RACGP *Standards for point of care testing*

The modular format of the RACGP *Standards for general practices* (5th edition) has enabled the development of general practice standards for a range of settings. As such, the RACGP *Standards for point of care testing* (the Standards for point of care testing) will be fit for purpose.

To be accredited against the Standards for point of care testing, a service must first be accredited against the *Standards for general practices* (5th edition). Accordingly, the service needs to meet the requirements of the following modules:

- Core
- Quality Improvement
- GP
- Point of care testing

Please note that the RACGP is seeking your feedback on:

- the point of care testing module; and
- the applicability of the Core, Quality Improvement and GP modules.

Stakeholders are invited to review the modules and provide feedback as appropriate. Alternatively, when reviewing the point of care testing module, you could use the following questions to guide your response:

- **Is the content in the explanatory material for each Criterion relevant?**
- **Are there any Indicators that you believe your service would have difficulty meeting? If so, why?**
- **Are there any Indicators that do not make sense or are unclear? If so, why?**
- **Are there any Indicators that are not applicable to your service? If so, why?**
- **Is there anything you would like added to the Point of care testing module?**

Please submit your feedback to standards@racgp.org.au by **20 April 2018**. All stakeholder feedback will be published, unless you state otherwise.

Contents

Introduction

The RACGP *Standards for point of care testing* follow the same modular structure as the RACGP *Standards for general practices* (5th edition) (the Standards). These standards have been developed to improve the quality and safety of point of care testing performed by health services. They also provide services with a way of identifying and addressing any gaps they have in their systems and processes.

The sophistication and reliability of point of care testing systems and instruments has improved markedly in recent years. With these improvements, point of care testing is becoming increasingly accessible for general practices, such that a fit for purpose quality and safety framework for ongoing performance is required.

There are a number of benefits that point of care testing may offer including:

- the ability to make immediate and informed decisions about patient care, improving clinical management
- greater patient compliance with pathology requests, especially for those patients who are most at risk
- greater convenience and satisfaction for patients – given speed of diagnosis and treatment decisions
- more opportunities for patient engagement with the practice team. [1]

Development process

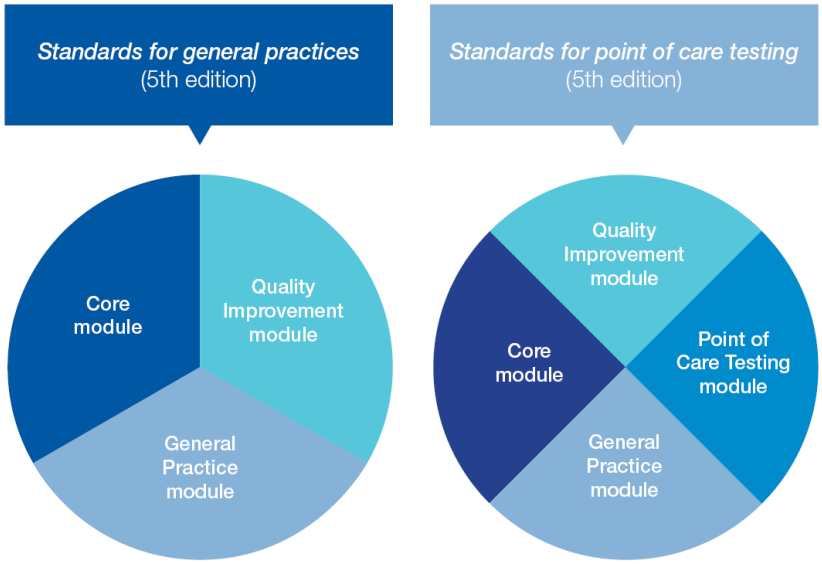
The draft *Standards for point of care testing* (hereafter 'the Standards for PoCT) were developed by the RACGP in consultation with general practitioners, practice managers, nurses, consumers, technical experts, and many other stakeholders.

Revised structure

Following the modular structure of the Standards, general practices seeking accreditation against the Standards for PoCT must meet the requirements of the following modules:

- Core
- Quality Improvement
- General Practice
- Point of Care Testing

Figure 1: RACGP Standards modular structure



Definition of a point of care testing general practice for the purposes of accreditation

A point of care testing general practice must meet the following criteria to be accredited against the Standards for PoCT:

- The practice or health service operates within the model of general practice described in the RACGP's definition of general practice, available at www.racgp.org.au/becomingagp/what-is-agp/what-is-general-practice
- GP services are predominantly of a general practice nature.
- Except where specifically exempted, the service can meet all the mandatory Indicators in the Core, Quality Improvement, GP and Point of Care Testing modules.

