RACGP
Royal Australian College *of* General Practitioners

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

as of April 2021

This resource is applicable to both the Standards for general practices (5th edition) and the Standards for after-hours and medical deputising services (5th edition). The relevant change and the Standards document it is applicable to is described in the table.

Section of the Standards	Changes made
Core module	
Criterion C3.6 – Research	A new indicator was created and the previous indicators updated (changes in blue): C3.6 ►A Our practice has all research approved by an ethics committee. ~~and indemnified.~~ C3.6 ►B Our practice confirms that the appropriate indemnity is in place for research, based on the level of risk. C3.6 ►B C Our practice only transfers identified patient health information to a third party for quality improvement or professional development activities after we have obtained the patient's consent. Wording has been updated in the explanatory notes (changes in blue): **Research indemnity and risk** It is important to understand the potential risks that individual research activities may have on your practice and patients. You must confirm that the appropriate indemnity is in place for research, based on the research project's level of risk. ~~Ensure that appropriate insurance is in place to indemnify your practice for research.~~ The *NHMRC National statement on ethical conduct in human research 2007* (updated 2018) (National Statement) gauges research by the amount of risk it may pose to people involved in the research. The NHMRC describes low risk and negligible risk as: *Low-risk research describes research where the only foreseeable risk is one of discomfort. Research in which the risk for participants is more serious than discomfort is not low risk.* *Negligible risk research describes research in which there is no foreseeable risk of harm or discomfort; and any foreseeable risk is no more than inconvenience.* Individual medical practitioners must ensure that they are insured or indemnified for every context in which they practise, including involvement in any medical research. It is recommended that practices obtain their own advice about whether they require indemnity insurance for any research. An example of high-risk research is a clinical trial. If your practice is involved in a clinical trial, your practice will usually be indemnified by the sponsor (eg a university or a drug company), but you need to make sure that the indemnity covers your liabilities. If it does not, you will need to get a separate insurance policy or indemnity. If the research is not a clinical trial, it is recommended that you discuss all potential risks with your practice team and the lead external researcher as well as your insurance broker or indemnity insurer to determine whether you require extra insurance to indemnify your practice for research. ~~you must have your own insurance that covers the research.~~ To assist with these discussions, external researchers may be able to provide a written document outlining the level of risk their research will pose to your practice and/or patients. In all cases, the practice's GPs each need to ensure that their individual medical indemnity insurance covers their research activities, or purchase top-up or separate insurance cover that provides the appropriate level of indemnity required to participate in research. Failing to hold sufficient insurance cover may leave the practice's GPs with an uninsured personal liability in the event of an adverse event for which a claim is made. The costs of defending such a claim, even where the practice GPs are not liable, may still be significant.

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Section of the Standards	Changes made
Criterion C3.6 – Research cont.	**Quality improvement activities, ethics and consent** In general, the purpose of a practice's quality improvement or clinical audit activities is to improve the delivery of a particular treatment or service. Before transferring health information to a third party you need to seek specific consent from patients. The RACGP has developed *Guiding principles for managing requests for the secondary use of de-identified general practice data* to support practices to make informed decisions about releasing practice data. The use of de-identified data does not require specific or express consent. The RACGP recommends that patients be made aware of the practice's approach to the collection and security of healthcare information for primary and secondary purposes, and whether it provides de-identified data to third parties. The RACGP encourages you to include information about quality improvement activities and clinical audits in the practice's policy that addresses the management of health information. You could seek patient consent by including this information in new patient registration forms and asking patients to indicate if they consent to this use of their health information and to its transfer. You must make patients aware that declining to participate in research will not affect the care they receive at the practice. Ethics approval is not required for quality improvement activities where the primary purpose is to monitor, evaluate or improve the quality of healthcare delivered by the practice. **Meeting each Indicator** C3.6 ▶A Our practice has all research approved by an ethics committee. ~~and indemnified.~~ You must: • keep evidence of ethics approval ~~and indemnity~~ for research activities • maintain records of any research activity that has gone through the ethics approval process • retain documentation of patients' consent for the required period. You could: • maintain a policy about participating in research that complies with the *NHMRC National statement on ethical conduct in human research 2007* (updated 2018). • consider the ethical needs of Aboriginal and Torres Strait Islander peoples. C3.6 ▶B Our practice confirms that the appropriate indemnity is in place for research, based on the level of risk. You must: • maintain records of appropriate indemnity for your practice and GPs based on research activity level of risk. You could: • have a process addressing practice communication with external researchers and their risk requirements ~~request confirmation from~~ – contact your indemnity insurer to confirm ~~that~~ you have the appropriate level of cover • for the research being undertaken where it is not explicit in your policy. An **FAQ** was developed to support the below changes to Criterion C3.6 – Research.

