

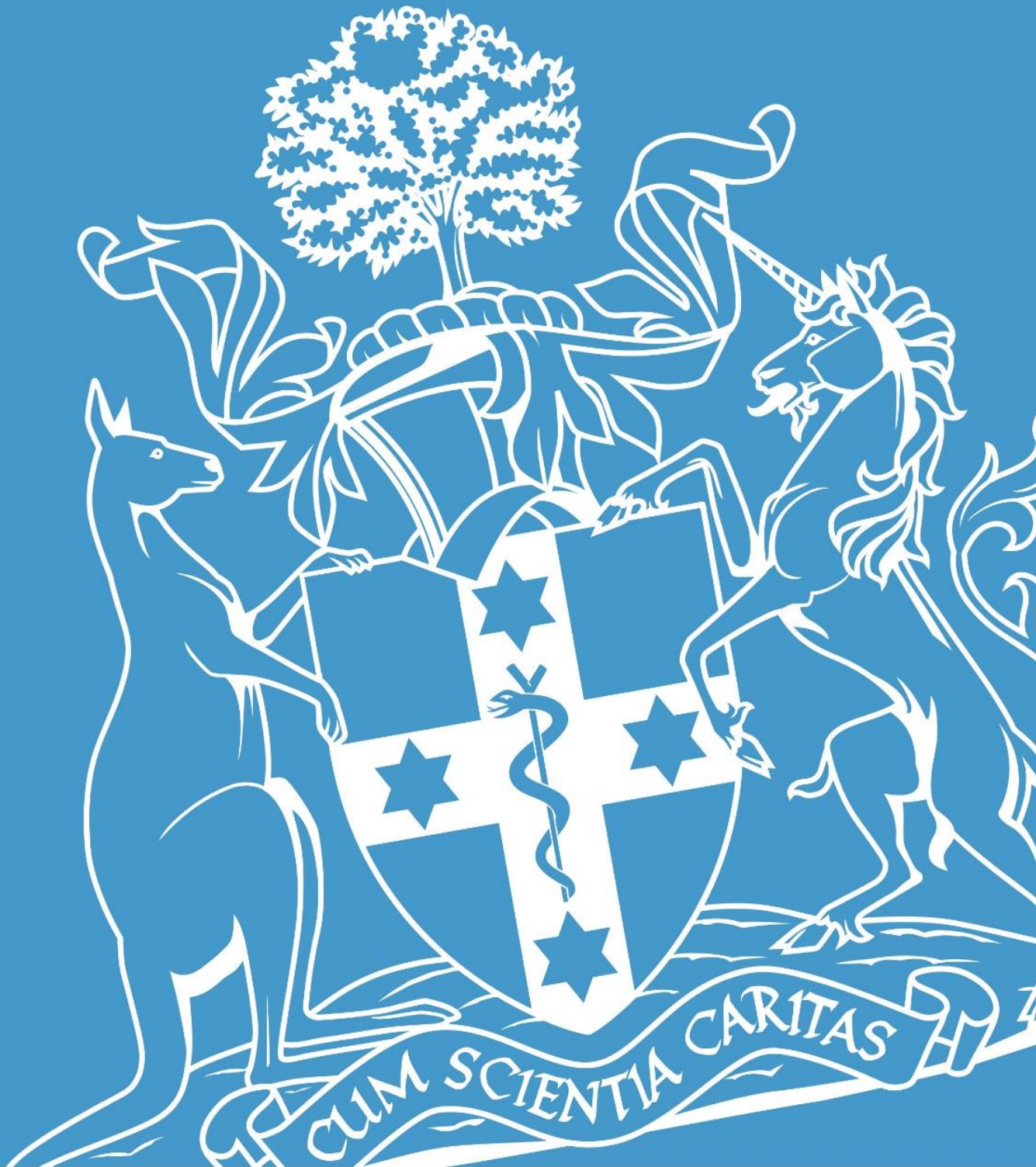


RACGP

Royal Australian College of General Practitioners

Definition of a general practice for the purpose of accreditation

Paper for consultation, February–March 2021



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1. Purpose of this paper

The changing landscape and modernisation of primary healthcare has led to numerous models of care across Australia and changes in the way the [definition of a general practice for the purpose of accreditation](#) (the definition) is perceived.

