Changes to the RACGP Standards for general practices (5th edition)

as of February 2022

This resource is applicable to the Standards for general practices (5th edition). The relevant change and the Standards document it is applicable to is described in the table.

Section of the Standards	Changes complete
Core module	
Criterion C1.1 – Information about your practice	The following changes (in red) were made to Criterion C1.1: C1.1►A Our patients can access up-to-date information about the practice. At a minimum, this information contains: • our practice's address and telephone numbers • our consulting hours and details of arrangements for care outside normal opening hours • appointment types • our practice's billing principles • a list of our practitioners • our practice's communication policy, including when and how we receive and return telephone calls and electronic communications • our practice's policy for managing patient health information (or its principles and how full details can be obtained from the practice) • how to provide feedback or make a complaint to the practice • details on the range of services we provide. **Meeting this Criterion** […] **Appointment types** The information you provide to patients about appointment types needs to detail whether in-person and/or telehealth appointments are available and in what circumstances. Your practice could educate, and communicate with, patients about the process and the benefits of an appointment type before they take part, especially if a patient is unfamiliar with an appointment supported by technology. You could also advise patients of the different durations available for each appointment type. If your practice offers telehealth appointments, provide your patients with details on how to access these appointments, and the types of telehealth appointments available to them, such as: • video, phone or other • specialist-only telehealth appointments • telehealth offered at certain times.

Section of the Standards	Changes complete
Criterion C1.2 – Communications	The following changes (in red) were made to Criterion C1.2: **Criterion C1.2 – ~~Telephone and electronic communications~~ Communications** **Indicator** C1.2►A Our practice manages ~~telephone calls, telephone messages, and/or electronic messages~~ communications from patients. **Meeting this Criterion** […] **Communicating by electronic means** If you choose to communicate with patients electronically (eg by telehealth, email, secure messaging or text message), you must: • adhere to the Australian Privacy Principles (APPs), the Privacy Act 1988 and any state-specific laws • clearly state what content the practice team can and cannot send using electronic communication (eg your practice might require that sensitive information only be communicated in person ~~face to face~~ by a medical practitioner or other appropriate health professional, unless there are exceptional circumstances) • inform patients that there are risks associated with some methods of electronic communications and that their privacy and confidentiality may be compromised • obtain consent from the patient before sending health information to the patient electronically (consent is implied if the patient initiates electronic communication with the practice) or through technology to undertake appointments • document in patient health record the outcome of your request for consent to communicate electronically • check that the information is correct and that you are sending it to the correct email address, phone number, or person, before sending the information • avoid sending information that promotes products and/or preventive healthcare, because some patients can interpret this as an advertisement. If you allow patients to contact the practice by email, inform them: • of how long they can expect to wait for a response • that they should not use email to contact the practice in an emergency. If you are unable to reach a patient for a telehealth appointment (eg the patient does not answer at their allocated appointment time, or there are technology issues that prevent connection), document any reasons the communication failed in the patient health record. Your practice could establish a back-up plan (eg alternative mode of communication) for when communication failure occurs. […] **Communicating with patients with ~~special~~ communication needs**

Section of the Standards	Changes complete
	If patients (eg patients from culturally and linguistic diverse backgrounds or those with ~~disability~~ a communication impairment ~~and those not fluent in English~~) need to use other forms of communication, consider using the services that are available, such as: • the National Relay Service (NRS) for patients who are deaf (www.relayservice.com.au) • the Translation and Interpreter Service (TIS National) for patients from culturally and linguistic diverse backgrounds ~~patients from a non-English speaking background~~ (www.tisnational.gov.au). **Communication during a crisis, emergency and disaster** During a crisis, emergency or disaster, the volume of incoming telephone or electronic communication might increase. It is important that your practice, as part of your emergency response plan, develop and maintain a communication policy to appropriately triage and manage communication to patients and clinical team members during this time. […] **Meeting each Indicator** C1.2►A Our practice manages communications from patients. You must: • use three approved forms of identification for identifying patients over the phone, so that information is given to the right person • document in each patient's health record when: – team members have attempted to contact (eg left a phone message) ~~and~~ or successfully contacted the patient – a patient contacts the practice, the reason for the contact, and the advice and information the patient was given. You could: • have a recorded phone message (which may be an introductory message or 'on hold' message) that tells patients to call 000 if they have an emergency • have a policy, procedure or flow chart that shows how to manage messages from patients • maintain a communication policy to manage and triage incoming communication during a crisis, emergency and disaster • demonstrate how your patients receive open, timely and appropriate communication about their health care during a crisis, emergency or disaster • document what information and advice the practice team can and cannot give to patients over the phone or electronically • educate reception staff about which messages need to be transferred to the clinical team • have an appointment system that includes time for the clinical team to return messages to patients • have an automatic email response (if your email system allows it) that includes the practice's telephone number and when the sender can expect to receive a reply • establish a process so that patients are advised of the practice's policy for checking, responding to, and sending emails • establish a back-up plan for when communication failure occurs (eg an alternative mode of communication if a telehealth appointment does not connect).

Section of the Standards	Changes complete
Criterion C1.4 – Interpreter and other communication services	The following changes (in red) were made to Criterion C1.4: **Indicators** C1.4►A Our practice endeavours to use an interpreter with patients who do not speak the primary language of our practice team. C1.4►B Our practice endeavours to employ communication strategies to engage with patients who have difficulty accessing the service due to a communication impairment. ~~Our practice endeavours to use appropriate communication services to communicate with patients who have a communication impairment.~~ C1.4C Our patients can access resources that are culturally appropriate, translated, and/or in plain English. **Meeting this Criterion** **Communication with patients who do not speak the primary language of our practice team** Unless specifically requested by the patient, avoid using a family member or friend of the patient as an interpreter because: • information about the patient's diagnosis may not be translated effectively, which might result in harm to the patient (eg there have been instances where regulatory action has occurred, and allegations have made of patient harm due to inappropriate use of family members being used, rather than a qualified interpreter ~~complaint was made to the Medical Board of Australia that alleged that a patient had died because the practitioner used the patient's daughter to translate instead of using an interpreter~~)[5] • it may impose unreasonable responsibility and stress on the selected individuals, particularly if they are young or a very close relative (eg a child) • it might upset the friendship dynamics and family relationships.[6] Appropriately qualified medical interpreters are the preferred choice. Private medical practitioners (defined as GPs and medical specialists) providing services eligible for Medicare rebates can access interpreters free of charge, as can reception staff who need to arrange appointments and provide results of medical tests. This free service is available through TIS National. More information is available at www.tisnational.gov.au Consider developing a policy that explains how the practice team can communicate with patients who have low or no English proficiency. The policy could include: • how to identify that a patient requires an interpreter or communication service (eg placing a specific flag in the patient's health record) • how to use the practice's telephones when using interpreting services (eg setting up a three-way conversation or using speaker phones) • displaying the national interpreter symbol in the reception area where patients can easily see it • what information (such as the need for an interpreter, the patient's preferred language, and gender and cultural sensitivities) is to be recorded in a patient's health record and referral letters • training the practice team in using interpreters. Although Aboriginal and Torres Strait Islander peoples may appear comfortable with English, they may still benefit from being offered an appropriate interpreting service. **Patient refusal of interpreter**

