

Interpretive guide

For the accreditation of general practices under the new definition of a general practice for the purpose of accreditation



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Contents

1.	Purpose of this interpretive guide	3
2.	Terminology	3
3.	Background	3
3.1	Updating the definition of a general practice for the purpose of accreditation	3
4.	The definition of a general practice for the purpose of accreditation	4
5.	Services excluded from general practice accreditation	5
6.	Application of Standards to non-traditional general practices	6
6.1	Overview of indicators addressed in this guide	6
6.2	Assessing whether a practice meets the definition of a general practice for the purpose of accreditation.	7
6.3	Practice facilities	7
6.4	Privacy and dedicated spaces	7
6.5	Waiting area for patients	8
6.6	Toilets and hand-cleaning facilities	8
6.7	Practice equipment	8
6.8	Maintaining practice equipment	9
6.9	Infrastructure for patients with disabilities or impairment	9
6.10	Staff responsibilities	9
6.11	Patient health records	10
6.12	Patient feedback requirements	10

1. Purpose of this interpretive guide

This guide is for use by accreditation agencies and surveyors when assessing general practices against the *Standards for general practices* (5th edition) (the Standards). The guide interprets aspects of the Standards in the context of assessment under the new definition of a general practice for the purpose of accreditation.

Non-traditional general practices can also refer to this guide alongside the definition of a general practice for the purpose of accreditation outlined below, and the [Standards for general practices](#) (5th edition) (the Standards).

2. Terminology

Definition of a general practice for the purpose of accreditation: The definition is used to reliably identify healthcare organisations that are general practices and that are eligible for accreditation against the Standards.

Non-traditional general practices: The term 'non-traditional' refers to service models that do not conform to the conventions historically applied to practices with a fixed, physical location, often colloquially referred to as 'bricks-and-mortar' general practices. These non-traditional practices encompass services that operate without a dedicated physical premises, including mobile services and those that conduct consultations at multiple locations (with or without a centralised office or headquarters).

Practices without a physical premises at which consultations occur: A practice that only sees patients at independently maintained homes, facilities or sites. Such a practice may operate from an office or headquarters at which patients do not attend.

3. Background

3.1 Updating the definition of a general practice for the purpose of accreditation

The RACGP has updated its definition of a general practice for the purpose of accreditation to ensure all general practices providing comprehensive, patient-centred, whole-person and continuous care are eligible for accreditation against the Standards.

The purpose of updating the definition was to facilitate the inclusion of genuine and innovative general practice models of care previously excluded from accreditation. The updated definition does not exclude services which are currently accredited by adding limiting parameters. Those newly included non-traditional general practices may include mobile services (such as outreach disability services) or those servicing a specific patient cohort within facilities (eg Residential aged care facilities (RACFs) or disability homes). Broadening the definition of a general practice for the purpose of accreditation in this way seeks to achieve greater equity.

The new definition maintains its function of identifying practices who can be assessed for general practice accreditation, while extending access to models of general practice previously excluded from accreditation.

4. The definition of a general practice for the purpose of accreditation

A practice or health service must meet the definition in Table 1 before seeking accreditation.

Table 1 Definition of a general practice for the purpose of accreditation

<p>In order for a practice or health service to seek accreditation:</p> <ul style="list-style-type: none"> • it must provide comprehensive, patient-centred, whole-person and continuous care; and • its services must be predominantly* of a general practice nature. <p>* more than 50% of the practice's general practitioners' clinical time (ie collectively), and more than 50% of services for which Medicare benefits are claimed or could be claimed (from that practice) are in general practice.</p> <p>The definition exists solely to identify services eligible to be assessed as a general practice against the RACGP <i>Standards for general practices</i> (the Standards) by an accreditation agency approved under the Australian Commission on Quality and Safety in Healthcare's National General Practice Accreditation Scheme. This definition is for the assessment of the environment and systems of quality and safety. In expanding the definition of a general practice for the purposes of accreditation there will be some services that are eligible to be accredited against the Standards but that may not be appropriate as training practice locations or eligible for entry into a training program.</p> <p>The general practice, once acknowledged as meeting the definition, must still meet all mandatory indicators in the Standards to be accredited.</p>
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Table 2 Glossary terms accompanying the definition (in the Standards for general practices)

