



The RACGP quality framework for Australian general practice – gap analysis

Introduction

The Royal Australian College of General Practitioners (RACGP) prepared this gap analysis in consultation with the Quality in General Practice Committee (QGPC). The QGPC was established as a component of the *Development of the RACGP quality framework for Australian general practice* project.

This gap analysis uses the RACGP quality framework for Australian general practice to identify priority areas within the Australian general practice environment where a gap or weakness has been identified which could affect aspects of the quality of care being provided. This analysis also makes recommendations for priority actions related to these gaps, bearing in mind local, regional and national circumstances.

The barriers that affect quality in general practice, identified in the Background Paper, through extensive stakeholder consultations conducted as part of this project, and via the QGPC, determined the gaps chosen.

This document does not aim to provide an exhaustive coverage of all potential gaps for quality general practice care. However, like the RACGP quality framework, the gap analysis is an evolving entity that can be extended and improved over time.

The primary audience for this document is the RACGP, the Australian Government Department of Health and Ageing, and other general practice and consumer organisations.

Structure of the gap analysis

The gap analysis is structured in alphabetical order in line with the six domains of the RACGP quality framework:

- Capacity
- Competence
- Financing
- Knowledge and information management
- Patient focus; and
- Professionalism

Within these domains, gaps that affect quality in general practice are identified and discussed. The number of gaps identified for each domain varies. For each of these gaps, a brief rationale is provided to place the gap into context. The gap/s identified and proposed recommendation/s are then included.

The quality framework demonstrates the complex environment in which general practice operates and this gap analysis sets out strategically important areas for ongoing collaborative efforts to improve quality in general practice.

Overview of Priority Recommendations

A list of all the recommendations from the gap analysis and priority status as determined by the QGPC is attached as Appendix 1.

The prioritisation process

Prioritisation of the gap analysis recommendations was completed by the QGPC at their final meeting held on 27 April 2006. In a modified Delphi method, members of the QGPC were given a notional "budget" of ten "tokens", which they were asked to allocate in any way they wished to the recommendation/s that they felt were a priority for funding.

Multiple tokens on a particular recommendation/s from one committee member were allowed. For example, if a committee member felt that a clearly articulated set of values be developed and endorsed by the profession was the most important recommendation from the gap analysis, then that committee member could elect to place all ten tokens on that particular recommendation.

After this process, members' resource allocations were analysed for clusters. In this analysis, three main priority areas emerged: workforce (encompassing general practice teams and International Medical Graduates), development of a Primary Health Care Strategy and support for the uptake and use of electronic decision support systems.

Workforce

Australian general practice is in the midst of a workforce crisis with a well - documented shortage of general practitioners and other professionals (such as practice nurses) integral to general practice. It is not surprising therefore that the development and implementation of workforce initiatives that continue to ensure safety and quality in the primary care setting is a high priority.

The workforce crisis provides an impetus and opportunity for innovation in general practice. New roles, or task variation or substitution in general practice roles may assist to maintain and enhance the quality of patient care allowing the profession to better tackle the workforce shortages affecting health care provision across Australia. However, this poses a serious challenge for general practice and the broader health care system. This is evidenced in the high priority placed on appropriate funding to support general practice teams to ensure sustainability.

Similarly, the QGPC reinforced the need to ensure that all International Medical Graduates (IMGs) (recruited as a response to the workforce crisis) undertake formal assessment to determine their ability to work in unsupervised general practice. They ranked this third in the list of priorities.

There is a consequent need to develop education and training initiatives to meet the demands of a changing cohort of students and graduates particularly with respect to flexibility in training options and the growing number of IMGs working in unsupervised general practice.

Development of a Primary Health Care Strategy

The QGPC ranked fourth the development of a National Primary Health Care Strategy that addresses the complexities inherent in joint Commonwealth and State funding and the public and private sectors.

As the principal source of funding of general practice services, the Commonwealth Government has an obvious interest in making the best use of the resources of general practice to optimise health outcomes and encourage high quality services and can assist with financial and other resources.