Section of the Standards	Changes made
General practice module	
Criterion GP6.1 — Maintaining vaccine potency	Wording under 'Choosing a refrigerator' updated to reflect the updated advice in the *National vaccine storage guidelines: Strive for 5*, released June 2019 (3rd edition) (changes in blue): Your practice must store vaccines in a reliable refrigerator. Purpose-built vaccine refrigerators are specifically designed to store vaccines between +2°C and +8°C, and are the only type of refrigerator recommended for storing vaccines. ~~Reliable refrigerator that is capable of maintaining a stable temperature and large enough to store a sufficient number of vaccines to meet your needs (with consideration of frequency and size of orders).~~ Do not use cyclic defrost or bar refrigerators because their internal temperatures fluctuate considerably. Domestic refrigerators (including bar fridges) are not built or designed to store vaccines and must not be used for vaccine storage. Refer to your state or territory health department for further advice.
Criterion C6.4 – Information security	The Indicator C6.4 ►C Our practice's clinical software is accessible only via unique individual passwords that give access to information according to the person's level of authorisation The wording in this Indicator has been changed to: C6.4 ►C Our practice's clinical software is accessible only via unique individual identification that gives access to information according to the person's level of authorisation.
Glossary	Update the glossary to define: Indemnity *Medical indemnity provides security or protection against a loss or other financial burden. Medical indemnity insurance is a compulsory condition of registration for all medical practitioners in Australia.* As defined by Australian Health Practitioner Regulation Agency. Professional indemnity insurance arrangements 2018. Available from: **https://www.ahpra.gov.au/registration/registration-standards/pii.aspx**

Changes to the RACGP Standards for point-of-care testing (5th edition) as of January 2021

Criterion PoCT3.1 – Facilities for testing	Additional 'related criteria' added under Criterion PoCT3.1 – Facilities for testing, linking to the Standards for general practice (5th edition): **Criterion C3.5 - Work health and safety**

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Section of the Standards	Changes made
Changes to the *Patient feedback guide* as of January 2021	
RACGP **Patient feedback guide**	Update of links in the *Patient feedback guide* Link to application form for RACGP approval for a feedback method updated: **Practice specific patient feedback questionnaire** **Interviews** **Focus Groups** **Other Methods** Link to the **RACGP questionnaire** updated Link to **Patient feedback requirements** webpage updated
Changes to the *RACGP Toolkit for developing practice-specific questionnaires* as of January 2021	
RACGP **Toolkit for developing practice specific questionnaires**	Date of change: 1 February 2019 Change: Updated significant amount of content to align with the Patient feedback guide (5th edition) (RM link DOC/19/11403) This meant that all applications forms were also updated. **Practice specific patient feedback questionnaire** **Interviews** **Focus Groups** **Other Methods**

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

as of 25 January 2019

This resource is applicable to both the Standards for general practices (5th edition) and the Standards for after-hours and medical deputising services (5th edition). The relevant change and the Standards document it is applicable to is described in the table.

Section of the Standards	Changes complete
Introduction	
Development process	Figure 1 - diagram has been updated to include corrected grammar/style.
Requirements for accreditation bodies	Revised wording on Non-GP surveyors in the Standards (5th edition) to be consistent with the Standards for After Hours Service & Medical Deputising Services (AHS & MDS): • *have worked at least 16 hours a week in an accredited general practice, after-hours or medical deputising service for at least two years, and not more than two years ago*.
Core module	
Criterion C1.3 – Informed patient decisions	Text on 'the option of no treatment' has been added to the Standards (5th edition) and the Standards for AHS & MDS.
	Added link to *Too much Medicine* position statement in the **Resource guide**. This was not previously referred to in Standards (5th edition) and the Standards for AHS & MDS.
Criterion C2.1 – Respectful and culturally appropriate care	Reference 8 to Cultural Awareness - this link in the body of text was broken. Changed to Centre for Cultural Diversity in Ageing. Available at **www.culturaldiversity.com.au/** in the Standards (5th edition) and the Standards for AHS & MDS.
Criterion C2.2 – Presence of a third party during a consultation	Chaperones are now commonly referred to as observers. Included 'observers' in chaperone section. This has been added to the Standards (5th edition) to be consistent with the Standards for AHS & MDS.
Criterion C3.5 – Work health and safety	Occupational health and safety (OH&S) law has been removed, this is recognised as Workplace health and safety (WHS) laws. This has been added to the Standards (5th edition) to be consistent with the Standards for AHS & MDS.