Term	Definition
Comprehensive care/ Comprehensiveness	<p>Comprehensive care is the coordinated delivery of the total health care required or requested by a patient. The scope of clinical practice is challenging, spanning prevention, health promotion, early intervention for those at risk, and the management of acute, chronic and complex conditions within the practice population whether in the home, practice, health service, outreach clinic, hospital or community. Comprehensiveness ensures services are not limited by body system, disease process or service site.</p> <p>This use of 'comprehensiveness' in this definition is not intended to change the requirements for general practice as a speciality or for training purposes. This definition is to be used for practice accreditation. For training and achieving Fellowship the definition of Comprehensive Australian general practice must be used.</p>
Continuous care / Continuity of care	When a patient experiences a series of discrete healthcare events and/or services that are coherent, connected and consistent with their medical needs and personal circumstances.
Whole-person care	Holistic care is reflected in the interplay between bio-psycho-social contributors to health, and which leads to a deep understanding of the whole person, and the ability to manage complex conditions and circumstances. A general practitioner (GP) functions as a physician, counsellor, advocate and agent of change for individuals, families and their communities.
Patient centredness	Patient-centeredness places the patient's needs, values and preferences at the forefront of medical decision-making, empowering patients to take an active role in their own healthcare. Patient-centeredness is demonstrated by a general practice team's understanding that health, illness and disease are ultimately personal experiences, and that the role of the team is to collaborate with patients to support their healthcare.

5. Services excluded from general practice accreditation

The definition of a general practice for the purpose of accreditation was updated to address genuine general practice care that is provided by non-traditional general practices to targeted populations (such as residents of aged care facilities). The care provided by a service eligible for accreditation must be comprehensive and continuous, regardless of patient cohort.

As such, services that provide limited and/or non-continuous care are not eligible for accreditation. This may include but is not limited to:

- telehealth-only services (including on-demand telehealth services), where continuous care may be provided but scope of care provided is limited (ie physical assessment is not possible)
- services that focus on a specific body system or disease process (such as skin cancer or mental health clinics), where scope of care provided is limited
- services that are not GP-led; that is, those that do not provide predominantly general practice services as per the description of predominantly within the definition (eg nurse-led services).
 - Note, a women's health service that offers the full scope of generalist services to women would be eligible for accreditation under the new definition; however if a women's health service only offers specific services to its patients (eg reproductive health), it is ineligible for accreditation.

In determining the eligibility of a service, an agency may ask whether the service is able to provide any general practice care its patient population might reasonably expect to receive from a GP (eg are vaccines available?)

6. Application of Standards to non-traditional general practices

6.1 Overview of indicators addressed in this guide

Indicators that are addressed in this guide are:

[GP5.1▶A](#) Our practice facilities are fit for purpose.

[GP5.1▶E](#) Our practice is visibly clean.

[GP5.1▶B](#) Our practice ensures that all patient consultations take place in a dedicated consultation or examination space.

[GP5.1▶C](#) Our consultation spaces permit patient privacy and confidentiality.

[GP5.1▶D](#) Our practice has a waiting area that accommodates the usual number of patients and other people who would be waiting at any given time.

[GP5.1▶E](#) Our practice has accessible toilets and hand-cleaning facilities.

[GP5.2▶A](#) Our practice has equipment for comprehensive primary care and emergency resuscitation.

[GP5.2▶C](#) Our practice has one or more height adjustable beds.

[GP5.2▶D](#) Our practice has timely access to a spirometer.

[GP5.2▶E](#) Our practice has a defibrillator.

[GP5.2▶B](#) Our practice maintains our clinical equipment in accordance with each manufacturer's recommendations.

[C2.3▶A](#) Our patients with disabilities or impairment can access our services.

[GP4.1▶A](#) Our practice has at least one clinical team member who has primary responsibility for:

- coordinating prevention and control of infection
- coordinating the provision of an adequate range of sterile equipment (reprocessed or disposable)
- where relevant, having procedures for reprocessing (sterilising) instruments onsite or offsite, and ensuring there is documented evidence that this reprocessing is monitored and has been validated
- safe storage and stock rotation of sterile products
- waste management.

[GP4.1▶C](#) Our practice has a clinical team member who has primary responsibility for educating the practice team about infection prevention and control.

[GP6.1▶A](#) Our practice has a team member who has primary responsibility for cold chain management in the practice.

[GP6.1▶B](#) The team member who has primary responsibility for cold chain management ensures that the process used complies with the current edition of the National Vaccine Storage Guidelines.

[GP6.1▶C](#) The team member who has primary responsibility for cold chain management reviews the following processes to ensure potency of our vaccine stock:

- ordering and stock rotation protocols
- maintenance of equipment
- annual audit of our vaccine storage procedures
- continuity of the cold chain, including the handover process between designated members of the practice team
- accuracy of our digital vaccine refrigerator thermometer.

No changes are noted to the assessment of all other indicators in the Standards, which are applicable to all general practices seeking accreditation, regardless of their service type.

