

## Changes to the Standards for general practices 4<sup>th</sup> edition

In October 2010, The Royal Australian College of General Practitioners (RACGP) launched their Standards for general practices (4<sup>th</sup> edition). The implementation of these Standards is being conducted over a 12 month transition period. All practices registering for accreditation or being reaccredited after July 1<sup>st</sup> 2011 will need to negotiate with their accreditation agency regarding which Standards they will be formally assessed against.

This document highlights the main changes from the previous (3<sup>rd</sup> edition) to the Standards (4<sup>th</sup> edition). Highlighted are the new criteria that have been added to the Standards, where indicators have been upgraded and the new 'flagged' (mandatory) indicators have been added. Also indicated, are areas where concepts have been merged and a change in focus has been adapted in the development of the Standards.

Standard Area	Criterion Requirement	Major Change	Comments
<b>Access to care</b>			
1.1.2 Telephone and electronic communications		<b>New Indicator. Unflagged</b> – C. <i>Our practices 'on hold' message (if we have one) provides advice to call 000 in case of an emergency</i>	
<b>Information about the practice</b>			
1.2.1 Practice information		<b>New Indicator. Flagged</b> – C. <i>If our practice has a website, the information is accurate and contains at a minimum the information included in our practice information sheet and meets the advertising requirements of the MBA code of conduct</i>	
1.2.2 Informed patient decisions	Our practice gives patients sufficient information about the purpose, importance, benefits risks and possible costs associated with proposed investigations, referrals or treatments, to enable patients to make informed decisions about their health	<b>Upgraded indicator. Now flagged</b> - C. <i>Our clinical team can describe how we provide information (printed or otherwise) about medicines and medicine safety to patients</i>	New emphasis on possible costs for care as a component to the patient making an informed decision about their care
1.2.3 Interpreter and other communication services	Our practice provides for the communication needs of patients who are not proficient in the primary language of our clinical team and/or who have a communication impairment		Change in focus to all of the ways a patient would communicate to staff in the practice, including those with special needs
1.2.4 Costs associated with healthcare initiated by the practice	Our practice informs patients about the out-of-pocket expenses for health care provided within our practice and for referred services	<b>All indicators removed.</b>	Concepts and terminology blended from previous edition – 1.2.4 and 1.2.5

<b>Health promotion and the prevention of disease</b>			
<b>1.3.1 Health promotion and preventive care</b>	Our practice provides health promotion, illness prevention and preventive care and a reminder system based on patient need and best available evidence	<b>All indicators removed.</b>	
<b>Diagnosis and management of health problems</b>			
<b>1.4.1 Consistent evidence based practice</b>	Our practice has a consistent approach for the diagnosis and management of conditions affecting patients in accordance with best available evidence	<p><b>New indicator. Flagged</b> – C. <i>Our clinical team can demonstrate how we communicate about clinical issues and support systems within our practice</i></p> <p><b>Upgraded indicator. Now flagged</b> - D. <i>Our clinical team can explain how we access and use specific clinical guidelines for patients who identify as Aboriginal and/or Torres Strait Islander</i></p>	Concepts and terminology blended from previous edition – 1.4.1 and 1.5.3
<b>Continuity of Care</b>			
<b>1.5.1 Continuity of comprehensive care and the therapeutic relationship</b>	Our practice provides continuity of care to patients	<b>New Indicator. Flagged</b> – B. <i>Our practice team can describe how we encourage continuity of comprehensive care</i>	Concepts and terminology blended from previous edition – 1.5.1 and 1.5.2
<b>NEW 1.5.2 Clinical Handover</b>	Our practice has an effective clinical handover system that ensures safe and continuing health care delivery for patients	<b>New indicator. Flagged</b> - A. <i>Our practice team can demonstrate how we ensure an accurate and timely handover of patient care</i>	A system to be in place where the transfer of patient care to different providers.
<b>Coordination of care</b>			
<b>1.6.2 Referral documents</b>	Our referral documents to other healthcare providers contain sufficient information to facilitate optimal patient care.	<b>Upgraded indicator A. Increased requirement.</b>	Expansion of the information required to be included in the referral documentation
<b>Content of patient health records</b>			
<b>1.7.1 Patient health records</b>	For each patient we have an individual patient health record containing all the health information held by our practice about that patient.	<p><b>New indicator. Flagged</b> – B. <i>Where our practice has an active hybrid medical record system, for each consultation/interaction, our practice can demonstrate that there us a record made in each system indicating where the clinical notes are recorded.</i></p> <p><b>New indicator. Upgraded. Flagged</b> – D. <i>Our practice can demonstrate that we routinely record the person the patient wishes to be contacted in an emergency</i></p>	<p>Refined definition of ‘active patient’.</p> <p>A couple of the ‘new’ indicators have been upgraded from the previous edition.</p> <p>Indicators D and E have been included as requirements in their own right (previously blended)</p>