If all general practice stakeholder organisations can agree on both the need for, and content of, a National Primary Health Care Strategy, and agree on what needs to happen to achieve the strategy and harness their joint resources to create an integrated program of activity, there would be a much greater probability of realising general practice's substantial potential.

Support for the uptake and use of electronic decision support systems

Initiatives that encourage the uptake and use of electronic decision support systems ranked number five in the prioritisation process. It is evident that general practitioners are keen to adopt this technology, but there is a reported lack of confidence in using the systems and concerns with the quality and safety of currently available support systems. As noted in the gap analysis, there is substantial evidence of the effectiveness of electronic decisions support systems in improving the safety, quality and efficiency in health care.

There are a number of barriers that prevent the adoption of such systems. These include confidence in the underlying knowledge base, functionality and availability, impact on work processes, lack of skills in using them and medico-legal concerns. Once these are addressed the full potential of electronic decision support systems can be explored.

1. Capacity

Capacity describes what is essential for sustainable, high quality, accessible patient care services. The components or elements of this domain include a workforce that is trained and equitably dispersed, services to provide care, and the facilities and organisation to support delivery of competent clinical care.

1.1 Workforce

Rationale

Findings from the 2005 Australian Medical Workforce Advisory Committee (AMWAC) report *The general practice workforce in Australia: supply and requirements to 2013* demonstrate (1) there is often a lack of available general practitioners and insufficient support services (especially in rural and remote areas), (2) newer and incoming general practitioners are more likely to be female and want to work part time and (3) many general practitioners want to work less demanding hours and have a better work/life balance.

The compounding effect of these factors has resulted in a changing general practitioner workforce, which is being faced with an ever-increasing demand on time and service delivery.

Gap/s identified

- Insufficient numbers of general practitioners to support the current or projected demand for general practitioner services
- Inequitable distribution of the GP workforce, particularly in areas of socioeconomic disadvantage, rural locality, geographical isolation and in Aboriginal and Torres Strait Islander communities
- Inadequate recognition of the changing general practitioner profile in the development of workforce models

Recommendation/s

- That workforce initiatives continue to be developed and implemented to ensure safety and quality in the primary care setting

1.2 Viable Business Models

Rationale

A viable general practice meets the particular needs of the community by providing appropriate services in a way that takes account of the financial and personal costs to both the general practitioner and the community at large.

Practice viability is dependent primarily on supply of appropriately trained general practitioners, adequate rewards for the skills, responsibility and workload and provision of quality infrastructure and management to support professional practice and quality care. Changes in general practitioner profiles, career expectations, practice structures and arrangements also impact on practice viability.

Gap/s identified

- Inadequate recognition of the changing general practitioner profile in the development of viable business models
- Lack of investment in infrastructure such as business and delivery systems to meet current and projected demand for general practitioner services

Recommendation/s

- That resources continue to be allocated for the implementation and sustainability of viable business and practice models across all aspects of general practice

2. Competence

While quality care is more than individual practitioner skills and knowledge, systematic high quality care requires (and the community expects) competent delivery of clinical care by teams and individual professionals that are appropriately trained and skilled for the tasks.

2.1 Education and Training

Rationale

The evolution of education and training has seen a balance between the capacity to provide individual choice of training and the need to ensure a viable trained workforce in areas such as rural and remote communities. There has also been a need to develop education and training to meet the demands of a changing cohort of students and graduates particularly with respect to flexibility in training options and the growing number of international medical graduates working in unsupervised general practice.

Gap/s identified

- Lack of accreditation/assessment and supervised clinical experience for temporary resident overseas trained doctors (TROTD)
- Lack of supervised training and ongoing formative assessment for permanent resident overseas trained doctors (PROTD)
- Lack of a formal position statement on sub-specialisation in primary care

Recommendation/s

- That all International Medical Graduates (IMGs) undertake formal assessment to determine their ability to work in unsupervised general practice
- That the RACGP and other specialist medical colleges establish Joint Consultative Committees to ensure adequate education and training in sub-specialities

2.2 Continuing Professional Development

Rationale

General practitioners are increasingly being scrutinised by a number of agencies including medical registration authorities, departments of health and employing bodies. Maintaining professional competence is a fundamental clinical responsibility. Participation in a structured, ongoing quality assurance and continuing professional development (QA & CPD) program is a mandatory requirement for recognition as a general practitioner.