Section of the Standards	Changes complete
	There are potential risks when treating patients who decline to use an interpreter. This is particularly problematic when there is a possibility of a detrimental outcome if specific information is not communicated correctly to the patient. If a clinician decides an interpreter is needed, and one is available and offered to, but declined by, the patient, you could manage any associated risks by recording that the patient declined an interpreter in the patient's health record. More information regarding informed patient decisions is available at Criterion C1.3 – Informed patient decisions. More information regarding respectful and culturally appropriate care is available at Criterion C2.1 – Respectful and culturally appropriate care. **Using an interpreting service – Telehealth** In cases where an interpreter is required, ensure that the interpreter can be effectively connected to your telehealth platform when they cannot be present in person. Engage a qualified medical interpreter if possible. **Communication with patients who have a communication impairment** The practice team must consider the needs of patients who need assistance with communication due to hearing, speech or vision impairment, disability, or cognitive impairment. The practice team could consider the following when communicating with a patient with a communication impairment:[7] • Ask the person about the best way to communicate if you are unsure • Speak directly to the patient, even if they are accompanied by someone without disability • Confirm that you have understood the reason for their visit, their symptoms and other issues, and confirm that the patient has understood the information you have given them • Your practice needs to know how to access the National Relay Service (NRS) for patients who are deaf or have a hearing or speech impairment. More information is available at www.relayservice.com.au • Further information about how your practice can communicate with patients who have communication impairments is available at Communication Rights Australia (www.communicationrights.org.au) and at Novita Children's Services (www.novita.org.au) […] **Meeting each Indicator** […] C1.4►B Our practice endeavours to employ communication strategies to engage with patients who have difficulty accessing the service due to a communication impairment. ~~Our practice endeavours to use appropriate communication services to communicate with patients who have a communication impairment.~~ You must: • provide evidence that appropriate communication services are used to communicate with patients who have a communication impairment

Section of the Standards	Changes complete
	• enter in the patient's health record details of any communication services used. You could: • educate practice team members so they know how to contact and use services, such as Auslan interpreting services for patients who are hearing impaired • develop a policy for how communication impairment is managed for a telehealth consultation.
Criterion C1.5 – Costs associated with care initiated by the practice	The following change (in red) was made to Indicator C1.5►A: **Indicators** C1.5►A Our patients are informed about out-of-pocket costs for healthcare they receive ~~at~~ from our practice.
Criterion C2.1 – Respectful and culturally appropriate care	The following changes (in red) were made to Criterion C2.1►A: **Indicator** C2.1►A Our practice, in providing patient healthcare, considers and respects patients' rights, identity, body diversity, beliefs, and their religious and cultural backgrounds. […] **Why this is important** **Patients' rights** Patients have the right to respectful care that considers and respects their identity, body diversity, religion and cultural beliefs, displays an acceptance of diversity and promotes their dignity, privacy and safety. Respect for a patient means that care is available to anyone without bias or influence of one's own personal beliefs, and extends to recording, storing, using and disclosing health and other information about them. You need to understand the demographics and cultural backgrounds of your patient population so that you can provide the most appropriate care. When clinical team members ask patients about their cultural identity and beliefs in order to update the patient's details, it is beneficial to explain that this helps the practice to provide culturally sensitive care. All members of the practice team need to have interpersonal skills that allow them to successfully interact with patients and colleagues. Be mindful that when dealing with patients, the practice team must also comply with Commonwealth and any relevant state or territory anti-discrimination laws. **Meeting each Indicator** C2.1►A Our practice, in providing patient healthcare, considers and respects patients' rights, identity, body diversity, beliefs, and their religious and cultural backgrounds. You must:

Section of the Standards	Changes complete
	• demonstrate that you have considered and respect patients' rights, identity, body diversity, beliefs, and religious and cultural backgrounds when providing healthcare. You could: • maintain a cultural safety policy for the practice team and patients so that your practice team knows they are required to provide care that is respectful of a person's culture and beliefs, and that is free from discrimination • provide appropriate training and education so that the practice team knows how to help patients feel culturally safe in the service • maintain a policy about patients' rights and responsibilities • maintain a policy about the ceasing of a patient's care • maintain policies and processes about patient health records • maintain an anti-discrimination policy • provide access to cultural awareness and cultural safety training for the practice team and keep records of the training in the practice's training register • maintain a policy of acknowledging, recording and implementing the names and pronouns used by each patient • demonstrate that patients' assigned sex at birth, variations of sex characteristics (intersex status) and gender are recorded separately in your clinical software • meet a patient's request for a practitioner they feel comfortable with ~~of a specific gender~~, if possible • have separate sections of the waiting room for male and female patients, if possible and culturally appropriate for your patient population • hold meetings for the clinical team to discuss and identify the unique health needs of lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+) patients and those of other gender and sexual diversities ~~lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA) patients~~ • use a clinical audit tool to identify cultural groups in your population • display signs acknowledging the traditional custodians of the land • display Aboriginal or Torres Strait Islander art and flags • display LGBTIQA+ symbols and/or flags • display organisational cultural protocols within the office, waiting areas and consultation rooms provide resources appropriate to the health literacy and cultural needs of your patients.
Criterion C2.3 – Accessibility of services	The term 'special needs' was removed from the Standards. The following change (in red) was made to Indicator C2.3►A: C2.3►A Our patients with disabilities or ~~special needs~~ impairment can access our services. This change was applied across the explanatory notes of Criterion C2.3 and elsewhere the term appears in the Standards. The following changes (in red) were made to Criterion C2.3: **Meeting each Indicator**

Section of the Standards	Changes complete
	C2.3►A Our patients with disabilities or special needs can access our services. You must: • have physical infrastructure and processes that enable patients with disabilities or special needs to access your services • provide access to disability parking. You could: • use pictures on signs to help patients with intellectual disability or visual impairment • provide a transport service to help patients who cannot otherwise get to the practice • endeavour to make telehealth accessible to people with disabilities and special needs • have software and technology available to assist patients with disability and special needs • offer alternatives to practice visits, such as home visits and/or telehealth consultations, for patients who might not be physically able to attend the practice.
Criterion C3.1 – Business operations systems	The following change (in red) was made to Criterion C3.1: **Meeting this Criterion** […] **Business risk management** […] You could schedule regular risk management meetings and/or include risk management as a standing agenda item for team meetings so that identified risks are regularly reviewed, updated and minimised. More information on emergency planning and preparation is located at Criterion C3.3 – Emergency response plan.
Criterion C3.3 – Emergency response plan	The following changes (in red) were made to Criterion C3.3: **Meeting this Criterion** […] The emergency response plan could contain: • information on how to communicate with patients and other services • contact details of all members of the practice team • contact details for response agencies and other health services