For those indicators listed above, a common-sense approach regarding the intent of each indicator can be applied by accreditation agencies and surveyors, bearing in mind the safety and quality intentions of each indicator. Accreditation is an opportunity to foster genuine collaboration and sharing of expertise among peers.

6.2 Assessing whether a practice meets the definition of a general practice for the purpose of accreditation.

An accreditation agency's assessment of a general practice against the new definition can be done via existing mechanisms to determine the provision of comprehensive, patient-centred, whole-person and continuous care, and that its services are predominantly of a general practice nature.

The differences between the previous and new definitions are that an eligible general practice:

- can provide care to a targeted demographic, if care is comprehensive (as per the definition in Table 2)
- is not required to have a fixed, physical location (ie non-traditional general practices are eligible for accreditation).

6.3 Practice facilities

Relevant indicators:

[GP5.1▶A](#) Our practice facilities are fit for purpose.

[GP5.1▶F](#) Our practice is visibly clean.

If a practice has a physical location from which consultations occur (eg a general practice premises, a mobile service such as a van), the practice is responsible for maintaining its facilities. Practices without a physical premises at which consultations may occur are not responsible for maintaining the facilities of the external sites that they visit. For example, if a general practice operates from a home office and visits external sites, there is no 'facility' as such to assess against GP5.1▶A.

GP5.1▶A is therefore not applicable for general practices that solely service external sites that are independently maintained. A general practice's office in of itself (where no clinical services are provided) is not subject to assessment as part of accreditation. For instance, staff communications, meetings, management of ethical dilemmas, and so on could all be assessed by a surveyor without necessarily visiting the general practice's office/headquarters (eg assessment can be carried out via remote review of policy/document or by face-to-face or video interview).

6.4 Privacy and dedicated spaces

Relevant indicators:

[GP5.1▶B](#) Our practice ensures that all patient consultations take place in a dedicated consultation or examination space.

[GP5.1▶C](#) Our consultation spaces permit patient privacy and confidentiality.

Practices that do not have physical premises at which consultations occur are not required to have a dedicated consultation or examination space.

A consultation or examination space itself may not be able to guarantee complete audible privacy, but reasonable steps must be taken to ensure privacy is maintained during patient consultations. Practices without physical premises or dedicated consultation rooms must provide a policy that describes their process for optimising patient privacy during consultations. Surveyors can apply a common-sense approach for the requirement of the policy based on the service model of the general practice.

6.5 Waiting area for patients

Relevant indicator:

[GP5.1▶D](#) Our practice has a waiting area that accommodates the usual number of patients and other people who would be waiting at any given time.

Practices without physical premises at which consultations occur are not required to have a waiting area. Surveyors can apply a common-sense approach for the applicability of GP5.1▶D based on the service model of the general practice.

6.6 Toilets and hand-cleaning facilities

Relevant indicator:

[GP5.1▶E](#) Our practice has accessible toilets and hand-cleaning facilities.

As per the RACGP and APNA [Infection prevention and control guidelines](#) (IPC Guidelines): *the use of alcohol-based handrub is now recommended for routine hand hygiene for dry, visibly clean hands, except after using the toilet, before handling or eating food/drink, or when norovirus or Clostridioides difficile is present or suspected – antimicrobial soap is recommended in these instances.*

A mobile practice may not have the capacity to include a toilet in its physical facilities, but must demonstrate its capacity for clinical functions that require patient access to a toilet (eg capacity to collect a urine sample, for dipstick or pregnancy testing, STI testing, CST self collection). For example, a mobile practice may refer patients to a pathology lab to conduct these functions.

A practice must demonstrate that their staff and members of the clinical team have timely access to toilets and hand-cleaning facilities.

6.7 Practice equipment

Relevant indicators:

[GP5.2▶A](#) Our practice has equipment for comprehensive primary care and emergency resuscitation.

[GP5.2▶C](#) Our practice has one or more height adjustable beds.

[GP5.2▶D](#) Our practice has timely access to a spirometer.

[GP5.2▶E](#) Our practice has a defibrillator.

Practices must demonstrate they have all required equipment as per the Standards, or that the sites they are visiting have the equipment required by the patients being visited at those locations.

The intent of GP5.2▶C requiring a height adjustable bed, and all equipment requirements in the Standards, is to ensure patient and staff safety. Surveyors can apply a common-sense approach for the requirement of a height-adjustable bed at a given site visited by the general practice, based on the patient demographic and service requirements of the site.

6.8 Maintaining practice equipment

Relevant indicator:

[GP5.2▶B](#) Our practice maintains our clinical equipment in accordance with each manufacturer's recommendations.