		<p><b>New indicator. Upgraded. Flagged – E.</b> Our practice can demonstrate that we routinely record Aboriginal and Torres Strait Islander status in our active patient record.</p> <p><b>New indicator. Unflagged – F.</b> Our practice can demonstrate that we are working toward recording other cultural backgrounds of our patients in our active patient health records.</p>	
<p><b>1.7.2</b> <b>Health Summaries</b></p>	<p>Our practice incorporates health summaries into active patient health records</p>	<p><b>Upgraded indicator B. Increased requirement.</b></p> <p><b>New indicator. Unflagged – C.</b> Our practice has documented standardized clinical terminology (such as coding) which the practice team uses to enable data collection for review of clinical practice</p>	<p>Increased requirement in indicator B for the current health summary from 50% - 75%</p>
<p><b>1.7.3</b> <b>Consultation notes</b></p>	<p>Each of our patient health records contains sufficient information about each consultation to allow another member of our clinical team to safely and effectively carry on the management of the patient</p>	<p><b>New indicator. Flagged – C.</b> Our practice can demonstrate that we are working toward recording preventive care status (eg. Currency of immunization, smoking, nutrition, alcohol, physical activity, blood pressure, height and weight [body mass index])</p>	
<p><b>Collaborating with patients</b></p>			
<p><b>2.1.2</b> <b>Patient feedback</b></p>	<p>Our practice seeks and responds to patients feedback on their experience of our practice to support our quality improvement activities.</p>	<p><b>New indicator. Flagged – C.</b> At least once every three years our practice actively seeks feedback about patients' experiences in our practice by:</p> <ul style="list-style-type: none"> <li>- Using a validated patient experience questionnaire that has been approved by the RACGP, or</li> <li>- Developing and using our own individual practice specific method that adheres to the requirements outlined in the RACGP Learning from our patients publication (questionnaire or focus group or patient interviews)</li> </ul> <p><b>New indicator. Unflagged – E.</b> Our practice provides information to patients about the practice improvements made as a result of their input</p>	<p>New emphasis on the experience of the patients of the practice when collecting feedback and data use in making improvements.</p>