Section of the Standards	Changes complete
	• details about the practice such as accounts, service providers (eg insurers, lawyers, providers of telephone, internet and utilities) and insurance policy numbers • information on how the practice will triage and run clinical sessions during an emergency • details about where practice staff will work from in the case of an emergency • information on how the practice can provide telehealth services during an emergency, including the locations from which your practice will facilitate telehealth, as per the above item • the practice's policy on infection control • details of equipment needed to manage an emergency • information on how to manage unplanned absenteeism of multiple practice team members (including succession planning) • the practice's policy on the management of patients' health information in computer and paper-based systems. You must also have a recovery plan that details what the practice team could do to re-establish the practice's operations, when appropriate, if your practice needs to close due to an emergency.
Criterion C3.5 – Work health and safety	The following change (in red) was made to Criterion C3.5: **Meeting this Criterion** […] **Health and wellbeing of your practice team** You can support the health and wellbeing of the practice team in many ways. For example: • regular breaks for practitioners during consulting time can reduce fatigue as well as enhance the quality of patient care. Fatigue and related factors (sometimes called 'human factors') are associated with increased risk of harm to patients • a plan for re-allocating patient appointments if a practitioner is unexpectedly absent from the practice can reduce the burden on the other practitioners • making information about support services available to the practice team can help them identify and deal with pressures and stressors. This is particularly important in rural and remote areas and in small practices • provide flexible work arrangements to staff who might be impacted by a crisis, emergency or disaster, where possible.
Criterion C5.2 – Clinical autonomy for practitioners	The following change (in red) was made to Criterion C5.2: **Meeting this Indicator** Practitioners are free, within the parameters of evidence-based care and their credentials, to determine: • the appropriate clinical care for each patient • the specialists and other health professionals to whom they refer patients • the pathology, diagnostic imaging, or other investigations they order, and the provider of these services • the appointment type available for each consultation, including telehealth, when clinically appropriate • how and when to schedule follow-up appointments with each patient.

Section of the Standards	Changes complete
	Practitioners must still comply with the policies and procedures of the practice.
Criterion C5.3 – Clinical handover	The following change (in red) was made to Criterion C5.3: **Meeting this Criterion** Clinical handover needs to occur whenever there is a transfer of care from one provider to another. For example, when: • a practitioner is covering for a fellow practitioner who is on leave or is unexpectedly absent • a practitioner is covering for a part-time colleague • a practitioner is handing over care to another health professional, such as a nurse, physiotherapist, podiatrist or psychologist • a practitioner is referring a patient to a service outside the practice • there is a shared-care arrangement (eg a team is caring for a patient with mental health problems) • there is an emergency, such as handover to hospitals or ambulance • the patient makes a request (eg to upload their health summary to a shared electronic health record). Whenever clinical handovers occur due to the absence of a regular practitioner, it is good practice to: • tell the patient who will take over their care • pass on information about the patient's goals and preferences • support patients, carers and other relevant parties who will be involved in the clinical handover, according to the wishes of the patient. Clinical handovers can be completed in person, over the telephone, via video consultation or by conveying written information (eg in hard copy, facsimile, email or end-to-end encryption platforms). ~~Clinical handovers can be completed face to face, over the phone or by passing on written information (eg in hard copy, or by email or secure message delivery).~~ […]
Criterion C6.1 – Patient identification	The following change (in red) was made to Criterion C6.1: C6.1►A Our practice uses a minimum of three approved patient identifiers to correctly identify patients and their clinical information. You must: • use a minimum of three approved patient identifiers to confirm a patient's identity each time they attend or call the practice. You could: • keep a prompt sheet at reception to remind reception staff to ask for approved patient identifiers • explain to patients the reasons for identifying them at each visit (eg safety reasons, keeping accurate patient details), particularly if you have a small practice or have patients well known to the practice team members

Section of the Standards	Changes complete
	• maintain a policy of acknowledging, recording and implementing the names and pronouns used by each patient.
Criterion C6.3 – Confidentiality and privacy of health and other information	The following changes (in red) were made to Criterion C6.3: **Meeting this Criterion** Consider and address: • all privacy requirements • how to manage the responsibilities of the practice team • the risks associated with keeping health records. This includes reviewing and developing policies about your practice's use of: • computer systems and IT security • systems that automatically generate letters or referrals • email • social media • file sharing applications.[28] Real-time audio/visual recording and duplication and storage of a consultation, including those via telehealth and those conducted remotely (see Criterion C 6.4 – 'Information security') must never occur without the patient's consent. The RACGP's 'Privacy and managing health information in general practice' explains the safeguards and procedures that general practices need to implement in order to meet legal and ethical standards relating to privacy and security. Your medical defence organisation can also provide information and advice about developing relevant strategies. […]
Criterion C6.4 – Information security	The following explanatory notes (in red) were added to Criterion C6.4: **Meeting this Criterion** […] **Remote access** If your practice allows remote access to practice systems for clinicians and other users, your practice must document its policies on remote access and use of wireless systems. Refer to the RACGP's 'Information security in general practice' for further information on remote access.