Numbering of Criterion and Indicators

The numbering system works as follows:

- The Standards in each module are numbered separately (Standards 1–8 in the Core module, Standards 1–3 in the Quality Improvement module, Standards 1–6 in the General Practice module and Standards 1-5 in the Point of Care Testing module).

- The Criteria for each Standard has a code indicating the module (C for Core, QI for Quality Improvement, GP for General Practice and PoCT for Point of Care Testing), followed by sequential numbering that indicates the Standard and Criterion. For example, C1.1 is the first Criterion for the first Standard in the Core module; C1.2 is the second Criterion for the first Standard in the Core module; GP4.2 is the second Criterion for the fourth Standard in the GP module).

Indicators that focus on outcomes and patients

The Indicators in these Standards have been written, where appropriate, with a focus on outcomes and patients, instead of prescribed processes or what the service does.
For example:

Process-focused Indicator	**Outcome-focused Indicator**
Our service has a documented system to identify, follow up and recall patients with clinically significant results.	Our service recalls patients with clinically significant results.

By focusing on outcomes, your service can develop systems and processes that reflect your preferred ways of working and choose how to demonstrate that you meet the intent of each Indicator. It is important that you can provide evidence of meeting the Indicator, either through inspection or interview. Focusing on outcomes will give your practice's team greater ownership of your processes and systems, making your team more likely to follow them not only during accreditation, but also before and after.

Structure of the explanatory notes

The explanatory notes for each Criterion include three sections:

- *Why this is important*

  This section explains why the Indicators are important from a quality and safety perspective

- *Meeting this Criterion*

  This section sets out ways that your practice can choose to demonstrate that it meets the Indicator and/or Criterion.

- *Meeting each Indicator*

  This section contains a list of any mandatory activities your practice must do to meet the Indicator, and/or optional ways your practice can choose to meet the Indicator.

  This change was made as a direct result of feedback from stakeholders collected during the development of the 5th edition Standards.

Plain English

The Standards for PoCT are written in plain English, eliminating ambiguity and minimising the use of technical language.

Use of 'could' and 'must'

In the explanatory notes, the words 'could' and 'must' are used as follows:

- 'could' is used to indicate that something is optional
- 'must' is used to indicate that something is mandatory.

Federal, state or territory legislation

Most federal, state or territory legislation has not been included in this document. General practices are already responsible for ensuring that they comply with relevant legislation. Federal, state or territory, and local legislation overrides any non-legislative standards.

However, legislation has been cited where it is particularly important to a defined aspect of general practice (for example, Criterion 7.3 Confidentiality and privacy of health information).

If your service is accredited against the Standards for PoCT, you would have met some of your legislation requirements, but it does not mean that you have automatically met all of them. This is because the Standards for PoCT do not specify all of the relevant state and territory legislative requirements.

Evidence-based standards

The Standards for PoCT are based on the best available evidence of how general practices can provide safe and quality healthcare to their patients.

This evidence is based on two sources:

- relevant studies
- where studies are not available, Level IV evidence – otherwise known as evidence from a panel of experts. To ensure that this Level IV evidence is as robust as possible, the Standards have been tested by Australian general practices and consumers, and the testing was overseen by an expert committee consisting of GPs, academic GPs and nurses, practice management, and a consumer representative.

Accreditation

If you want your practice to be accredited against the Standards for PoCT, it must be formally assessed by an accrediting agency approved under the National General Practice Accreditation Scheme (the Scheme), which commenced on 1 January 2017.

A list of approved accrediting agencies can be found here.

Accreditation against the *Standards for general practices* (5th edition) is a prerequisite for accreditation against the Standards for PoCT. Practices may undergo their PoCT accreditation visit either following or concurrently with their general accreditation visit.

Voluntary accreditation

The RACGP supports accreditation as a voluntary scheme.

The accreditation cycle

The accreditation cycle is three years. This means that if your practice achieves accreditation against these Standards for PoCT, the accreditation is valid for the remainder of the three-year cycle in which you achieved accreditation. To maintain your accreditation, you must be successfully reassessed for the next accreditation cycle.