<b>Safety and Quality</b>			
<b>3.1.1</b> <b>Quality improvement activities</b>	Our practice participates in quality improvement activities	<b>Upgraded indicator. Now Flagged</b> – B. <i>Our practice uses relevant patient and practice data for quality improvement (eg. Patient access, chronic disease management, preventive health)</i>	Expansion of expectations within the indicator – expectation of whole practice engagement
<b>3.1.2</b> <b>Clinical risk management systems</b>	Our practice has clinical risk management systems to enhance the quality and safety of our patient care	<p><b>New indicator. Flagged</b> – A. <i>Our practice team can demonstrate how we:</i></p> <ul style="list-style-type: none"> <li>- Regularly monitor, indentify and report near misses and mistakes in clinical care</li> <li>- Identify deviations from standard clinical practice that may result in patient harm</li> </ul> <p><b>Upgraded indicator. Now flagged</b> – B. <i>Our practice has documented systems for dealing with near misses and mistakes</i></p> <p><b>New indictor. Flagged</b> – D. <i>Our practice monitors system improvements to ensure successful implementation of changes made to our clinical risk management systems.</i></p> <p><b>New indictor. Flagged</b> – E. <i>Our practice has a contingency plan for adverse and unexpected events such as natural disasters, pandemic diseases or the sudden, unexpected absence of clinical staff</i></p>	Focus on multiple systems
<b>NEW</b> <b>3.1.3</b> <b>Clinical governance</b>	Our practice has clear lines of accountability and responsibility for encouraging improvement in safety and quality of clinical care	<p><b>New indicator. Flagged</b> – A. <i>Our practice has leaders who have designated areas of responsibility for safety and quality improvement systems.</i></p> <p><b>New indicator. Flagged</b> – B. <i>Our practice shares information about quality improvement and patient safety within the practice team</i></p>	Clinical governance is a system that requires improvement in services that supports excellence. It covers areas such as education, clinical audits and effectiveness, risk management, research and development
<b>NEW</b> <b>3.1.4</b> <b>Patient identification</b>	Our patients are correctly identified at each encounter with our practice team	<b>New indicator. Flagged</b> – A. <i>Our practice has a patient identification process using three approved patient identifiers and the practice team can describe how its applied</i>	Patient identifiers improve patient safety and are important to maintaining confidentiality. These are used for a range of care provided to the patient (in the practice, via telephone, providing referrals etc)

<b>Education and Training</b>			
<b>3.2.1 Qualifications of general practitioners</b>	All GPs in our practice are appropriately qualified and trained, have current Australian registration and participate in continuing professional development	<b>Upgraded indicator. Now Flagged</b> – D. Our GPs have undertaken training in cardiopulmonary resuscitation (CPR) in accordance with the RACGP QI&CPD recommendations	
<b>3.2.2 Qualifications of clinical staff other than medical practitioners</b>	Other members of our clinical team are appropriately qualified and trained, have relevant current Australian registration and participate in continuing professional development	<b>New indicator. Flagged</b> – A. All our nurses and allied health professionals have: <ul style="list-style-type: none"> <li>- Current national registration where applicable</li> <li>- Appropriate credentialing and competence</li> <li>- Work within their current scope of practice</li> <li>- Actively participate in continuing professional development relevant to their position in accordance with their professional organization's requirements</li> </ul>	Change in focus to the multidisciplinary team
<b>3.2.3 Training of administrative staff</b>	Our administrative staff participate in training relevant to their role in the practice	<b>Upgraded indicator. Now Flagged</b> – C. Our other team members involved in clinical care have GPs have undertaken training CPR in accordance with the requirements of the relevant registration Act or professional organization or at least every 3 years <b>Upgraded indicator. Now flagged</b> – C. Our administrative staff have CPR training at least every 3 years	Focus on training specific to the staff members role
<b>Practice Systems</b>			
<b>4.1.1 Human resource system</b>	Our practice supports effective human resource management	<b>New Indicator. Flagged</b> – C. Our practice team can identify the person(s) who coordinate the seeking of administrative feedback and the investigation and resolution of administrative and/or other complaints <b>New indicator. Flagged</b> – F. Our practice can show evidence of regular practice discussions that encourage involvement and input from members of the practice team <b>New indicator. Unflagged</b> – G. Our practice has a system to monitor team members' performance against their position descriptions	