Section of the Standards	Changes complete
Criterion C7.1 – Content of patient health records	The following changes (in red) were made to Criterion C7.1: **Collecting information from patients** Patient privacy is critical when collecting information that forms part of a patient health record, including all demographic and health information. You can collect information from a new patient using a generic form, on paper or electronically, or by privately interviewing patients before the first consultation. You must ensure patients can provide information privately. If clarification of any patient details is needed, ensure you do so in a private space, preferably away from the practice's waiting area. Consider the sensitivity of details being collected or clarified, and determine whether a clinician or practice nurse is best suited to ask the patient for that information (eg in a private consultation room). For more information, refer to Criterion C6.3 – 'Confidentiality and privacy of health and other information'. You must have a system that ensures that patient information (including the contact details of their emergency contact) is updated regularly so that it remains accurate. You need a patient identification process to ensure that the right patient is matched to the right record and is therefore receiving the right treatment. **Collecting information about sex, gender, variations of sex characteristics and sexual orientation** Data-collection methods often do not distinguish between an individual's identity and the labels other people might use about them. For example, people who are classified as 'transgender' by others might self-identify as women or men. Someone who was assigned 'male' at birth and whose documents list sex as 'male' might select 'woman' as her gender, 'female' as her sex on a form, 'her/she' as her pronouns and not identify as 'transgender'. Missing or misrepresented information in a patient's health record can have substantial implications for clinical care delivery. For example, a male patient whose assigned sex at birth is 'female' still requires screening for female disease risk factors. If a patient's assigned sex at birth and gender are conflated and inaccurately recorded, appropriate treatments might not be offered. Your practice needs to explain the reason for collecting this information to patients, so they know data are being confidentially collected for their own health outcomes, not for discriminatory or judgemental reasons. Likewise, information about gender can be interrelated to various aspects of the patient's health (eg expression and experience of mental health), so it is important that this information is collected independently of assigned sex at birth. There is no singular experience or identity for people born with variations of sex characteristics (intersex). When your practice seeks to obtain information about variations of sex characteristics, you need to ask patients a separate question from those asking about assigned sex at birth and gender. When asking about a patient's sex, do not include 'intersex' or 'born with a variation of sex characteristics' alongside the options 'male' and 'female'. Doing so might be perceived as offensive or inaccurate when the patient identifies as male or female. A patient born with a variation of sex characteristics may identify as both intersex *and* male or female, so conflating sex and variations of sex characteristics in a single question may be perceived as offensive or inaccurate. For the best health outcomes, ask for and record details about a patient's sex, gender, variations of sex characteristics and sexual orientation separately. Your practice could do the following to improve the accuracy of responses when collecting this information from patients: • Clearly explain why questions are being asked and how answers will be used. • Use forms that allow patients an option from multiple fields (eg see formats for preferred question and answer options below). • Ask patients what pronouns they use, then document and use this information (eg in referral letters). • Ask questions that distinguish between identity (ie male/female) and descriptors of behaviour, attraction and experience (ie ask who your patient's sexual partners are).

Section of the Standards	Changes complete
	For more information, refer to the RACGP's fact sheet, 'Collecting and recording information about patient sex, gender, variations of sex characteristics and sexual orientation'. ~~**LGBTQIA patient demographic information**~~ ~~LGBTQIA data collection methods often do not distinguish between the labels people use about themselves and the labels other people might use about them. For example, people who are classified as transgender by others may self-identify simply as women or men. Someone who was assigned male at birth and whose documents list her sex as 'male' might select 'woman' as her gender and 'female' as her sex on a form and not identify themselves as transgender. Similarly, an intersex person might select male or female as their sex rather than nominating themselves as intersex.~~ ~~Your practice could do the following to improve the accuracy of responses when collecting information from LGBTQIA patients:~~ ~~• Clearly explain how answers will be used and why they are being asked~~ ~~• Use forms that allow patients to select more than one option~~ • ~~Ask questions that distinguish between identity and descriptors of behaviour, attraction and experience ('male' and 'female' are examples of words that describe identity, whereas 'gay' and 'lesbian' are examples of words that describe behaviour, attraction and experience)~~
Criterion C8.1 – Education and training of non-clinical staff	The following changes (in red) were made to Criterion C8.1: […] **Meeting this Criterion** **Training relevant to the role** Training may cover areas such as: • your practice's procedures • use of technology (hardware, systems and software) • first aid • medical terminology • medical practice reception • Aboriginal and Torres Strait Islander health • Aboriginal and Torres Strait Islander cultural awareness • cross-cultural safety • communicating with patients with ~~special~~ communication needs (eg patients from culturally and linguistic diverse backgrounds or those with a communication impairment) • safe operation of specific equipment. […] Meeting each Indicator

Section of the Standards	Changes complete
	C8.1►A Our non-clinical staff complete training appropriate to their role and our patient population. You must: • provide evidence that non-clinical staff are provided with relevant training. You could: • record each employee's qualifications in employment files • specify required qualifications in job descriptions for each non-clinical role in the practice team • demonstrate how non-clinical practice staff are trained to facilitate the use of interpreters • demonstrate that practice team members seek to provide a culturally safe experience for their patients (see Criterion C2.1 – Respectful and culturally appropriate care for further information) • demonstrate how staff have access to cultural awareness education and ongoing cultural upskilling • keep training logs that record training that non-clinical team members have completed • keep a training calendar listing opportunities for professional development and training that has been completed • conduct annual performance reviews that identify learning and development goals • store documents that record training needs and training completed • demonstrate that non-clinical staff have undertaken infection prevention and control training appropriate to their role • demonstrate that non-clinical staff know who is responsible for infection prevention and control at your practice. […]
Quality improvement (QI) module	
Criterion QI1.1 – Quality improvement activities	The following change (in red) was made to Indicator QI1.1►B: QI1.1►B Our practice team ~~internally~~ shares information internally about quality improvement and patient safety.
Criterion QI2.1 – Health summaries	New unflagged Indicator QI2.1C was added to Criterion QI2.1 and the following changes (in red) were made to Criterion QI2.1: **Indicators** QI2.1►A Our active patient health records contain a record of each patient's known allergies. QI2.1►B Each active patient health record has the patient's current health summary that includes, where relevant: • adverse drug reactions • current medicines list • current health problems

Section of the Standards	Changes complete
	• past health history • immunisations • family history • health risk factors (eg smoking, nutrition, alcohol, physical activity) • social history, including cultural background. QI2.1C Our active patient health records contain, where relevant, a record of each patient's: • assigned sex at birth • variations of sex characteristics • gender. **Why this is important** Maintaining clear and accurate patient health records is essential if your practice is to provide high-quality care. A good health summary helps practitioners, locums, general practice registrars and students to obtain an overview of all components of the patient's care in order to continue to provide safe and effective care. Health summaries: • reduce the risk of inappropriate management, including medicine interactions and side effects (particularly when allergies are recorded) • provide an overview of social circumstances and family history that is vital to holistic care • highlight lifestyle and risk factors (eg smoking, nutrition, alcohol, physical activity) that can help practitioners to promote healthy lifestyles • highlight risk factors associated with chromosomal, gonadal and/or anatomical characteristics (particularly when a patient's gender identity and assigned sex at birth are different, or a patient advises they have innate variations of sex characteristics) • help prevent disease by tracking immunisation and other preventive measures. **Meeting this Criterion** A patient's health summary must give a practitioner sufficient information to enable them to safely and effectively provide care for the patient. The RACGP encourages you to work towards all of your active records containing a current health summary, including a record of known allergies. However, to satisfy this Criterion, your practice must have a: • record of known allergies for at least 90% of your active patient health records • current health summary for at least 75% of your active patient health records. If a patient has no known allergies, a practitioner must verify this with the patient and then record 'no known allergies' in the patient's health record. If your practice uses a hybrid health record system, you must record the patient's allergy status in whichever system is used for prescribing.