The assessment process

If you want your general practice to be accredited, you must select an approved accreditation agency from the list of agencies available at www.safetyandquality.gov.au/our-work/generalpractice-accreditation

Each accreditation agency has trained surveyors who assess general practices. The agency you select will work with your practice to help you prepare for the accreditation process. They will also appoint a team of surveyors who visit each location from which your practice operates to assess your practice against the Standards for PoCT.

Surveyor teams

Surveyor teams are comprised of at least two surveyors, one of whom must be an appropriately qualified GP surveyor with expertise in point of care testing and one of whom must be an appropriately qualified nurse, practice manager, allied health professional or Aboriginal and Torres Strait Islander health worker/health practitioner with relevant experience in general practice.

Surveyor teams may include a third person, such as a non-health practitioner or consumer who has been appropriately trained in the Standards for PoCT.

Fair and independent assessments

Accreditation assessments are based on common sense: the accreditation agencies will not seek to penalise or exclude a practice from accreditation due to technicalities.

The RACGP considers that an independent review of your practice that includes two or more surveyors (one GP and one or more non-GP surveyors) will foster genuine collaboration and sharing of expertise among peers.

Requirements for accreditation agencies and surveyors

The RACGP has developed requirements that accrediting agencies and surveyors must meet in order to be granted permission to use the Standards for PoCT to assess general practices, as outlined below.

By ensuring that bodies have appropriate systems, processes and commitment, and that

surveyors have the appropriate skills, qualifications and experience, the accreditation process has the required rigour and level of accountability.

Accrediting agencies

In order to use the Standards for PoCT, accrediting agencies are required to demonstrate the following to the RACGP:

- an in-depth understanding of:
    - the Standards for PoCT
    - the nature of general practice in Australia
    - requirements for training and vocational registration of GPs
- an accreditation assessment framework that includes a single on-site component that is conducted once every three years for each service location
- the capacity to efficiently accredit general practices across Australia
- a governance and advisory structure that includes GPs with considerable experience in general practice
- a commitment not to refuse an application for accreditation from a practice that meets the RACGP definition of a general practice, regardless of location or size, and not to financially or otherwise discriminate against a practice because of size or location.

All surveyors

Surveyors must:

- demonstrate a good understanding of confidentiality issues relating to general practice, personal health information and patient privacy
- meet requirements relating to their previous and recent experience
- complete ongoing surveyor training as required by the Scheme to maintain their competence and knowledge of the Standards for PoCT.

GP surveyors

GP surveyors must:

- have expertise in point of care testing
- be vocationally registered under the *Health Insurance (Vocational Registration of General Practitioners) Regulations 1989* (Cth)
- hold either Fellowship of the RACGP (FRACGP) or the Australian College of Rural and Remote Medicine (ACRRM) if appointed after 31 October 2017
- have at least five years' full-time or equivalent part-time experience as a vocationally registered GP and

- be working at least two sessions a week in face-to-face patient contact in an accredited general practice, and have done so for the last two years

  or

- have worked at least two sessions a week in face-to-face patient contact in an accredited general practice within the last two years

Non-GP surveyors

Non-GP surveyors:

- can be an appropriately qualified nurse, practice manager, allied health professional, or Aboriginal and Torres Strait Islander health worker or health practitioner.
- must have at least five years' full time equivalent experience and
  - must be working at least 16 hours a week in an accredited general practice, and have done so for the last two years

    or

  - have worked at least 16 hours a week in an accredited general practice in the last two years.

Mandatory ► and aspirational Indicators

Indicators marked with the symbol ► are mandatory, which means that your practice must demonstrate that you meet this Indicator in order to achieve accreditation against the Standards for PoCT.

Indicators that are not marked with the mandatory symbol are aspirational Indicators. We encourage all practices to meet the aspirational Indicators, but they are not essential to achieve accreditation.

Demonstrating compliance

These Standards for PoCT are outcomes-focused (instead of process-focused) which means your practice can choose how you demonstrate that you meet the intent of each Indicator, and the evidence that you choose to support this. The accreditation agency must only be satisfied that you meet the intent of each Indicator, and that you can provide appropriate evidence of this.