<b>Management of health information</b>			
<b>4.2.1</b> <b>Confidentiality and privacy of health information</b>	Our practice collects personal health information and safeguards its confidentiality and privacy in accordance with the National Privacy Principles	<b>New indicator. Flagged</b> – <i>F. Our practice can demonstrate how we facilitate the timely, authorized and secure transfer of patient health information in relation to valid requests</i>	Concepts and terminology blended from previous edition – 4.2.1 and 4.2.3
<b>4.2.2</b> <b>Information security</b>	Our practice ensures the security of patient health information	<b>New indicator. Flagged</b> – <i>D. Our practice has a designated person with primary responsibility for the practice’s electronic systems and computer security</i>  <b>New indicator. Flagged</b> – <i>G. Our practice has an appropriate method of destroying health record systems before disposal (eg. Shredding of paper records, removal and reformatting of hard drives)</i>	Concepts and terminology blended from previous edition – 4.2.2 and 4.2.4
<b>Facilities and access</b>			
<b>5.1.1</b> <b>Practice facilities</b>	Our practice facilities are appropriate for a safe and effective environment for patients and the practice team	<b>Upgraded indicator. Now flagged</b> – <i>G. Our practice has one or more height adjustable beds</i>	
<b>Equipment for comprehensive care</b>			
<b>5.2.1</b> <b>Practice equipment</b>	Our practice has access to the medical equipment necessary for comprehensive primary care including emergency resuscitation	<b>New indicator. Unflagged</b> – <i>E. Our practice has a pulse oximeter</i>	
<b>Clinical support processes</b>			
<b>NEW</b> <b>5.3.1</b> <b>Safe and quality use of medicines</b>	Our clinical team prescribes, dispenses and administers appropriate medicines safely to informed patients	<b>New indicator. Flagged</b> – <i>A. Our clinical team can demonstrate how our patients are informed about the purpose, importance, benefits and risks of their medicines and how patients are made aware of their own responsibility to comply with the recommended treatment plan</i>  <b>New indicator. Flagged</b> – <i>B. Our clinical team can demonstrate how we access current information on medicines and review our prescribing patterns in accordance with best available evidence</i>  <b>New indicator. Flagged</b> – <i>C. Our clinical team can demonstrate how we ensure patients and other health providers to whom we refer receive an accurate and current medicines list</i>	Concepts and terminology blended from previous edition – 5.3.1 and 5.3.3

<p><b>5.3.2</b> <b>Vaccine potency</b></p>	<p>Our practice maintains the potency of vaccines</p>	<p><b>New indicator. Flagged</b> – D. <i>Our clinical team can demonstrate how we ensure that medicines (including samples and medical consumables) are acquired, stored, administered, supplied and disposed of in accordance with manufacturers' directions and jurisdictional requirements</i></p> <p><b>New indicator. Flagged</b> – C. <i>Our practice can demonstrate how we review the following processes to ensure potency of our vaccine stock:</i></p> <ul style="list-style-type: none"> <li>- <i>Ordering and stock rotation protocols</i></li> <li>- <i>Annual audit of our vaccine storage procedures</i></li> <li>- <i>Continuum of cold chain management, including the handover processes between designated members of the practice team</i></li> <li>- <i>Accuracy of our digital vaccine refrigerator thermometer</i></li> </ul>	<p>Change in scope for indicators A and B (both flagged) – requires practice to have a team member with primary responsibility</p>
<p><b>5.3.3</b> <b>Healthcare associated infections</b></p>	<p>Our practice has systems that minimize the risk of healthcare associated infections</p>	<p><b>New indicator. Flagged</b> – A. <i>Our practice team can identify the person with primary responsibility for coordinating infection control processes within our practice and this person has such responsibility defined in their position description</i></p> <p><b>New indicator. Flagged</b> – E. <i>Our practice is visibly clean</i></p> <p><b>New indicator. Flagged</b> – G. <i>The practice team member with designated responsibility for staff education on infection control can describe how the induction program for new staff covers our infection control policy as relevant to their role, and the requirements for providing ongoing staff education and assessing staff competency</i></p> <p><b>New indicator. Flagged</b> – I. <i>Our practice team can explain how patients are educated in respiratory etiquette, hand hygiene and precautionary techniques to prevent the transmission of communicable diseases</i></p>	<p>Replaces 5.3.4 from previous edition – new focus on preventing healthcare associated infections by specific team members in specific ways</p>