Section of the Standards	Changes complete
	You could ~~may~~ also record: • patients' assigned sex at birth, variations of sex characteristics (intersex) and gender separately • aspects of a patient's social history if this might increase their risk of health issues. For example, you might record a patient's refugee status, where they live (eg urban, rural, remote), and information about their sexual partners and/or activity ~~sexuality and gender identity~~ • recent important events in a patient's life that could affect the patient's preferences, values, and care they require (eg changes in accommodation, family structure, and employment). It is good practice to ask patients if they are taking any medicines not prescribed by the practice or if they are using complementary therapies, and to record this information in their patient health record. **Meeting each Indicator** QI2.1►A Our active patient health records contain a record of each patient's known allergies. You must: • include records of known allergies in active patient health records. You could: • keep records of when GPs ask patients about allergies. QI2.1►B Each active patient health record has the patient's current health summary (refer to list under the Indicator on page 99). You must: • keep a current health summary in each active patient's health record. You could: • conduct a regular audit of patient health records. QI2.1C Our active patient health records contain, where relevant, a record of each patient's: • assigned sex at birth • variations of sex characteristics • gender. You could: • record in each active patient health record the patient's assigned sex at birth

Section of the Standards	Changes complete
	• record in each active patient health record whether the patient has variations of sex characteristics • record in each active patient health record the patient's gender.

Criterion QI3.1 –
Managing clinical risks
	The following changes (in red) were made to Criterion QI3.1:
	
	Indicators
	
	QI3.1►A Our practice monitors, identifies, responds to and reports near misses and adverse events in clinical care.
	
	QI3.1►B Our practice team makes improvements to our clinical risk management systems in order to prevent near misses and adverse events in clinical care.
	
	Why this is important
	
	Patient safety incidents in clinical care occur in all health settings. Incidents that cause harm are referred to as 'adverse events'.[10] Those that had the potential to cause harm, but did not, are referred to as 'near misses'.
	
	If the practice does not make improvements after identifying an incident that resulted in a near miss or an adverse event, patients may be exposed to avoidable future adverse events and the practice team may increase their risk of medico-legal action.
	
	If you use systems to recognise and analyse near misses and adverse events, you can identify, implement, and test solutions to prevent them happening again.
	
	This includes having systems and processes in place to support infection prevention and control.
	
	Meeting this Criterion
	
	Most practitioners and practices already manage clinical risk on a daily basis. Many have informal and ad hoc methods aimed at preventing near misses and adverse events.
	
	To reduce near misses and adverse events, you could:
	
	• establish a system so that practitioners talk to trusted peers and supervisors for advice
	• use a formal process of discussing within the practice what went wrong and how to reduce the likelihood of it happening again
	• use structured techniques to analyse the causes of near misses and adverse events to reduce the likelihood of recurrence
	• establish a system so that members of the practice team know how and to whom to report a near miss or adverse event, and that they can do so without fear of recrimination
	• keep copies of the practice's risk or critical incident register
	• monitor the effectiveness of systems and processes for infection prevention and control (eg standard precautions)
	• implement a clinical governance framework to help achieve a balance of 'find it', 'fix it' and 'confirm it' functions in order to improve the quality and safety of care
	  – find it – use tools such as clinical audits and performance indicators to identify where quality improvement programs could improve the quality of care and patient health outcomes
	  – fix it – after identifying where improvements can be made, implement strategies to address the issue
	  – confirm it – measure the outcomes of the improvement using an effective evaluation process.

Section of the Standards	Changes complete
	You may want to have your medical defence insurer ~~organisation~~ check and approve your process for recording and responding to near misses and adverse events. To reduce near misses and adverse events during periods of crisis, emergency or disaster, your practice must ensure that it has appropriate systems in place to receive relevant public health notifications. You must also ensure that the information is distributed to all practice team members in a timely manner. Practitioners are increasingly referred to as the 'second victims' of adverse events because they can often feel that they have failed the patient,[11] which can lead to them second-guessing their clinical judgement and knowledge. You could therefore consider how to support practitioners after an adverse event has occurred. **Meeting each Indicator** QI3.1►A Our practice monitors, identifies, responds to and reports near misses and adverse events in clinical care. You must: • implement and maintain an incident or event register • review existing monitoring processes and activities to identify if there are any deficiencies or if amendments are required. You could: • implement and maintain a clinical risk management policy • conduct clinical audits ~~and make changes to clinical care to reduce the risk of identified issues~~ • make and document changes to reduce the risk of identified issues and to prevent adverse outcomes • keep a record of team meetings and planning meetings where risks are discussed. QI3.1►B Our practice team makes improvements to our clinical risk management systems in order to prevent near misses and adverse events in clinical care. You must: • record the actions taken in response to events recorded on the incident or event register. You could: • record revisions to policies and procedures that have been shown to reduce risk.
Criterion QI 3.2 – Open disclosure	The following changes (in red) were made to Criterion QI3.2: […] **Why this is important**

Section of the Standards	Changes complete
	Open disclosure is defined in the *Australian open disclosure framework* as, 'an open discussion with a patient about one or more incidents that resulted in harm to the patient while they were receiving healthcare'. The RACGP has endorsed the *Australian open disclosure framework*, developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC). Information on the Australian open disclosure framework is available at www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework Implementing the Australian open disclosure framework in small practices (as opposed to hospitals) is available at www.safetyandquality.gov.au/publications/implementing-the-australian-open-disclosure-framework-in-small-practices Health professionals have an obligation to: • respectfully explain to patients when things go wrong • offer an expression of regret or genuine apology (if warranted) • explain what steps have been taken to ensure that the mistake is not repeated. Communicating openly and honestly following adverse events is a way of showing compassion towards patients, and can improve clinician/patient relationships and allow patients to be more engaged in their own care. ~~is important so that a patient can:~~ ~~• move on~~ ~~• have better relationships with clinicians~~ ~~• be more involved in their care.~~
General practice (GP) module	
Criterion GP1.1 – Responsive system for patient care	The following changes (in red) were made to Criterion GP1.1: **Meeting this Criterion** […] ~~**Technology based**~~ **Telehealth consultations** You can conduct ~~technology based~~ telehealth patient consultations (eg via telephone and internet-based video services ~~such as Skype~~) in place of in-person ~~face-to-face~~ consultations. When conducting a ~~technology based~~ telehealth consultation, the practitioner must: • confirm the identity of the patient using three patient identifiers (eg their full name, date of birth, and address) • advise the patient of the security risks associated with ~~technology based~~ telehealth consultations • obtain the patient's prior written consent, if possible, before the consultation takes place.