Gap/s identified

- The majority of other medical practitioners (OMPs) working in general practice are not required to undertake continuing professional development
- General practitioners predominantly working in special interest areas not covered by a Joint Consultative Council (JCC), for example, travel medicine and skin clinics, do not have specific CPD requirements
- Insufficient linkage between CPD activities of the individual GP and quality improvement activities within the practice

Recommendation/s

- That all medical practitioners working in general practice are able to provide evidence of satisfactory participation in a recognised QA & CPD program
- That the link be strengthened between QA&CPD and practice based quality improvement activities

2.3 General Practice Teams

Rationale

With workforce trends impacting upon the work of general practitioners, there is an opportunity for innovative approaches to general practice service provision. If utilised correctly, the application of existing, new or redesigned health workforce roles to augment general practice and support the role of general practitioners provides an avenue for assisting to address the general practice workforce shortages.

Gap/s identified

- Lack of consistent systems for education, training, competence and registration (or licensure) across all general practice/primary care team members
- Lack of formal practice clinical risk management systems to enhance quality and safety
- Lack of appropriate medical indemnity cover where practices seek to include other health care providers in the general practice team
- Lack of funding structures that enable general practices to engage appropriately trained and competent health professionals to support high quality and safe care

Recommendation/s

- That general practice team roles be clearly defined and aligned with education, training, competency and relevant licensing requirements
- That any re-designed general practice team roles be supported by practice systems that promote high quality and safe care
- That all members of the general practice team are covered by appropriate medical indemnity insurance
- That any approach to general practice teams be supported by appropriate and ongoing funding to ensure sustainability

3. Financing

Funding mechanisms can encourage or hinder high quality care, adequately resource a workforce and create affordable health care for individuals and the community.

3.1 National Funding Policy

Rationale

Over the past few years, the Australian Government has introduced significant changes to general practice funding aimed at improving quality in specific areas. The introduction of these initiatives has shown the strengths and weaknesses of funding policy to influence quality of care.

Gap/s identified

- Potential lack of alignment between financial and non-financial incentives in targeted areas, and between targeted and non-targeted areas.
- Limited capacity in the current fee-for-service structure to accommodate services provided by other members of the general practice team
- Restricted access to after-hours medical care
- Lack of a profession driven comprehensive National Primary Health Strategy

Recommendation/s

- That funding models that demonstrate an appropriate balance between financial and non-financial initiatives be developed and implemented to improve and reward quality across the full range of morbidity in general practice
- That the current fee-for-service structure be reviewed and revised to accommodate services provided by other members of the general practice team
- That strategies continue to be developed and implemented to improve access to after-hours medical care
- That a profession driven National Primary Health Care Strategy be developed that addresses the complexities inherent in joint Commonwealth and State funding and the public and private sectors

4. Knowledge and Information Management

Having the right knowledge and information in an efficient and timely manner about the right patient is critical for good health care.

4.1 General Practice Research

Rationale

The development of an evidence-based approach to general practice requires investment in a research base that is focused primarily on general practice.

Despite substantial Australian Government funding for general practice research and increased performance of general practitioner researchers in both mainstream funding bids and publication, general practice research remains less recognised than research in other medical disciplines.