This approach gives you greater scope to set up systems and processes that reflect your working arrangements, which means the systems and processes will be more meaningful and relevant to your practice.

In the explanatory notes of each Criterion, there is a section titled 'Meeting each Indicator' that sets out the mandatory requirements of that specific Indicator, and includes some examples of what you can do to meet it. While you may find some or all of these examples

useful, it is not an exhaustive list, and we encourage you to develop methods that best suit the needs of your practice.

The Resource guide

The RACGP has developed a Resource guide that contains useful supplementary information that will help your practice meet the Indicators in the Standards for PoCT. The Resource guide is available at: https://www.racgp.org.au/download/Documents/Standards/5th%20Edition/resource-guide-racgp-standards-for-general-practices-5th-ed.pdf

Point of care testing

For the purpose of the Standards for PoCT, point of care testing is defined as pathology testing performed at the point or time of care with the intent of facilitating immediate and informed decisions regarding patient care.

In Australia, point of care testing devices and systems are categorised as *in-vitro* diagnostic medical devices (IVDs) and are therefore regulated as a subset of medical devices by the Therapeutic Goods Administration. The Australian Register of Therapeutic Goods lists therapeutic goods accepted for import into or supply for use in Australia or exportation from Australia. These Standards assume that any PoCT device or system, including but not limited to consumables, reagents, controls and software used by a general practice, are listed on the ARTG.

Unless a specific exemption has been granted, it is a criminal offence under the *Therapeutic Goods Act 1989* to import into, supply in or export from Australia, a medical device that has not been entered onto the ARTG.

Module 1: Core Module

Standard 1: Communication and patient participation

Our practice provides patient-centred, timely and accurate communications.

Communication with patients includes:

- communication that occurs before the consultation, during the consultation, and after the consultation
- verbal and written communication, and the use of interpreters, including sign language interpreters
- communication between:
    - the patient and the practitioner
    - the patient and the practice team
    - the patient and other clinicians in the practice.

Communication must be patient-centred. This means that the practice team consider the patient's values, needs and preferences, and give the patient time to provide input and participate actively in decisions regarding their healthcare[2]. Patients are to be provided with the appropriate information they need to manage their condition.

The communication needs of carers and other relevant parties also needs to be considered by the practice.

Criterion C1.1 – Practice information

Indicators

► A. Our patients can access up to date information about the practice.

At a minimum, this information contains:

- our practice address and telephone numbers
- our consulting hours and details of arrangements for care outside normal opening hours
- our practice's billing principles
- our list of practitioners
- our practice's communication policy, including receiving and returning telephone calls and electronic communication
- our practice's policy for managing patient health information (or its principles and how full details can be obtained from the practice)
- the process we use to follow-up on results
- how to provide feedback or make a complaint to the practice
- information on the range of services we provide.

Why this is important

Information about the practice, including the range and cost of services provided by the practice, is important to all patients.

Meeting this Criterion

Format of the information

Practices can provide this information in many formats, such as an information sheet and the practice's website. Pictures and simple language versions help patients who would otherwise be unable to read or understand the information. The practice needs to update this information regularly, so that it remains accurate. Ideally the information is updated as soon as any of it changes.

If your practice serves specific ethnic communities, provide access to written information in the languages most commonly used by your patients. You could also display the languages spoken by the practice team on an information sheet or on your website.

Advertisements in your practice information

If your documents and other material providing information about your practice contain local advertisements, include a disclaimer that states that the inclusion of advertisements is not an endorsement by the practice of these services or products.

Meeting each Indicator

C1.1►A Our patients can access up to date information about the practice.

You must:

- **make practice information available to patients.**
- **update practice information if there are any changes.**

You could:

- create and maintain an up-to-date information sheet that contains all the required information in language that is clear and easily understood.
- create and maintain an up-to-date website that contains all the required information about the practice in clear, simple language.
- provide alternative ways to provide the information to patients who have low literacy levels (eg provide versions in languages other than English, and versions including pictures)
- provide brochures and/or signs in the waiting room, written in English and languages other than English, explaining:
    - the practice's policy regarding its collection, storage, use, and disclosure of personal and health information
    - the costs and fees of the practice
    - available services
    - after-hours services.
- display a list of names of the practice team members on duty.
- make contact details of interpreters available.
- train practice team members so that they can use the interpreter service.