Section of the Standards	Changes complete
	You could: • offer telehealth consultations in line with advice provided in the RACGP's 'Guide to providing telephone and video consultations' in general practice. The Medical Board of Australia's 'Guidelines for technology-based patient consultations'[1] provides further information that you may find useful. You may also wish to obtain advice from your medical defence organisation regarding the suitability of providing advice by telephone or electronic means. […] **Managing cross-infection through triage** Some patients will have a contagious illness and your practice needs to reduce the risks of the practice team and other patients becoming infected. The practice team must be familiar with the practice's infection control procedures, including the use of standard and transmission-based precautions, spills management, and environmental cleaning. Effective telephone triage can identify the risk of infection before a patient presents at the practice. Use transmission- and/or aerosol-based precautions for a patient known or suspected to be infected with a highly transmissible infection ~~(eg influenza)~~. You can minimise exposure to other patients and the practice team by: • implementing effective triage and appointment scheduling • determining and applying the most appropriate transmission- and/or aerosol-based precautions to adopt, in addition to standard precautions (e type of personal protective equipment [PPE], including particulate respirators, surgical masks, gowns, protective eyewear and gloves) ~~• using personal protective equipment (PPE) (eg masks)~~ • implementing distancing techniques, such as – spacing patients in the practice in line with relevant health authority guidance ~~– spacing patients in the waiting room at least a metre apart~~ – isolating the infected patient in a separate space • strictly adhering to the use of standard and transmission- and/or aerosol-based precautions ~~strictly adhering to hand hygeine~~ • conducting a home visit.
Criterion GP1.2 – Home and other visits	The following changes (in red) were made to Criterion GP1.2: **Meeting this Criterion** […] **Defining 'safe and reasonable' in the local context**

Section of the Standards	Changes complete
	Your practice needs to decide what is 'safe and reasonable' in your local context, with consideration of your practice's location and patient population. To determine if a home or other visit is 'reasonable', consider: • if it is clinically appropriate to conduct a home visit • whether it is safe to conduct a home visit based on issues such as potential for violence or risk of infection • whether the circumstances mean the patient needs to be visited at home instead of coming into the practice. One approach is to consider what your peers, particularly those in the same area, would agree is safe and reasonable. Your practice team needs to manage the risk of cross-infection during a home visit as they would at the practice (see Criterion GP4.1 – Infection prevention and control, including sterilisation). This includes: • ensuring practice team members who will be conducting home visits have the skills to assess the risk of transmission of infection and determine the type of precautions required to minimise that risk • providing PPE to all members of the practice team who will be conducting home visits • pre-screening patients and other third parties who will be present at the appointment for symptoms, as routine clinical assessment • ensuring that clinicians themselves are not a risk to patients and other third parties (ie consider individual clinician's infection or exposure status prior to conducting a home visit). Additional risk-screening and mitigation measures will need to be put in place in the event of a pandemic or local disease outbreak, including minimising close contact and the number of people present during the home visit.
Criterion GP2.1 – Continuous and comprehensive care	Indicator GP2.1►B was separated into two Indicators: one for continuity of care and one for comprehensive care. In addition, the following changes (in red) were made to Criterion GP2.1: GP2.1►A Our patients can request their preferred practitioner. GP 2.1►B Our health service provides continuity of care. GP 2.1►C Our health service provides comprehensive care. ~~GP2.1►B Our practice provides continuity of care and comprehensive care.~~ […] **Meeting each Indicator** GP2.1►A Our patients can request their preferred practitioner. You must: • have processes so patients can see their preferred practitioner when possible and when appropriate, taking into account the medical urgency of the issue • have a system that aims to accommodate a patient's choice of practitioner and appointment time.

Section of the Standards	Changes complete
	You could: • document in the patient's health record when ongoing care has been provided by a particular practitioner, where possible • display notices in the waiting room notifying patients that a practitioner is on leave and the date they are due to return • display a notice in the waiting room or on your website if a practitioner leaves the practice • demonstrate how patients can book an appointment with their preferred GP via your practice's online booking system • have a policy to ask patients which practitioner they would like the appointment with. GP 2.1►B Our health service provides continuity of care. You must: • demonstrate that the practice provides continuity of care • use a clinical handover system when clinicians are away • have a process for recall. You could: • document management plans in patient health records, especially for patients with complex or chronic health problems • have a policy and procedure for follow-up systems • generate reports that demonstrate continuity of care (eg you could use your practice data to demonstrate this). GP 2.1►C Our health service provides comprehensive care. You must: • demonstrate that the practice provides comprehensive care • demonstrate that your practice team is trained to attend to the needs of your patient population. You could: • provide a list of services offered by the practice • generate reports on the proportion of patients who had a preventive practice provided in the past year (this could include a health assessment, vaccination, cervical screen or completed cycle of care) • have a policy and procedure for follow-up systems • conduct regular reviews of patients' health assessments. ~~GP2.1►B Our practice provides continuity of care and comprehensive care.~~ ~~You must:~~

Section of the Standards	Changes complete
	~~demonstrate that the practice provides comprehensive care~~ ~~use a clinical handover system when clinicians are away or on leave~~ ~~have a process for recall.~~ ~~You could:~~ ~~document management plans in patient health records, especially for patients with complex or chronic health problems~~ ~~have a policy and procedures for recall and reminders~~ ~~provide a list of services offered by the practice on your website or in an information leaflet.~~
Criterion GP2.2 – Follow-up systems	The following changes (in red) were made to Criterion GP2.2 and accompanying explanatory notes: **Indicators** […] GP2.2►E High-risk (seriously abnormal and life-threatening) results identified outside normal opening hours are managed by our practice. […] **Why this is important** The information gained from tests can affect the choices that a patient, the GP, and other clinicians make about the patient's care. Clinically significant results need to be communicated quickly and appropriately so appropriate action can be taken, which can reduce the likelihood of an adverse patient outcome. It is best practice to inform patients of clinically significant results in person ~~face to face~~, so the patient can ask questions and receive advice from the GP. When an in-person consultation is not possible, consider whether the use of telehealth platforms is appropriate to convey this information. Using recalls and reminders to proactively contact patients about their care means that patients will be more likely to, for example, come back to the practice to discuss a test result or undergo a preventive activity, such as cancer screening. Failure to recall a patient may result in an adverse outcome and the responsible practitioner may face medico-legal action. **Meeting each Indicator** GP2.2►E High-risk (seriously abnormal and life-threatening) results identified outside normal opening hours are managed by our practice. You must: • have a documented policy that outlines the process for your practice's management for high-risk results identified outside of normal opening hours • give diagnostic services the contact details of the practitioner who ordered the investigation.