Gap/s identified

- Scarcity of research capacity amongst general practitioners with an associated deficiency of published research
- Lack of research leadership, inadequate time for research (protected time), lack of research training for general practitioners and limited career pathways for general practitioner researchers
- Limited funding for research and academic positions within Universities

Recommendation/s

- That a range of capacity building initiatives be introduced and continued, such as promoting critical appraisal as integral component of general practice education and training and attracting ongoing funding for general practice specific research

4.2 Clinical practice guidelines

Rationale

Clinical practice guidelines promote better health outcomes by supporting the practice of health professionals and providing consumers with information about treatment options. Guidelines can inform consumers about risk factors and how to avert them; they can be used to broaden the education of practitioners and the community and encourage benchmarking and self-evaluation thus contributing to quality assurance processes.

Gap/s identified

- Lack of systematic translation of medical knowledge into a form that can be readily accessed by general practitioners
- Inconsistency between clinical practice guidelines developed for the same condition
- Lack of a single, authoritative agency to oversee the development, implementation and evaluation of clinical practice guidelines in general practice
- Lack of multifaceted, participatory and integrated dissemination and implementation strategies to incorporate clinical practice guidelines into the process of care

Recommendation/s

- That there is a collaborative and agreed approach to the development, implementation and evaluation of clinical practice guidelines in general practice

4.3 Information technology and information management

Rationale

The majority (89%) of Australian general practices, particularly the larger practices, use computers. Virtually all (96%) of practices with three or more doctors report computer use, as do 80% of two doctor practices and 75% of solo practices (General Practice in Australia 2004).

Many see the promotion of the rapid adoption of information technology to improve information management as the single most important step that could be taken to enhance the quality of general practice.

Gap/s identified

- Lack of connectivity and interoperability between providers particularly of patient information between general practitioners, within the practice team, between the general practitioner and specialists and hospitals and other health care organisations
- Lack of a comprehensive quality assurance framework to ensure improved management of data in general practice
- Lack of formal continuing training and support in information technology and information management

Recommendation/s

- That an overarching and evidence based model be developed and implemented to guide the efficient planning, collection, storage and analysis of clinical information in general practice
- That a framework be developed and implemented to ensure the quality and safety of systems and information
- That information technology and information management education modules be implemented in undergraduate, vocational training and QA & CPD programs

4.4 Electronic decision support systems

Rationale

There is substantial evidence of the effectiveness of electronic decision support systems in improving the safety, quality and efficiency in health care. These systems can address many of the challenges posed by evidence-based practice, particularly the adoption and implementation of best practice guidelines at the point of care.

Gap/s identified

- Lack of profession input into the quality and safety of electronic decision support systems
- Lack of investment in infrastructure to address user requirements and to ensure quality and safety of the systems
- Inconsistent use amongst general practitioners of existing decision support systems

Recommendation/s

- That a national standards framework to ensure the quality and safety of electronic decision support systems be developed and implemented with a corresponding investment in infrastructure
- That initiatives be introduced to increase the uptake and use of electronic decision support systems in general practice

- **4.5 Quality indicators**

Rationale

The development and appropriate use of valid and reliable measures of the processes and outcomes of health care can make an important and positive contribution to improving health care.

Quality indicators have been developed and used in many areas of the health care system for a number of years. However, whilst significant work on the development of quality indicators for general practice has been undertaken, a uniform set of indicators has not been adopted.

Gap/s identified

- Lack of a valid, reliable and useful set of agreed quality indicators for use in general practice
- Lack of infrastructure to support the confidential collection, analysis and benchmarking of quality indicator data with variable clinical recording, privacy constraints on access to records and barriers in time and resources needed to collect quality indicators
- Lack of agreement on the valid use of quality indicators

Recommendation/s

- That the recommendations of the 2000 Newcastle Institute of Public Health report on quality indicators for Australian general practice be revisited with a view to exploring the use of indicators for quality improvement in general practice

5. Patient Focus

The majority of health care is self-care. Results are better when practitioners-patients/practice-communities work in harmony based on mutual respect and understanding. Many factors in the patient/community context influence patient care.

5.1 Health inequalities

Rationale

The health of the Australian population improved markedly during the twentieth century. Despite this, health gains have not been equally shared across all sections of the population including those with socioeconomic disadvantage, non-English speaking backgrounds, mental health, the disabled, Aboriginal and Torres Strait Islander people, and the aged. Avoidable socioeconomic inequalities in health accounts for approximately 15-20% of the total burden of disease in the community.

