1 Personal protective equipment

There must be personal protective equipment including gloves (sterile and non-sterile in a range of sizes), plastic aprons, goggles or disposable visor with integrated surgical face mask and masks.

14.2 Hand hygiene equipment

There must be hand hygiene equipment located above / beside hand-hygiene sink. This should include alcohol gel, elbow antiseptic soap dispenser and paper towels.

14.3 Waste bins

There must be foot-operated waste bins for risk and non-healthcare risk waste in the treatment room. The bins must be lined with appropriate clinical waste bag.

14.4 Sharps box

There must be an appropriate sharps box which is correctly assembled, in date, appropriately sited, and not overfull.

14.5 Bin/box for disposal of blood products

There must be an appropriate bin/box for disposal of blood products which is correctly assembled, in date, appropriately sited, and not overfull. This criterion applies if the practice undertakes therapeutic phlebotomy.

14.6 Bin/box for disposal of surgical instruments

There must be an appropriate bin/box for disposal of surgical instruments which is correctly assembled, in date, appropriately sited, and not overfull. This criterion applies if the practice uses single use surgical instruments.

14.7 Clinical risk waste management

Clinical risk waste must be appropriately segregated, bagged and tagged with suitable storage while awaiting collection.

14.8 Decontamination

Adequate decontamination of RIMDS (if used) must be demonstrated.

i. Single use surgical instruments only (preferable).
ii. If RIMDs in use must be decontaminated, sterilised and reprocessed according to legislative and HSE requirements.
iii. If off-site sterilisation of reusable instruments, must have evidence of pathway.

Appendix 15 **Discussion Paper**

Framework for Accreditation and Re-accreditation Cycle for GPs Undertaking Community Based Surgery

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The literature identifies a decided post-accreditation slump in hospital-based accreditation systems with a subsequent maturity / stagnation phase. It is likely that these phases also apply in community-based accreditation processes. This indicates the need for some mandated activity in the years between one accreditation visit and the next.

It is important to consider that community based surgery is only one element of the workload of a GP. Accordingly, while the requirements for maintaining accreditation need to be rigorous they also need to take that into account. Cost must also be taken into account. The cost of administering the accreditation system will ultimately have to be passed on to the participating doctors by way of an accreditation fee.

This discussion paper is informed by literature review and feedback from GP Research Network and Steering Group for this project.

Section A: Options to Consider

1. Length of Accreditation Cycle

Accreditation cycles in healthcare vary from annual to five-yearly cycles. Professional Competence Schemes for doctors in Ireland are on a five-yearly cycle with annual requirements.

Option	***Comment***
Annual	Onerous and costly. Not widespread in any community setting. Applies in areas such as hospital labs and endoscopy units.
3 Yearly	Consistent with hospital accreditation systems. UK proposed re-accreditation of GPwSIs is left to local groups, but advice is that it should not exceed three years.
5 Yearly	Consistent with Medical Council Professional Competence Schemes.
Permanent	Accreditation by its nature is generally time-limited so this option is not

	recommended.

The Steering Group for the Accreditation Research Project recommends that a 5 year cycle be adopted.

2. Reaccreditation and Annual Activities within Accreditation Cycle

These two elements need to be decided together as the contents of one will inform the contents of the other.

The purposes of re-accreditation are to ensure that the doctor is maintaining the quality of the service they are providing and to promote further quality improvement and compliance with new legislative or regulatory requirements.

Option	***Comment***
Re-accreditation - same as new applicant	Onerous and costly. Would simplify administration of scheme, as one process only.
Practice visit	Would ensure that practice maintains its environment and equipment. Time-defined process. Would address only some of the standards.
Information and document review	Some items – such as doctor's experience will likely be addressed in the annual activities while in accreditation cycle. Others e.g. compliance with professional competence scheme, medical indemnity are renewable annually. Would it be important to review development/evolution of practice protocols such as patient complaints process or H&S incidents log as evidence of continuing quality improvements?
Clinical data review	Work is ongoing to provide templates within the approved software programmes for practices so data can be collected once only, incorporated into the patient's clinical record and simultaneously relevant data can be anonymised and uploaded via the Irish Primary Care Research Network (IPCRN). Doctor can then download his aggregated data with

	comparison to the national mean for his/her own audit or to provide evidence to satisfy re-accreditation requirements. This is subject to funding being available to roll it out.
Case log	Doctor is obliged to provide a detailed case log of a specified number of cases with specified procedures. Photographs of lesion, mark up, surgery, scar etc. to be accompanied by narrative of procedure, histology, complications etc. Consider patient confidentiality. Strength: Focuses on actual procedures. Would require detailed template and clinician review of submissions.
Annual CPD	Attendance at workshops / conferences / course as part of annual activities – how many hours /year?
Quality Improvements	Participation in relevant audit or research.
Others possibilities	Mentoring, Teaching etc.