Section of the Standards	Changes complete
	~~have a process for managing high-risk results identified outside of normal opening hours.~~ You could: • educate practice team members about how anyone who provides diagnostic services or receives high-risk results outside of normal opening hours can contact the practice team member/s who have access to the patient's health record • provide current contact details to diagnostic services provide the contact details of the practice team members who can be contacted outside of normal opening hours when a diagnostic service receives high-risk patient results outside of normal opening hours.
Criterion GP3.1 – Qualifications, education and training of healthcare practitioners	The following changes (in red) were made to Criterion GP3.1: GP3.1►C Our clinical team is trained to use the practice's equipment that they need to perform their role safely and effectively ~~properly perform their role~~. ~~GP3.1►D Our clinical team is aware of the potential risks associated with the equipment they use.~~ **Meeting this Criterion** **Registration, credentialing and CPD** Practitioners have the responsibility to maintain their relevant national registrations, have proof of their credentialing, and comply with their ongoing CPD requirements. **CPD and other training relevant to your position** Practitioners must consider what CPD and other training is relevant to their position and patient population. This may include development related to: • Aboriginal and Torres Strait Islander health • Aboriginal and Torres Strait Islander cultural awareness • cross-cultural safety • communicating with patients with ~~special~~ communication needs (eg patients from culturally and linguistic diverse backgrounds or with a communication impairment) • managing ethical dilemmas. CPD and other training can be undertaken by completing external courses, in-house programs, or 'on the job' training at the practice. […] **Meeting each Indicator** GP3.1►C Our clinical team is trained to use the practice's equipment that they need to perform their role safely and effectively ~~properly perform their role~~.

Section of the Standards	Changes complete
	You must: • be able to demonstrate that the practice team has been provided with training on the safe use of equipment. You could: • keep training logs that record training that practitioners have completed, particularly in the use of specialist or emergency equipment • keep a training and development calendar, showing when refresher training needs to be completed • conduct annual performance reviews that identify learning and development goals • store documents that record training needs and completed training of each member of the practice team • educate clinical team members so they know how to use the practice equipment relevant to their role • register any issues, near misses or adverse events related to the use of equipment in your practice's incident or event register (as per Criterion QI3.1 – Managing clinical risks) • record any discussions, actions and/or quality improvement taken in response to events related to the use of equipment in your incident or event register. ~~GP3.1►D Our clinical team is aware of the potential risks associated with the equipment they use.~~ ~~You must:~~ ~~• be able to demonstrate that the clinical team has been educated on the safe use of equipment.~~ ~~You could:~~ ~~keep a register of issues, near misses, or adverse events related to the use of equipment.~~
Criterion GP4.1 – Infection prevention and control, including sterilisation	The following changes (in red) were made to Criterion GP4.1: **Meeting this Criterion** […] **Managing the risk of cross-infection in the practice** Risks of cross-infection in the practice must be minimised. The practice team members need to know how to implement standard and transmission-based precautions, spills management and environmental cleaning. Refer to and follow the applicable sections of the Infection control standards, which recommend the use of standard and transmission-based precautions (eg hand hygiene, PPE such as heavy-duty protective gloves, gowns, plastic aprons, masks and protective eyewear ~~eye protection~~, or other protective barriers) when cleaning, performing procedures, dealing with spills and handling waste.

Section of the Standards	Changes complete
	Standard precautions must be applied at all times, based on the assumption that all blood and body substances, including respiratory droplet contamination, are potentially infectious. Implement standard and transmission- and/or aerosol-based precautions, as determined by a risk assessment, during recognised periods of increased risk of transmission or because of potentially infectious patients. You can minimise exposure to other patients and the practice team by: ~~Transmission-based precautions need to be taken when patients are known to be, or suspected to be, infected with highly infectious agents (eg influenza). You can minimise exposure to other patients and the practice team by:~~ • conducting a risk assessment and identifying strategies to eliminate or minimise the risk of transmission • implementing effective triage and appointment scheduling • ~~using PPE (eg masks)~~ • determining and applying the most appropriate transmission- and/or aerosol-based precautions to adopt, in addition to standard precautions (ie type of PPE, including particulate respirators, surgical masks, gowns, protective eyewear and gloves) • implementing distancing techniques, such as – spacing patients in the practice in line with relevant health authority guidance – ~~spacing patients in the waiting room at least one metre apart~~ – isolating the infected patient in a separate space • reconsidering the use of services dependent on equipment that presents a heightened cross-infection risk (eg spirometry) in line with expert recommendations, and whether referral to another service is appropriate or available. • ~~strictly adhering to hand hygiene.~~ Educate patients on how they can reduce the spread of infection while at the practice. For example, you can display signs in the waiting room and have tissues, rubbish bins and alcohol-based hand sanitiser available. […] **Infection control policy** Develop policies, procedures and tools such as checklists so that adequate steps are taken during the complete sterilisation process. Your infection control policy must contain: • the name of the team member/s responsible for infection control and sterilisation processes • the appropriate use and application of standard and transmission-based precautions • management of sharps injury • management of blood and body-substance spills • hand hygiene • environmental cleaning of clinical and nonclinical areas of the practice • use of aseptic and sterile procedures • procedures for reprocessing (sterilising) instruments (if relevant) onsite or offsite, ensuring there is documented evidence this reprocessing is monitored and has been validated • waste management, including the safe storage and disposal of clinical waste and sharps • where patients and the practice team can access PPE • how and when practice team members are educated on the appropriate application, removal, and disposal of PPE.

Section of the Standards	Changes complete
	Isolation If your practice isolates infectious patients for observation, it needs to have a dedicated area to do so. Isolating infected patients can minimise the risk of infection transmission. Isolated patients must receive appropriate medical care and observation while isolated, and have access to bathroom facilities. Isolation areas require additional cleaning, especially where there is a risk of multi-resistant organism transmission. Your practice's clinical team member responsible for coordinating prevention and control of infection must collaborate with all relevant staff to minimise the risk of outbreak. If your practice has a dedicated isolation space, it must develop, implement, assess and revise policies regarding isolation based on your patient population demography and your practice's specialties. […] **Keeping up to date** Keep up to date with changes in laws and guidelines relating to infection prevention and control, and implement them promptly. Establish: • systems for monitoring and obtaining information about public health alerts for national and local infection outbreaks, such as pandemic influenza, measles and pertussis • protocols for managing outbreaks of infectious disease, in line with local, state and national guidance. ~~systems for monitoring and obtaining information about public health alerts for national and local infection outbreaks, such as pandemic influenza, measles and pertussis.~~ **Tracking the sterility of medical instruments and tracing patients** Whenever your practice uses and sterilises reusable equipment, instruments and devices, implement a traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying the patient, the procedure and the reusable equipment, instruments and devices that were used. If sterile single-use items are used from an external medical company, ensure these are documented as such (ie a separate chart), including the date, patient, and the instrument used, batch number and company. This ensures that if that company later identifies that an infection-control breach has occurred, your practice can easily identify and inform the patient and take appropriate measures. If your practice adheres to and monitors a validated sterilisation process, it may not be necessary to track medical devices or trace patients on whom they have been used. Nonetheless, it may be helpful to have the ability to trace patients and track medical devices in case there is a failure in processing or reprocessing, or if there is a medico-legal issue relating to infection control. To prove that the medical instruments used in any individual case were sterilised correctly, you may want to refer to the details of the sterilisation process. So that you can do this, you need to enter into the patient's health record the sterilisation load number from the sterile barrier system that the instruments came in. If an issue arises, you can use this load number to refer back to the sterilisation log to recheck the results of that particular cycle. However, it is important to note this does not actually prove that the instruments were sterile at the time of use. If a process failure is identified after the release of sterile items for use, it is helpful to be able to identify all patients on whom those items were used. In order to achieve this for items: • reprocessed onsite – record patient identifiers (eg name and/or record number or date of birth) for each patient next to each item or pack listed in the load details in the steriliser log • sterilised offsite or purchased sterile – keep a list of the items onsite.