Criterion C1.2 – Telephone and electronic communications

Indicator

► A. Our practice manages telephone calls, telephone messages, and/or electronic messages from patients.

Why this is important

Effective communication with patients via telephone and electronic communication (eg emails and texts) ensures that:

- patients can contact the practice when they need to
- patients can make appointments and receive other information in a timely fashion
- urgent enquiries are dealt with an a timely and medically appropriate way

Meeting this Criterion

Communicating by telephone

Before putting a caller on hold, reception staff must first ask if the matter is an emergency.

When a member of the practice team provides information (such as the results of investigations) to a patient by telephone, they must make sure that the patient is correctly identified so that patient confidentiality is not compromised. To do this, they must obtain at least three of the following approved patient identifiers (items of information that are accepted for use to identify a patient):

- family name and given names
- date of birth
- gender (as identified by the patient)
- address
- patient health record number where it exists
- Individual Healthcare Identifier.

A Medicare number is not an approved identifier. Medicare numbers are not unique and some people have more than one Medicare number because they are members of more than one family and are on multiple cards. Also, some Australian residents and visitors may not have a Medicare number[3].

Communicating by electronic means

If you choose to communicate with patients electronically (eg by email, secure messaging or text message), you must:

- adhere to the Australian Privacy Principles, 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 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)
- 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.

Informing the clinical team of communications

All messages from patients, to patients or about patients must be added to and become part of the patient's health record, as must any actions taken in response to the message.

Develop procedures about the following:

- how messages are communicated - internal electronic messaging systems are useful for this.
- how messages are recorded (eg for privacy reasons, it may be unacceptable to record them on a sticky note).
- how to ensure that a message is given to the intended person and what to do if the intended recipient is absent
- how to ensure that practitioners can respond to messages in a timely manner.

Communicating with patients with special needs

If patients (eg those with disability 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 (see https://relayservice.gov.au/)
- the Translation and Interpreter Service (TIS) for patients from a non-English speaking background (https://www.tisnational.gov.au/).

Online appointments

If your patients can make appointments on-line:

- select the technology and system that best suits your practice's requirements
- decide which appointments are appropriate for online bookings (eg you could offer this option only for routine, non-urgent appointments).

Meeting each Indicator

C1.2►A Our practice manages telephone calls, telephone messages, and/or electronic messages 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 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.
- 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 clinical team.
- have an appointment system that includes time for the clinical team to return messages to patients.
- if your email system allows it, have an automatic email response when all emails are received that includes the practice's telephone number and when the email will be replied to.
- establish a process so that patients are advised of the practice's policy for checking, responding to, and sending emails.

Criterion C1.3 – Informed patient decisions

Indicators

► A. Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.

► B. Our patients receive information to support the diagnosis, treatment, and management of conditions.

Why this is important

Patients have the right to make informed decisions about their health, medical treatments, referrals and procedure. You have a duty to provide information that the patient can understand, and that is tailored to their individual needs.

Meeting this Criterion

Providing appropriate and sufficient information

Practitioners can verbally provide information to patients during a consultation. When explaining proposed investigations, referrals and treatments to patients, deliver the information in an appropriate language and format. This means using simple language, minimising jargon and complicated terms, and using clear diagrams.

When delivering information to a patient, consider:

- the patient's physical, visual and cognitive capacities that may affect their ability to understand the information, make decisions, or provide consent
- the most appropriate way to communicate potentially sensitive information (eg about sexually transmitted infections, blood-borne viruses, and pregnancy results)
- the patient's cultural and linguistic background (eg you may need to use an interpreter to check that the patient understands everything that you have told them)
- the patient's family members who are involved in their care (with consent of the patient where the patient has capacity)
- the patient's level of health literacy and therefore their ability to understand the information
- if you need to give the information to a carer, make sure that the carer understands the information
- limiting the amount of information patients are given to avoid overwhelming them.

Further information provided to patients can be paper-based or on-line (eg leaflets, brochures, and links to reputable websites).

Information about interventions

Providing information about tests and treatments (including medicines and medicine safety) may help patients to make informed decisions about their care. For this reason, practitioners need to:

- check the patient's understanding about the intervention

- check the carer's understanding of the intervention, if the patient has a carer
- offer to discuss any issues about a patient's condition, proposed treatment and medicines that could be confusing
- direct patients to reliable health and medicine websites where they can find further information
- recommend that patients seek further advice about their medicines from their pharmacist.