Section B: Proposed Accreditation/Re-Accreditation for Discussion

Step 1: Application

These Standards have been developed for GPs who are already experienced in undertaking Community Based Surgery. The Steering Group for the Accreditation Research Project recommends that the Accreditation Board defines the term "experienced" to identify those doctors who will be eligible to apply. For example, it might be those doctors who have been undertaking community based surgery in their practices for at least six months by a certain date. They further recommend that this accreditation scheme should be time limited. For example, it might run for 5 years. The precise time limit should take into account the number of the doctors eligible to apply who actually apply and the time required to establish a clear training pathway for Community Based Surgery. The Steer Group recommends that entry to the Accreditation Scheme would then be only by completion of the training from that date onwards.

Once a doctor expresses an interest in applying for accreditation they should have access to resources developed by the ICGP to assist them to preparing their application.

Advertising for applications should give a THREE month deadline for submission of applications, access to online resources (and possibly mentors also), and an invitation to attend a preparation session (which might run in conjunction with national ICGP meeting or as an online webinar). All standards would be addressed during this preparation time.

At successful completion of application a doctor in his/her practice setting would have been measured against a number of the standards (the majority of which were assessed at the Information and Document Review stage of the accreditation research project). Successful applicants will comply with a number of the Standards at the application stage. Examples include provision of evidence of their registration, qualifications, indemnity, training and experience, practice documents and protocols.

Step 2: Evidence of clinical activity

Successful applicants will then collect data on their clinical activity for a SIX month period and record on the templates on the practice management software. The Steering Group recommends that the Accreditation Board should consider whether clinical data collection could be commenced simultaneously with the Application process to expedite accreditation.

Evidence from the research project indicates that doctor's reports of their activity in minor surgical procedures over a six month period on their application forms was significantly different than actual workload reported during the clinical data collection element of the project. Therefore, the Steering Group recommends that prospective clinical data collection is necessary.

Collected data will allow the Standards relating to clinical data to be assessed.

Step 3: Practice visit

Successful completion of the earlier two steps will then trigger a practice visit within THREE months of submission of the clinical data. Assessment of the infrastructural elements of the setting will be assessed at practice visit. In addition, documents with patient identifiers such as a Health and Safety Incidents log, can be visually inspected at this visit. Any corrective actions and re-visits should be completed within this timeframe, if required.

The Steering Group recommends that the necessity for a practice visit be reassessed at such time as HIQA inspections of general practices are being undertaken, as the practice visit may not be necessary or perhaps could be more focussed, depending on the detail of future HIQA inspections.

Accreditation

Following successful completion of these three steps a doctor who is already experienced in community based surgery will be accredited. This will take 12 months at a minimum.

*Doctors who have been accredited during the research project will join the cycle at this point.

Step 4: Years 1, 2, 3 and 4 after Accreditation

The accredited doctor should provide evidence each year of continuing education and quality improvements in the area of Community Based Surgery.

The Steering Group of the Accreditation Research Project recommends that the Accreditation Board consider which of the following options should be included.

- 3 hours external CPD related to the performance of community based surgery (attendance at approved course, meeting, conference, workshop or masterclass)
- Evidence of number and range of minor surgical activities undertaken (IPCRN printout as described above)

- Evidence of one quality improvement activity each year (list of acceptable activities to be drawn up). Alternatively this could be a points-based system whereby the accredited doctor must achieve a designated number of points in the four years.
- Audit of significance to Community Based Surgery. (Examples include comparison of clinical and histological diagnoses, adequacy of excision and complication rates).

The Steering Group recommends that the Accreditation Board develop a clear policy as to what degree of "compensation" is allowed for someone who fails to meet the criteria in any one year due to ill health, maternity leave or sabbatical etc.

Step 5: Year 5 after Accreditation

Year 5, the final year of the cycle, should be seen as the year of preparation for re-accreditation. The Steering Group recommends that the Accreditation Board decide on the level of activities required in this year. The options could include:

- Some or all of the requirements of Years 1 – 4 (as detailed in the preceding paragraph)
- Case log of 5 clinical cases (ICGP to provide template, instructions etc.)

In addition, the doctor should be supported in reviewing the Standards relating to practice infrastructure during this year and preparing for the practice visit (access to on-line resources, possibly mentoring and a training/preparation session, drawing particular attention to any changes to standards since last accreditation). During the final THREE months of Year 5 a practice visit is organised where Standards relating to practice infrastructure are re-addressed.

The Steering Group recommends that the Accreditation Board take a view as to whether all or some of the documentary evidence provided at original accreditation should be reviewed at this stage. It further recommends that the Accreditation Board seek evidence for any Standard that had been updated since last accreditation.

Re-accreditation

Successful completion of Step 5 would trigger accreditation for another five years and starting another cycle.

NOTES:

1. This system is designed to be reasonably robust and attempts to strike a balance between reasonable oversight and unduly detailed (and costly) activity.
2. Once details agreed the system needs to be costed to set an Accreditation Fee.
3. Governance structure needs to be put in place. This is referred to in this discussion paper as the Accreditation Board. It is recommended that this be a Committee within the ICGP with membership representing the stakeholders.
4. Staff will be required to support this programme.
5. As Accreditation will be voluntary a doctor may withdraw at any stage. An agreement needs to be put in place whereby the doctor who wishes to withdraw consents to the ICGP informing the HSE, health insurers and other potential commissioners.
6. An Appeals Process for unsuccessful applicants (either initially or at re-accreditation) needs to be established.

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