

RACGP *Standards for general practices* (4th edition)

What's different?



The Royal Australian
College of General
Practitioners

Healthy Profession.
Healthy Australia.

Transition year

Phase 1

- 10 October 2010 to 30 June 2011
- Register for accreditation or commence reaccreditation
- 3rd edition Standards



Transition year

Phase 2

- 1 July 2011 to 31 October 2011
- Register for accreditation or commence reaccreditation
- 3rd or 4th edition Standards



Transition year

Phase 3

- 1 November 2011
- Register for accreditation or commence reaccreditation
- 4th edition Standards



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Key drivers



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Principles for change

- Remove references to legislation
- Primary focus on safety & quality
- Standards workable in the field
- Remove assessment methods
- Streamline
- Improve explanations



New-look practice teams

- Development of multidisciplinary teams
- Every team member has accountability for safety and quality



Closely aligned with quality improvement

- Use practice data for evidence based practice quality improvement
- Whole team can be involved
- Can align with QI & CPD triennium activities



e-health initiatives

- Patient identifiers
- Clinical audit tools
- e-Guidelines
- e-Medicines Handbook
- e-red book
- RACGP Computer security guidelines



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ACSQHC National Safety and Quality Health Service Standards

- Clinical Governance
- Healthcare associated infection
- Medication safety
- Patient identification
- Clinical handover
- Consumer engagement

Indigenous status

- AIHW Guidelines for Indigenous status
- Standard Indigenous status question
- Address known health risk factors
- Close the gap in health outcomes



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Key changes



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Structure

- Same 5 sections of Standards
- No new Standards
- 3 less criteria
- 38 less indicators



New criterion

1.5.2 Clinical handover

Our practice has an effective clinical handover system that ensures safe and continuing health care delivery for patients.

1 flagged indicator



New criterion

3.1.3 Clinical governance

Our practice has clear lines of accountability and responsibility for encouraging improvement in safety and quality of clinical care.

2 flagged indicators



New criterion

3.1.4 Patient identification

Our patients are correctly identified at each encounter with our practice team.

1 flagged indicator



New criterion

5.3.1 Safe & quality use of medicines

Our clinical team prescribes, dispenses and administers appropriate medicines safely to informed patients.

4 flagged indicators



New flagged indicator

1.2.2C Informed patient decisions

Also change of emphasis re
provide information about possible
costs of investigations, treatment,
referrals



New flagged indicators

1.7.1DPatient health records

➤ Routinely record contact person for emergencies

This can be different to the next of kin.



1.7.1E Patient health records

➤ **Routinely collect and record Indigenous status (all patients) – note: no longer up to patient to self identify, practice needs to actively ask the question of all patients**

New resources

Introduction to Aboriginal and Torres Strait Islander cultural awareness in general practice, available at:

www.gplearning.com.au , enter 'Aboriginal' in the search field

www.clined.com.au , on the home page under 'New learning activities'

RACGP position statement: ***Identification of Aboriginal and Torres Strait Islander people in Australian general practice***. Available at:

<http://www.racgp.org.au/aboriginalhealth/identificationpositionpaper.pdf>



New flagged indicator

1.7.2B Health summaries

- 75% active patient health records to contain a current health summary.
- Health summary also includes health risk factors



New flagged indicator

1.7.3C Consultation notes

➤ Working towards recording preventive care status e.g. currency of immunisation, smoking, nutrition, alcohol, physical activity, blood pressure, BMI



New flagged indicator

2.1.2C Patient feedback

- Seek feedback on patient experience at least once every 3 years using:
 - validated questionnaire approved by the RACGP
 - practice-specific method that meets requirements of the RACGP patient feedback guide



New flagged indicators

3.2.1D, 3.2.2C, 3.2.3B

GPs, other clinicians, admin staff

All staff require CPR training at least once every 3 years

(Annual training suggested by many practices in focus group testing of draft Standards)



New flagged indicator

4.1.1A HR system

- All members of the practice team have position descriptions and can describe their role in the practice.
- Regular practice discussions that encourage involvement and input from members of the practice team



New flagged indicator

5.1.1G Practice facilities

- The practice has one or more height adjustable beds.



*New **unflagged** indicator*
1.7.1F Patient health records

Working toward recording other cultural backgrounds of our patients in our active health records.



*New **unflagged** indicator*

2.1.2E Patient feedback

Provides information to patients about practice improvements made as a result of their input.



*New **unflagged** indicator*
5.2.1E Practice equipment

The practice has a pulse oximeter.



Criteria with NO indicators

Criterion 1.2.4 Costs associated with care initiated by the practice

Criterion 1.3.1 Health promotion and preventative care

Criterion 1.4.2 Clinical autonomy for general practitioners



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New resources



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New resources

- RACGP *Patient feedback guide*
- RACGP *Computer security guidelines (3rd edition)*
- RACGP website:
www.racgp.org.au/standards



More information

Website:

www.racgp.org.au/standards

Phone: 03 8699 0410

Email: standards@racgp.org.au



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