Health literacy

Individual health literacy is defined by the Australian Commission on Safety and Quality in Health Care (ACSQHC)as 'the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and healthcare and take appropriate action'.[4]

Health literacy plays an important role in enabling effective partnerships between practitioners and patients. For partnerships to work, everyone involved needs to be able to give, receive, interpret, and act on information, such as treatment options and plans.

Assessing the health literacy of patients then providing them with information based on that assessment helps to make patients fully aware of and understand their diagnosis, condition, treatment options and the possible risks or side effects of medications or treatments.

Practitioners can build a patient's health literacy by:

- recognising the patient's needs and preferences and tailoring communication accordingly
- assuming that most people will have difficulty understanding complex health information and concepts
- providing health information in an unrushed manner using words that the patient understands
- using multiple communication strategies to confirm that information has been delivered and received effectively
- giving the patient targeted information (eg leaflets) and telling them where they can access targeted information (eg websites and online support groups)
- encouraging the patient, carer and other relevant parties to speak up if they have difficulty understanding the information provided
- using proven methods of informing patients about the risks of treatment options.

Meeting each Indicator

C1.3► A Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.

You must:

- **obtain patient consent for a third party (eg an interpreter) to be present at consultations when the patient needs help understanding their health information**

- **have a process which ensures that patients understand the information**

You could:

- use diagrams or flip charts in consultations to help explain health matters to patients.
- use tools that help the practitioner and the patient to share the decision making, in order to establish a supportive and effective partnership with the patient.
- provide patients with the information they need to understand and manage their health, such as paper copies of information sheets and names and URLs of reputable websites.

C1.3► B Our patients receive information to support the diagnosis, treatment, and management of their conditions.

You must:

- **document in the patient's health record the treatment options and associated risks and side effects that you have explained and discussed with the patient**
- **document in the patient's health record the patient's refusal to obtain or follow any clinician's advice.**

You could:

- provide patients with information sheets and instructions on health conditions, treatments, and medicines.
- make available a range of health information sheets that are one or two pages long.
- have information relating to culturally specific health information (eg Aboriginal and Torres Strait Islander health) in the waiting room and consultation rooms.
- display posters containing information about specific diseases, such as diabetes and chicken pox.

Criterion C1.4 – Interpreter and other communication services

Indicators

► A. Our practice endeavours to use an interpreter with patients who do not speak the primary language of our practice team.
► B. Our practice endeavours to use appropriate communication services to communicate with patients who have a communication impairment.
C. Our patients can access resources that are culturally appropriate, translated, and/or in plain English.

Why this is important

Patients have a right to understand the information and recommendations they receive from their practitioners.[5]

Practitioners have a professional obligation to communicate effectively and to understand their patients' health concerns.

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 a complaint was made to the Medical Board of Australia that a patient has died because the practitioner used the patient's daughter to translate instead of using an interpreter)[6]
- it may impose unreasonable responsibility and stress on these individuals, particularly if they are young or a very close relative (eg a child)
- it might upset the friendship dynamics and family relationships.[7]

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 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 on a patient's health record and referral letters
- training the practice team in using interpreters.

Although Aboriginal and Torres Strait Islander people may appear comfortable with English, they may still benefit from being offered an appropriate interpreting service.

Communication with patients who have a communication impairment

The practice team must consider the needs of patients who require assistance with communication due to hearing, speech or vision impairment, disability or cognitive impairment.

The practice should consider the following when communicating with a patient with a communication impairment:[8]

- Ask the person about the best way to communicate if you are unsure.
- Speak directly to a person with a disability, even if they are accompanied by someone without a 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.caus.com.au) and at Novita Children's Services (www.novita.org.au)

Translated or Plain English resources

Consider having a directory of resources, services, on-line tools and websites that will help you provide information translated in languages other than English. If most of your patients speak English, you may not need to have printed copies of these, as you might not use them often.

The Health Translations Directory provides health practitioners with access to translated health information if they are working with culturally and linguistically diverse communities. Further information is available at http://www.healthtranslations.vic.gov.au

Meeting each Indicator

C1.4► A Our practice endeavours to use an interpreter with patients who do not speak the primary language of our practice team.