Gap/s identified

- Lack of equitable access to acceptable and appropriate care across all sections of the population
- Lack of appropriate infrastructure to support the collection and use of data relating to identified marginalised groups to establish practice and Division level population profiles
- Once identified, lack of community services to support patients' needs

Recommendation/s

- That there is an urgent need to explore mechanisms that facilitate equitable access to acceptable and appropriate care for all sections of the population
- That mechanisms are developed to identify and address barriers that prevent marginalised groups accessing general practice and other health care services
- That all initiatives to improve quality in general practice adopt a population approach to ensure that services reach those who most need them and those who may be less able to access them

5.2 Patient participation

Rationale

Unique information about patient needs and the quality of care provided by a general practice can be gained from patients. Consumer participation with the practice can facilitate greater understanding of the strengths of the practice, potential problems, and strategies to improve. Consumer surveys convey only limited information to help the practice improve its care.

Gap/s identified

- Lack of universal and valid and participatory approaches to eliciting feedback at the practice level

Recommendation/s

- That resources be allocated for research into comprehensive and valid approaches for receiving, analysing and responding to feedback from patients about the quality of general practice care

5.3 Patient self - management

Rationale

Patient self-management strategies, whilst still in their infancy, can complement a patient centered approach and have been found to be effective in different groups and in a range of prevention and chronic diseases including diabetes, asthma, chronic back pain and chronic obstructive airways disease (COAD).

Key self-management principles include (1) engaging the patient in decision-making and management of their illness including setting appropriate goals (2) using evidence based, planned care (3) improving self managing support and (4) a team approach to managing care.

Gap/s identified

- Limited guidance to adopting and promoting self-management strategies in general practice

Recommendation/s

- That self management strategies programs continue to be trialled and developed for use in Australian general practice

6. Professionalism

General practice is a values rich profession. The ethical principles of doing good, avoiding harm, respecting patient autonomy and using resources equitably underpin good patient care. Quality and safety also depends on a culture of reflection, openness to critical evaluation and search for continuous improvement.

6.1 Clinical Leadership

Rationale

Development of processes that build on existing clinical leadership strengths, promote and encourage GPs to take an active role in the management and strategic direction of their practice, their Division and input effectively into the national health debate. One of the key components of a change management strategy is the identification and nurturing of leadership.

Gap/s identified

- Lack of systematic identification of clinician leaders in general practice
- Lack of defined values for the general practice profession

Recommendation/s

- That strategies are further developed to identify and nurture potential general practitioner clinical leaders at the setting of care, regional and national levels
- That a clearly articulated set of values be developed and endorsed by the profession

6.2 Valuing Quality

Rationale

As individuals and as a profession, general practitioners have a responsibility to provide the highest possible standards of care to their patients and their community. The Australian Medical Association (AMA) both affirms and supports this responsibility by articulating ethical standards for medical practice.

As a self-regulating profession, the RACGP affirms and supports this responsibility by providing and promoting systems for quality practice through Fellowship of the RACGP, Quality Assurance and Continuing Professional Development and Standards for General Practices.

Gap/s identified

- Not all medical practitioners working in general practice hold Fellowship of the RACGP
- Not all medical practitioners working in general practice participate in quality assurance and continuing professional development program
- Not all practices undergo objective, peer-led evaluation against professional standards for general practices

Recommendation/s

- That strategies are developed and supported to achieve universal involvement of general practitioners and practices in systematic processes for high quality ethical and medical practice through Fellowship of the RACGP, participation in a QA&CPD program and practice accreditation