The Royal Australian College of General Practitioners' (RACGP) is currently reviewing this definition to understand whether its current form is 'fit for purpose' and/or whether it requires an update to better reflect how general practice services are currently delivered in the community.

This paper is intended to provide further detail and context to members and stakeholders around the definition and key considerations when deciding on its retention or potential modification.

This background paper includes information on:

- [RACGP's role in setting standards for accreditation](#)
- [issues arising around general practice services that sit outside the current definition of a general practice for the purpose of accreditation](#)
- [potential changes to the definition for stakeholder consideration \(which are not intended as a definitive list of considerations – the RACGP welcomes additional stakeholder feedback and suggestions\)](#)
- [different ways members and stakeholders can provide feedback.](#)

1.1 Have your say on the definition of a general practice for the purpose of accreditation

The RACGP is seeking member and stakeholder feedback on its definition of a general practice for the purpose of accreditation and has asked the below question.

For the purpose of accreditation, is the RACGP definition of a general practice for the purpose of accreditation reflective of all contemporary general practices – yes or no?

If you answer 'no' to the consultation question, please state how you think the RACGP could update the definition of a general practice for the purpose of accreditation to be reflective of all contemporary general practices.

Any changes made to the definition may have implications on the Services Australia's Practice Incentives Program (PIP) for general practice. The RACGP is calling for feedback from members who work in general practice services currently accredited or not. We would like you to consider the background and issues presented in this paper and, incorporating your own experiences, provide feedback to us on the definition.

We invite you to answer the above consultation question and provide additional feedback via **our questionnaire**.

Provide your answer and feedback on the consultation question

Register your interest to attend an online workshop to discuss further

Additional ways to provide feedback are outlined on the [RACGP consultations page](#) and in [Section 4](#) of this paper.

The closing date for the RACGP consultation on the definition of a general practice for the purpose of accreditation is Thursday 1 April 2021.

2. Background

2.1 Accreditation

The Australian Commission on Safety and Quality in Health Care (the Commission) administers the National General Practice Accreditation Scheme, which supports the consistent assessment of Australian general practices against the RACGP [Standards for general practices \(5th edition\)](#) (the Standards). This is achieved by the Commission approving accreditation agencies, based on a series of criteria, to assess general practices against the Standards.

A practice can demonstrate to patients its commitment to safety, quality and continuous improvements by achieving independent accreditation against the Standards.

In Australia, 84% of all practices are currently accredited. Accreditation against the Standards is voluntary; however, accreditation is a requirement for a general practice to access the PIP (ie the general practice is accredited or registered for accreditation against the Standards). As the name suggests, the PIP provides financial incentives and support for accredited general practices and is administered by Services Australia on behalf of the Australian Department of Health. Additional information about the PIP streams and incentives are available on the [Services Australia website](#).

2.2 The accreditation process

General practices who wish to gain formal accreditation against the Standards are required to do so by selecting and then working with one of the [independent accreditation agencies](#).

The fees for accreditation are set by each agency. Preparation for accreditation normally takes 12-18 months and includes an in-person and on-site survey visit.

Accreditation is valid for a period of three years.

The main aim of accreditation is to protect patients from harm and support quality improvement efforts. The accreditation processes are therefore designed to measure compliance and to improve the quality and safety of care. All mandatory Indicators within the Standards must be met in order for a practice to meet the requirements of the National General Practice Accreditation Scheme and obtain certification.

2.3 The definition of a general practice for the purpose of accreditation

The Standards set out the definition of a general practice that all practices, organisations or healthcare services must meet in full before they are considered eligible for accreditation.

Table 1 The definition of a general practice for the purpose of accreditation and the RACGP definition of the general practice speciality

1	<p>The definition of a general practice for the purpose of accreditation</p> <p><i>Note: the consultation seeks to review this definition.</i></p> <p>The definition requires that, in order for a practice to seek accreditation, they must fulfil all three of the following requirements:</p> <ol style="list-style-type: none"> 1. the practice or health service must operate within the model of general practice described in the RACGP definition of the general practice speciality
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	<p>2. general practitioner services are predominantly¹ of a general practice nature</p> <p>3. the general practice is capable of meeting all mandatory Indicators in the Standards.</p>
2	<p>The RACGP definition of the general practice speciality</p> <p><i>Note: the consultation does not seek to review this definition. The RACGP is not updating its definition of the general practice speciality. Its detail is provided here as context to the first requirement of the above definition of a general practice for the purpose of accreditation.</i></p> <p>The RACGP sets out 10 characteristics that define the speciality of general practice. The 10 characteristics are:</p> <ul style="list-style-type: none"> • person centredness • continuity of care • comprehensiveness • whole person care • diagnostic and therapeutic skill • coordination and clinical teamwork • continuous quality improvement • professional, clinical and ethical standards • leadership, advocacy and equity • continuing evolution of the speciality