Section of the Standards	Changes complete
Criterion GP5.1 – Practice facilities	The following changes (in red) were made to Criterion GP5.1: **Meeting this Criterion** […] **Privacy when providing consultations by telehealth** Patient privacy and confidentiality during telephone and video consultations rely on secure environmental/physical, audio and visual components. Refer to the RACGP's 'Guide to providing telephone and video consultations in general practice' for guidance on how to maintain privacy and confidentiality when providing telephone and video consultations. When commencing a telehealth consultation, ask the patient whether they are able to have a private conversation during their consultation. Some patients do not have access to a private space, so your practice could provide advice on how to implement a private space when consulting via telehealth. This advice could include asking the patient to: • find a quiet, closed space where others cannot see or hear them during the consultation • ensure that others nearby are aware the patient is not to be disturbed (eg letting them know prior to the consultation, or having a sign on the door) • ensure any devices being used are secure (eg ensuring a telephone is a fixed line that others cannot join). In addition, the practitioner must confirm who is present at the practice end on the telehealth consultation. If a patient joins a telehealth consultation and cannot ensure privacy (eg they are in a public space), ensure that they provide consent to proceed with the consultation. […] **Environmental cleaning** Your practice could appoint one member of the practice team who has the primary responsibility for ensuring that appropriate cleaning processes are in place. If your practice engages commercial cleaners for environmental cleaning, have them sign a written contract that outlines a schedule, suitable products to be used, and areas to be cleaned. You could also consider having the cleaners record their work in a log. Environmental cleaning must be intensified in the event of a pandemic or other infectious disease outbreak. This includes increasing the frequency of cleaning high-touch surfaces (eg door handles, tables and handrails), disinfecting surfaces after cleaning and terminal cleaning. You might need to refer to local, state and national public health guidance to determine if there are any additional cleaning requirements.
Criterion GP5.2 – Practice equipment	The following explanatory notes (in red) were added to Criterion GP5.2: **Meeting this Criterion** […]

Section of the Standards	Changes complete
	Equipment for practices providing telehealth In addition to using telephones (audio only) for telehealth, you can hold video consultations using freely available software with video/call functionality across a variety of hardware (eg computer, tablet, smartphone), or invest in specific video hardware and software systems. Practices that have a high volume of videoconferencing (not only for telehealth video consulting) might find it worthwhile to invest in more specific videoconferencing hardware and/or software. Up-to-date MBS guidance on technical specifications for equipment and software can be found at www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-guidance. Ensure the system you choose meets the requirements of the MBS item descriptor and applicable laws for security and privacy. For more information, refer to www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-secpriv.
Criterion GP5.3 – Doctor's bag	The following changes (in red) were made to Criterion GP5.3: **Indicator** GP5.3►A Each of our GPs has access to a fully equipped doctor's bag for routine visits and emergency care, containing: • auriscope • disposable gloves • equipment for maintaining an airway in adults and children • hand sanitiser • in-date medicines for medical emergencies • practice stationery (including prescription pads and letterhead) • sharps container • sphygmomanometer • stethoscope • surgical mask • syringes and needles in a range of sizes • thermometer • tongue depressors • torch. **Meeting this Criterion** […] **Personal protective equipment**

Section of the Standards	Changes complete
	PPE is used by staff to minimise the risk of infection. PPE refers to a variety of barriers used to protect mucous membranes, airways, skin and clothing from contact with blood and body substances. This might include gloves, water impermeable aprons/gowns, masks, protective eyewear and footwear. The choice of appropriate PPE to include in a doctor's bag is determined by the risk of infection and transmission-based precautions. At a minimum, your doctor's bag requires PPE for standard precautions (gloves, gown, surgical mask and protective eyewear). Additional PPE could be provided if a pre-visit risk assessment indicates risk of transmission via the contact, droplet or airborne routes. More information on the use of PPE is available in the RACGP *Infection prevention and control standards for general practices and other office-based and community-based practices* (5th edition) at Section 1.4 – Precautions and Section 1.5 – Personal protective equipment.
Glossary	
Glossary – Terms updated or added as shown in red.	~~**Gender** A social classification based on someone's (perceived or projected) identity as being masculine or feminine. (The word 'sex' refers to the biological characteristics that categorise males and females)~~ **Gender:** Gender is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person. 'Non-binary' is an umbrella term describing gender identities that are not exclusively male or female.
	Innate variations of sex characteristics: 'Variations of sex characteristics' refers to people with innate genetic, hormonal or physical sex characteristics that do not conform to medical norms for female or male bodies. It refers to a wide spectrum of variations to genitals, hormones, chromosomes and/or reproductive organs. Other umbrella terms used to describe being born with variations of sex characteristics are 'intersex' or 'differences/disorders of sex development'.
	Intersex: People who are born with genetic, hormonal or physical sex characteristics that are not typically male or female.
	LGBTIQA+: Initialism for lesbian, gay, bisexual, transgender, intersex, queer and asexual, or other gender and sexual diversities. Other common variations include LGBTI and LGBTIQ.
	Sex: A person's assigned sex at birth, determined by sex characteristics observed at birth or infancy. A person's sex can change over the course of their lifetime and may differ from their assigned sex at birth.
	Sex characteristics: A person's chromosomal, gonadal and anatomical characteristics associated with sex.
	~~**Technology-based consultations**: Consultations that use any form of technology to communicate (such as videoconferencing and telephone), instead of face-to-face interactions.~~ **Telehealth:** The use of telecommunication techniques for the purpose of providing telemedicine, medical education and health education over a distance. Telehealth services use information and communications technologies to deliver health services and transmit health information over both long and short distances. It is about transmitting voice, data, images and information.
	Trans and cis: 'Trans' and 'cis' are terms that describe the experience or modality of gender (and are used as prefixes to gender, ie transgender and cisgender), rather than a gender label itself. The trans experience occurs when an individual's gender differs from that presumed for them at birth. The cis experience occurs when an individual's gender is the same as what was presumed for them at birth.