Practices can demonstrate evidence that equipment is maintained, regardless of who maintains it. If a practice owns clinical equipment, the practice team must maintain it as indicator GP5.2▶B is worded. If an external site owns the equipment, that site's staff will maintain the equipment, but the general practice being accredited needs to be able to confirm the site is doing so.

For example, a defibrillator is a mandatory piece of equipment (as required at GP5.2▶E) that practices must have or demonstrate that the sites they are visiting have. If a GP visits external sites, those sites own and maintain their defibrillator/s, but the practice must be able to confirm such maintenance by the site.

6.9 Infrastructure for patients with disabilities or impairment

Relevant indicator:

[C2.3▶A](#) Our patients with disabilities or impairment can access our services.

Providing access to disability parking is not required for practices without physical premises (or where not appropriate for the service model).

6.10 Staff responsibilities

Relevant indicators:

[GP4.1▶A](#) Our practice has at least one clinical team member who has primary responsibility for:

- coordinating prevention and control of infection
- coordinating the provision of an adequate range of sterile equipment (reprocessed or disposable)
- where relevant, having procedures for reprocessing (sterilising) instruments onsite or offsite, and ensuring there is documented evidence that this reprocessing is monitored and has been validated
- safe storage and stock rotation of sterile products
- waste management.

[GP4.1▶C](#) Our practice has a clinical team member who has primary responsibility for educating the practice team about infection prevention and control.

[GP6.1▶A](#) Our practice has a team member who has primary responsibility for cold chain management in the practice.

[GP6.1▶B](#) The team member who has primary responsibility for cold chain management ensures that the process used complies with the current edition of the National Vaccine Storage Guidelines.

[GP6.1▶C](#) The team member who has primary responsibility for cold chain management reviews the following processes to ensure potency of our vaccine stock:

- ordering and stock rotation protocols
- maintenance of equipment
- annual audit of our vaccine storage procedures
- continuity of the cold chain, including the handover process between designated members of the practice team
- accuracy of our digital vaccine refrigerator thermometer.

As per the Standards, an appropriate team member is responsible for the infection prevention and control and cold chain management of the practice.

If the general practice is performing a procedure at an external home, facility or site, the general practice is responsible for infection control (adherence to the IPC Guidelines, sterility, adherence to aseptic technique, etc.). The practice team is not responsible for the site per se, however is responsible for any service the practice provides at the site. A practice must demonstrate that it has oversight of the adherence by any site it visits to the site's infection prevention and control and cold chain management, so far as those relate to its visits to that site.

6.11 Patient health records

No indicators in the Standards related to patient health records are directly impacted when assessing non-traditional general practices; however, the following can be noted:

However, where a general practice team member visits external facilities, complete records owned by a facility must be duplicated on admission of a patient to the practice's records, ensuring a comprehensive record at the time of admission. Following patient admission, the general practice must have a process to action any patient notifications it receives from the facility outside of a general practice visit. The practice must record any ongoing consultations it has with the patient.

In some instances, a general practice team member visiting a facility may record all consultation notes in the facility's record (ie the complete patient record is that owned by the facility, but accessible to the practice). Any consultation notes recorded by the practice need to be mirrored in both the facility and practice records to ensure patient safety. This will ensure those who require access, including services providing after-hours care for a practice, can view complete patient information.

6.12 Patient feedback requirements

[Criterion QI1.2](#) of the Standards requires practices to collect patient feedback:

[QI1.2](#) ► A Our practice collects feedback from patients, carers and other relevant parties in accordance with the RACGP's [Patient feedback guide](#).

There are [various options](#) for practices to collect feedback about patients' experiences, including the RACGP's questionnaire, developing a practice specific tool, or using an approved commercial tool. Whichever method is used by a practice, feedback needs to include a minimum of three topics under each of the six patient feedback themes:

- Access and availability
- Provision of information
- Privacy and confidentiality
- Continuity of care
- Communication and interpersonal skills of clinical staff
- Communication and interpersonal skills of administrative staff

To be a useful quality improvement tool for a practice, the questions asked of patients need to suit the individual practice. For non-traditional practices, some of the topics included under patient feedback themes throughout the RACGP questionnaire may not be appropriate. If the practice is using this tool, it can remove such questions provided it maintains a minimum of three questions under each theme (approval for this is not required). A practice may also rephrase questions to better suit their practice context. If changes are made to questions (editing existing questions or adding new ones), the RACGP Standards team can assess the changes.

If a practice wants to use an existing patient feedback tool and has questions about its application in the practice's context, it can enquire with the Standards team via standards@racgp.org.au. Enquiries will be reviewed on a case-by-case basis.