2.4 Rationale for the current definition of a general practice for the purpose of accreditation

The purpose of the definition is to reliably identify those healthcare organisations that are general practices and that are eligible for accreditation against the Standards. There are three key issues to consider to determine whether a health service meets the definition of a general practice for the purpose of accreditation (see Table 2 above). Each of the three requirements are discussed in more detail below.

1. Can the service demonstrate each of the characteristics that define the speciality of general practice?

The first requirement is that the practice or health service operates within the model of general practice described in the RACGP definition of the general practice speciality. That model has 10 characteristics, as outlined in Table 2.

2. Are the services provided predominantly of a general practice nature?

A practice or health service will only be considered a general practice for the purpose of accreditation if the majority of clinical services it provides are of a general practice nature. In order for a practice to demonstrate they provide predominantly general practice services, they need to show that at least 50% of their services align with requirement 1 above (person centredness, continuity of care, comprehensiveness, whole person care, etc).

The proportion of general practice services provided is confirmed by an accreditation agency's review of patient health records.

¹ 'Predominantly' is defined by the *Health Insurance Regulations 2018* (made under the *Health Insurance Act 1973*) as 'more than 50% of the practitioner's clinical time, and more than 50% of the services for which Medicare benefits are claimed, are in general practice.'

For example, consider a skin clinic that mostly provides skin/mole checks. While skin checks are a service provided in general practice, providing isolated skin checks for more than 50% of the services of that clinic would not satisfy the current definition because this does not reflect whole person care.

3. Does the service operate within a safety and quality model that meets peer expectations (as required by the definition's [third core requirement](#))?

A general practice needs to be able to meet all of the mandatory (flagged ►) Indicators that are set in the Standards. For example:

- Does it have appropriate systems for clinical handover, the follow up of test results and patient identification?
- Do its general practitioners have appropriate qualifications and training?
- Can it demonstrate improvements made in response to analysis of patient feedback?

Currently, a general practice or health service has to demonstrate that it meets all mandatory Indicators in the Standards (in addition to meeting items 1 and 2 above), to gain accreditation against the Standards.

Some models of care may be considered a general practice service but cannot meet particular Indicators (see [Section 3.1](#) below). For example, 'non-bricks and mortar' practices, or those that only service particular patient groups (eg residential aged care facilities).

2.5 The Standards as a quality improvement tool regardless of accreditation

A GP may provide clinical services at a health service that is not considered a general practice (ie it is unable to meet the definition of a general practice for the purpose of accreditation). The Standards can still be used as a template for quality improvement and risk management in such a health service, even if it cannot be formally accredited to the Standards or have access to PIP.

3. Issues and considerations

The RACGP receives feedback from services that do not meet the current definition of a general practice for the purpose of accreditation. The range of services include (but are not limited to):

- outreach general practice services
- telehealth only services
- other clinics offering mostly specialised services.

These types of services may:

- not have a physical premises, meaning they are unable to meet the existing mandatory Indicators within the Standards (as per the current requirement 3 of the definition)
- mostly provide specialised services, hence limiting their ability to provide whole person care and meaning they do not provide predominantly general practice services (as per the current requirement 2 of the definition).

Consequently, these health services cannot currently seek accreditation or access additional supports and payments via PIP.

3.1 General practice services that cannot be accredited based on the current definition

Some services are currently unable to be accredited against the Standards because they:

- A. do not meet the [definition of the general practice speciality](#), as they cannot demonstrate that all acute, reactive and preventative/longitudinal care is covered by the service.

and/or

- B. operate without a physical premise, so they are unable to meet any or all of the following mandatory Indicators:

[GP Module: Criterion 5.1](#)

A – F Practice Facilities

- ▶ A. Our practice facilities are fit for purpose.
- ▶ B. Our practice ensures that all patient consultations take place in a dedicated consultation or examination space.
- ▶ C. Our consultation spaces permit patient privacy and confidentiality.
- ▶ D. Our practice has a waiting area that accommodates the usual number of patients and other people who would be waiting at any given time.
- ▶ E. Our practice has accessible toilets and hand-cleaning facilities.
- ▶ F. Our practice is visibly clean.