You must:

- **provide evidence that interpreters are used with patients who do not speak the primary language of our practice team**
- **enter details of any translation services used in the patient's health record.**

You could:

- have a policy addressing the use of interpreter and communication services.
- register all your practitioners with TIS National
- use appropriately qualified interpreters
- make sure all team members can access a list of contact details for interpreter and other communication services

C1.4► B 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**
- **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.

C1.4C Our patients can access resources that are culturally appropriate, translated, and/or in plain English.

You could:

- maintain a list of websites and services where patients can access translated resources.
- keep information sheets in the common languages of the patient population in the consultation spaces.

Criterion C1.5 – Costs associated with care initiated by the practice

Indicator

► A. Our patients are informed about out-of-pocket costs for healthcare they receive at our practice.
► B. Our patients are informed that there are potential out-of-pocket costs for referred services.

Why this is important

Providing information in advance about costs that patients will or might incur (including costs in addition to consultation fees) is one way you can help patients make an informed decision about their own healthcare.

If the patient indicates, or you otherwise know or suspect, that the costs of a suggested referral pose a barrier to the patient, discuss alternatives with them, such as referral to public services.

Meeting this Criterion

Costs at your practice

Inform patients of the possible cost of additional treatments or procedures before beginning the treatment or procedure. To make sure that a patient understands these possible costs, consider their communication abilities and needs (eg they might need an interpreter or materials that are in their preferred language or in plain English).

Costs for referred services

You do not need to know or provide the exact costs of referred and investigative services. Before you make a referral or request for investigation, inform patients that these services could attract an out-of-pocket cost. This means explaining the extent to which the service will be covered by Medicare and whether the patient can expect to pay a gap payment or private fee.

If a patient asks for exact information about the costs of such services, encourage them to contact the service provider.

Meeting each Indicator

C1.5► A Our patients are informed about out-of-pocket costs for healthcare they receive at our practice.

You must:

- **inform patients about out-of-pocket costs for healthcare they receive at your practice.**

You could:

- place information about the practice's billing policy on your website.
- display billing information in waiting areas.
- explain the billing policy in person to patients.

C1.5► B Our patients are informed that there are potential out-of-pocket costs for referred services.

You must:

- **let the patient know when you are making a referral or requesting investigations that there may be a cost for the service. You do not need to know the exact cost.**

You could:

- provide the contact details of the referred service provider so the patient can find out about the costs for that service.
- develop a contact list of local service providers that you can give patients so that they can find out about costs and select the service provider of their choice

Standard 2: Rights and needs of patients

Our practice respects the rights and needs of patients.

The ACSQHC's *Australian Charter of Healthcare Rights* aims to create a common understanding of the rights of people receiving healthcare. View or download this charter at www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/

The RACGP's *General practice patient charter* (available at www.racgp.org.au/gppatientcharter) is aligned with the ACSQHC's *Charter of Healthcare Rights*, and describes the responsibilities of patients.

Some states and territories have patient charters that are unique to that state or territory and developed specifically for Aboriginal and Torres Strait Islander peoples.

Criterion C2.1 – Respectful and culturally appropriate care

Indicators

► A. Our practice, in providing patient healthcare, considers patients' rights, beliefs and their religious and cultural backgrounds.
► B. Our patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice, or procedure.
► C. Our practice acknowledges a patient's right to seek other clinical opinions.
► D. Our patients in distress are provided with privacy.
► E. Our clinical team considers ethical dilemmas.

Why this is important

The ideal patient-clinician partnership is a collaboration based on mutual respect and mutual responsibility for the patient's health. The clinician's duty of care includes clearly explaining the benefits and potential harm of specific medical treatments and the consequences of not following a recommended management plan.

Understanding what respectful and culturally appropriate care is

Respectful and culturally appropriate care is based on cultural awareness and sensitivity, which begins with learning about other cultures and cultural beliefs. Cultural awareness is defined by the Centre for Cultural Diversity in Ageing as:

'An understanding of how a person's culture may inform their values, behaviours, beliefs and basic assumptions ... [It] recognises that we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves and relate to other people'.[9]

Cultural safety, defined in Binan Goonj: Bridging cultures in Aboriginal health as 'an outcome of health practice and education that enables safe service to be defined by those who receive the service',[10] is the consequence of behavioural changes that come about after there is cultural awareness.[11] Culturally safe policies aim to create an environment that is 'safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need', where there is 'shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening'.[12]

Patients' rights

Patients have the right to respectful care that considers their religion and cultural beliefs, displays an acceptance of diversity and promotes their dignity, privacy, and safety. Respect for a patient 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.