Appendix 1 - Summary of Recommendations

Domain	Recommendation	Priority
Capacity	That workforce initiatives continue to be developed and implemented to ensure safety and quality in the primary care setting	2
Capacity	That resources continue to be allocated for the implementation and sustainability of viable business and practice models across all aspects of general practice	7
Competence	That all International Medical Graduates (IMGs) undertake formal assessment to determine their ability to work in unsupervised general practice	3
Competence	That the RACGP and other specialist medical colleges establish Joint Consultative Committees to ensure adequate education and training in sub-specialities	= 11
Competence	That all medical practitioners working in general practice are able to provide evidence of satisfactory participation in a recognised QA & CPD program	= 6
Competence	That the link be strengthened between QA&CPD and practice based quality improvement activities	NEW
Competence	That general practice team roles be clearly defined and aligned with education, training, competency and relevant licensing requirements	= 10
Competence	That any re-designed general practice team roles be supported by practice systems that promote high quality and safe care	= 10
Competence	That all members of the general practice team are covered by appropriate medical indemnity insurance	= 10
Competence	That any approach to general practice teams be supported by appropriate and ongoing funding to ensure sustainability	1

Appendix 1 - Summary of Recommendations (continued)

Domain	Recommendation	Priority
Financing	That funding models that demonstrate an appropriate balance between financial and non-financial initiatives be developed and implemented to improve and reward quality across the full range of morbidity in general practice	= 10
Financing	That the current fee-for-service structure be reviewed and revised to accommodate services provided by other members of the general practice team	= 12
Financing	That strategies continue to be developed and implemented to improve access to after-hours medical care	= 6
Financing	That a profession driven National Primary Health Care Strategy be developed that addresses the complexities inherent in joint Commonwealth and State funding and the public and private sectors	4
Knowledge & Information Management	That a range of capacity building initiatives be introduced and continued, such as promoting critical appraisal as integral component of general practice education and training and attracting ongoing funding for general practice specific research	9
Knowledge & Information Management	That there is a collaborative and agreed approach to the development, implementation and evaluation of clinical practice guidelines in general practice	= 13
Knowledge & Information Management	That an overarching and evidence based model be developed and implemented to guide the efficient planning, collection, storage and analysis of clinical information in general practice	8
Knowledge & Information Management	That a framework be developed and implemented to ensure the quality and safety of systems and information	= 12
Knowledge & Information Management	That information technology and information management education modules be implemented in undergraduate, vocational training and QA & CPD programs	= 13
Knowledge & Information Management	That a national standards framework to ensure the quality and safety of electronic decision support systems be developed and implemented with a corresponding investment in infrastructure	= 12

Appendix 1 - Summary of Recommendations (continued)

Domain	Recommendation	Priority
Knowledge & Information Management	That initiatives be introduced to increase the uptake and use of electronic decision support systems in general practice	5
Knowledge & Information Management	That the recommendations of the 2000 Newcastle Institute of Public Health report on quality indicators for Australian general practice be revisited with a view to exploring the use of indicators for quality improvement in general practice	= 12
Patient Focus	That there is an urgent need to explore mechanisms that facilitate equitable access to acceptable and appropriate care for all sections of the population	NEW
Patient Focus	That mechanisms are developed to identify and address barriers that prevent minority groups accessing general practice and other health care services	= 11
Patient Focus	That all initiatives to improve quality in general practice adopt a population approach to ensure that services reach those who most need them and those who may be less able to access them	NEW
Patient Focus	That resources be allocated for research into comprehensive and valid approaches for receiving, analysing and responding to feedback from patients about the quality of general practice care	= 10
Patient Focus	That self management strategies programs continue to be trialed and developed for use in Australian general practice	NEW
Professionalism	That strategies are further developed to identify and nurture potential general practitioner clinical leaders at the setting of care, regional and national levels	= 12
Professionalism	That a clearly articulated set of values be developed and endorsed by the profession	NEW
Professionalism	That strategies are developed and supported to achieve universal involvement of general practitioners and practices in systematic processes for high quality ethical and medical practice through Fellowship of the RACGP, participation in a QA&CPD program and practice accreditation	= 12

NEW – indicates that the recommendation has been added to the list of recommendations since the QGPC meeting on 27 April 2006.