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Section of the Standards	Changes complete
Criterion C3.6 – Research	"If your service has not conducted any research, this Criterion is not applicable." This sentence is now included directly under the Indicators, rather than under Meeting this Criterion, so it is more prominent in the Standards for AHS & MDS. The sentence "If your practice has not conducted any research, this Criterion is not applicable" has been added to the Standards (5th edition) to ensure consistency.
Core Standard 6: Information management	The reference to RACGP *Computer and information security standards (2nd edition)* changed to *Information security in general practice* resource in the Standards (5th edition) and the Standards for AHS & MDS.
Criterion C6.4 – Information security	Specified use of a cross-cut shredder for maximum security in the Standards (5th edition) and the Standards for AHS & MDS.
	C6.4 ► D Our service has a business continuity and information recovery plan. "You must store back-ups offsite in a secure location" has been included in both the Standards (5th edition) and the Standards for AHS & MDS.
Criterion C7.1 – Content of patient health records	In the explanatory notes on page 78, it states that consultation notes must contain the following information: • Relevant clinical findings 'Relevant clinical findings' expanded to include 'relevant history, examination, investigations and management'. This has been added to the Standards (5th edition) and the Standards for AHS & MDS.
Criterion C7.1 – Content of patient health records	The Indicator C7.1 ► E Our practice routinely records the Aboriginal or Torres Strait Islander status of our patients in their patient health records. The wording in this Indicator has been changed to: C7.1 ► E Our practice routinely records the **Aboriginal and/or Torres Strait Islander** status of our patients in their patient health records. This has been added to the Standards (5th edition) to be consistent with the C7.1 ► D Standards for AHS & MDS.
Quality improvement module	
Criterion QI2.2 – Safe and quality use of medicines	Content on Antimicrobial stewardship has been moved to Criterion (QI2.2) from Criterion GP4.1 in the Standards (5th edition) and AHS4.1 in the Standards for AHS & MDS – Infection prevention and control, including sterilisation.
	Inclusion of Therapeutic Guidelines: Antibiotic (www.tg.org.au) to promote and support informed prescribing of antibiotics. Added in as a resource in the Standards (5th edition) and the Standards for AHS & MDS.

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Section of the Standards	Changes complete
General practice module	
Criterion GP1.3 – Care outside of normal opening hours	The RACGP's ***Supporting continuity and access: A guide to establishing an agreement between your general practice and an after-hours service provider*** is a resource designed to assist general practices when entering into formal agreement with an after-hours service provider. A link to this document has been added to the Standards (5th edition) **Resource guide**.
Criterion GP3.1 – Qualifications, education and training of healthcare practitioners	An inconsistency between the QI&CPD requirements and the application of the Standards in regards to the CPR training timeframe was identified: GP3.1 ► A Members of our clinical team: • have current national registration where applicable • have accreditation/certification with their relevant professional association • actively participate in continuing professional development (CPD) relevant to their position and in accordance with their legal and professional organisation's requirements • have undertaken training in cardiopulmonary resuscitation (CPR), in accordance with the recommendations of their professional organisation or at least every three years. Wording has been updated in the explanatory notes: *For clinical team members, CPR must be undertaken within the RACGP QI&CPD triennium, or in accordance with CPR recommendations set by their professional organisation, or at least every three years.* This has been added to the Standards (5th edition) and the Standards for AHS & MDS.
Criterion GP5.2 – Practice equipment	A comma separating items in the following indicator was causing some confusion and so was updated as below: GP5.2 ► A Our practice has equipment that enables us to provide comprehensive primary care and emergency resuscitation, including: • equipment for resuscitation , maintaining an airway (for children and adults), equipment to assist ventilation (including bag and mask) This has been updated in the Standards (5th edition) and the Standards for AHS & MDS to read: • *equipment for resuscitation (ie equipment for maintaining an airway for adults and children, and equipment to assist ventilation including bag and mask).*
Criterion GP5.3 – Doctor's bag	Reference to the Paediatric Pharmacopoeia has been updated in Standards (5th edition) and the Standards for AHS & MDS to *Royal Children's Hospital Melbourne Clinical Practice Guidelines – Emergency drug doses*, available at **https://www.rch.org.au/clinicalguide/guideline_index/Emergency_Drug_Doses**
Glossary	Definition of adverse events will be updated to: *An adverse event, or incident, is any event or circumstance arising during care that could have or did lead to unexpected actual harm, loss or damage. Incidents include near misses, sentinel events and unsafe acts.* This has been added to the Standards (5th edition) and the Standards for AHS & MDS.

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