[GP Module: Criterion 3.1](#)

A and D Practice Equipment

- ▶ A. Our practice has equipment for comprehensive primary care and emergency resuscitation including (the following selected items):
 - examination light
 - height measurement device
 - oxygen
 - scales
- ▶ D. Our practice has one or more height adjustable beds.

[GP Module: Criterion 4.1](#)

A – C Maintaining vaccine potency

- ▶ A. Our practice has a team member who has primary responsibility for cold chain management in the practice.
 - ▶ B. The team member who has primary responsibility for cold chain management ensures that the process used complies with the current edition of the National Vaccine Storage Guidelines.
 - ▶ C. The team member who has primary responsibility for cold chain management reviews the following processes to ensure potency of our vaccine stock:
 - ordering and stock rotation protocols
 - maintenance of equipment
 - annual audit of our vaccine storage procedures
 - continuity of the cold chain, including the handover process between designated members of the practice team
 - accuracy of our digital vaccine refrigerator thermometer.
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3.2 Potential considerations for changing the definition of a general practice for the purpose of accreditation presented for consideration

Table 2 outlines a range of considerations for stakeholders to take into account when considering the consultation question:

This is not an exhaustive list of considerations, nor do the items in Table 2 reflect the position of the RACGP or RACGP Expert Committee – Standards for General Practices (REC-SGP).

All stakeholder considerations, whether aligned to suggestions in Table 2 or not, are welcome and will be considered by the RACGP.

Table 2 Suggested considerations for review of the definition of a general practice for the purpose of accreditation

Item	Description
1	<p>Retain the current definition</p> <p>The RACGP could retain its current definition of a general practice for the purpose of accreditation, maintaining the current requirement for general practices to be assessed consistently against all mandatory Indicators in the Standards. If retained, general practice services that cannot meet the current definition (as described in Sections 2.2 and 2.3 of this document) will still be unable to be accredited against the Standards.</p>
2	<p>Exempt non-traditional general practice services from meeting mandatory Indicators</p> <p>Exemptions could be introduced for certain mandatory Indicators when a particular general practice service is assessed for accreditation. For instance, all the Indicators that require a physical premise could be identified and deemed not applicable for a service without a physical premise, that otherwise provides comprehensive general practice services.</p> <p>Any service to which Indicator exemptions apply would need to be identified and defined, as would an eligibility process to seek such exemptions.</p> <p>Any changes that incorporate Indicator exemptions may have unintended consequences whereby other health services that do not meet the spirit or intent of the definition can seek accreditation and access to the PIP. To avoid this, parameters could be put in place to clearly explain what exemptions are applicable in particular circumstances.</p>
3	<p>Explore new ways to meet Indicators related to physical requirements</p> <p>The RACGP could consider whether the fact a practice is mobile, satellite, or otherwise operates in absence of a physical premise categorically excludes it from meeting all mandatory Indicators.</p> <p>The RACGP and accreditation agencies could broaden the assessment for certain Indicators to encompass more ways that meet those Indicators traditionally associated with a physical premise (ie Indicators described in Section 3.1 of this document). Unlike item 2 above, all Indicators would still have to be met by the service in order for it to be accredited (ie no exemptions for mandatory Indicators); however, that may not require the service to have a physical premise.</p> <p>Accreditation agencies could consider whether a certain requirement is 'met' following a detailed assessment of the service (eg a service without a physical premise that has an arrangement with suitable locations that provide access to the required equipment and facilities, such as a residential aged care facility).</p>

4. Your feedback

As mentioned in Section 1 of this background paper, the RACGP is exploring whether the current definition of a general practice for the purpose of accreditation should be retained or updated to reflect and support different models of care of general practice care.

We are seeking your feedback on the below question.

For the purpose of accreditation, is the RACGP definition of a general practice for the purpose of accreditation reflective of all contemporary general practices – yes or no?

If you answer 'no' to the consultation question, please state how you think the RACGP could update the definition of a general practice for the purpose of accreditation to be reflective of all contemporary general practices.

When providing feedback on this question, some of the issues you might consider are:

- how updates to the definition of a general practice for the purpose of accreditation can reflect all contemporary general practices (if answering 'no' to the consultation question)
- specific service models that you consider to be a general practice but may be excluded from general practice accreditation by the current definition, and why they should be included?
- access to PIP or not for alternative services, such as those outlined in Section 2, and why?
- revisions that you recommend for the definition itself

The RACGP invites you to consider the suggestions made in [Section 3.2](#), or variations of those suggestions; however, this paper does not include an exhaustive list of considerations and you are welcome to present others based on your experiences.

The closing date for the RACGP consultation on the definition of a general practice for the purpose of accreditation is Thursday 1 April 2021. You can make a submission or contribute in the ways outlined below. You only need to respond using one feedback method.

4.1 Questionnaire

You can answer our consultation question and provide any additional feedback using our online questionnaire.

**Provide your answer and feedback on
the consultation question**

4.2 Written submissions

Submissions and general feedback can be made to RACGP by emailing standards@racgp.org.au

When providing a submission by email, please ensure you:

- provide your full name and position
- address the consultation question by stating whether you think the definition should be retained or updated and why and what changes you would like

Written submissions can be addressed to Dr Louise Acland, Chair RACGP Expert Committee – Standards for General Practices (REC-SGP) or Ms Samantha Smorgon, Program Manager – Standards.

The RACGP may publish de-identified comments received throughout this consultation. Please advise when you make a submission if you would not like the RACGP to do so.

4.3 Workshops and verbal feedback

The RACGP will arrange online workshops for interested stakeholders to provide further feedback and discuss the definition with their peers.

You can register to attend an online workshop facilitated by Dr Louise Acland, Chair RACGP Expert Committee – Standards for General Practices on **Monday 25 March 2021, 12.00 – 1.00 pm**.

**Register your interest to attend an
online workshop to discuss further**

If you are unable to attend at this time, please email standards@racgp.org.au with your name and contact details and we will let you know if any additional workshops become available.

Individual verbal feedback is also welcome – email standards@racgp.org.au to arrange a call back time.

The RACGP Expert Committee – Standards for General Practices (REC-SGP) will consider all member and stakeholder feedback following the consultation period. Further consultations undertaken (as required) and/or decisions made will be communicated to members and stakeholders.

5. About the RACGP

The RACGP is Australia's largest general practice organisation, representing over 42,000 members working in or towards a career in general practice.

The RACGP is responsible for:

- defining the nature and scope of the discipline
- setting the standards and curricula for training
- maintaining the standards for quality general practice
- supporting specialist general practitioners (GPs) in their pursuit of excellence in patient and community service.

5.1 The RACGP Standards for general practices

The RACGP has a 29-year history in the development of standards for use in a primary healthcare setting. The RACGP [Standards for general practices \(5th edition\)](#) (the Standards) are profession led, and they form a foundational benchmark for quality and safety in Australian general practice. They incorporate consideration of the expectations consumers and other relevant stakeholders have and are developed after an extensive public consultation process and are subject to rigorous and continuous evaluation.

The RACGP encourages all services that provide primary health care to consider the Standards as a template for quality improvement and risk management. All standards and related criteria are relevant to primary care, and adhering to these will enable practices to build the fundamentals of quality and safety into their systems.

Other Standards developed by the RACGP include:

- [Standards for after-hours and medical deputising services](#)
- [Standards for Garrison health facilities in the Australian Defence Force](#)
- [Standards for health services in Australian prisons](#) (being updated in 2021)
- [Standards for health services in Australian immigration detention centres](#) (being updated in 2021)
- [Standards for patient-centred medical homes](#)
- [Standards for point-of-care testing](#)
- [Infection prevention and control standards](#)
- Standards for general practice residential aged care (in development)

5.2 About the REC-SGP

The RACGP Expert Committee – Standards for General Practices (REC-SGP) was established to:

- develop and maintain standards and associated resources for general practices, including GP education practices, medical deputising services and other primary medical services
- ensure the standards reflect quality practice and are independent of government policies and initiatives
- monitor the development and application of relevant standards in Australia and overseas and oversee the RACGP's role in the development and monitoring of standards in related areas
- establish a mechanism for standards interpretation with organisations that accredit against the RACGP Standards
- ensure adequate communication about standards for general practices within the RACGP, its members, the medical profession and the Australian community.