Rights to refuse treatment and obtain second opinions

Patients with decision-making capacity have the right to refuse a recommended treatment, advice, or procedure and to seek clinical opinions from other healthcare providers.

Patients' responsibility

Patients have a responsibility to be respectful and considerate toward their practitioners and other practice team members

Ethical dilemmas

Practitioners often need to manage ethical issues and dilemmas in many different primary healthcare situations. These can range from bioethical dilemmas (including end of life care and pregnancy termination) to receiving gifts from patients.

Meeting this Criterion

Respectful and culturally appropriate care

You could consider factors that may affect the provision of respectful and culturally appropriate care, including:

- the patient's preference for a clinician of a specific gender
- the role of the patient's family
- the impact that the patient's culture has on their health beliefs
- history of traumatic events including, but not limited to, those associated with forced migration.

Practitioners have a professional obligation to take reasonable care when taking a history from a patient and developing management plans. They must also ensure there is clear and effective communication in the patient–practitioner relationship so that they can effectively manage the patient's healthcare. The patient needs to understand the discussion that takes place and needs to understand the proposed management and treatment. This may require the use of translating services.

If a carer has an ongoing role in the day-to-day care of a patient, it is generally advisable to include the carer in the practitioner-patient relationship with the permission of the patient (if the patient is able to give such consent).

Patients will also feel respected if the reception staff are positive, friendly, attentive, empathetic and helpful.

Managing health inequalities

Understanding local health inequalities allows your practice to identify opportunities to provide tailored healthcare to specific patients or patient groups. To develop an understanding of your practice population, you can either analyse practice data or use publicly available information.

Please note that managing health inequities for these patients is not mutually exclusive of general practice care (ie initial, continuing, comprehensive and coordinated medical care to individuals, families and communities), despite the targeted activities for specific patient group(s).

Refusal of treatment or advice

Patients may refuse a practitioner's recommended course of action, including advice, procedure, treatment or referral to other care providers. In this case, the practice may manage any associated risks by recording in the patient's health record:

- the refusal
- the action taken
- any other relevant information, such as an indication that the patient intends to seek another clinical opinion.

Second opinions

If the practitioner is aware that the patient wishes to seek another clinical opinion they could offer to provide a referral to the provider who is to give that opinion. Document in the patient's health record:

- the patient's decision
- the actions taken by the practitioner
- any referrals to other care providers.

You can also encourage patients to notify their practitioner when they decide to follow another healthcare provider's advice so that the practitioner can discuss any potential risks of this decision.

Deciding to no longer treat a patient

If a practitioner no longer considers that it is appropriate to treat a particular patient, the steps taken to help the patient receive alternative ongoing care need to be recorded in the patient's health record.

Dealing with distressed patients

You may develop a plan to help patients and other relevant people who are distressed and to ensure that they are treated respectfully. For example, you can provide a private area (such as an unused room or the staff room) where the person can wait before seeing a practitioner.

Ethical dilemmas

Examples of situations that might create ethical dilemmas in a practice include:

- patient-practitioner relationships (familial relationships, friendships, romantic relationships)
- professional differences
- patients giving gifts to the practitioner
- emotionally charged clinical situations (eg when a patient has an unwanted pregnancy or terminal illness, or wishes to discuss euthanasia)
- reporting to the state's driver licensing authority that a patient is unfit to drive
- reporting a patient to the Driver Licensing Authority regarding a patient's unfitness to drive
- a patient's request for a medical certificate if the practitioner does not believe that the patient's condition warrants one.

You need a system to document situations that present ethical dilemmas and the actions taken. Practitioners could discuss the ethical dilemmas with a colleague or with their medical defence organisation. Documentation of a discussion about an ethical dilemma with a medical defence organisation must be kept separate from the patient's health record, ideally in a separate medico-legal file.

You may also provide ongoing training to help practitioners deal with ethical dilemmas, and encourage the practice team to participate in reflective discussions about situations that present ethical dilemmas.

Where a practitioner is facing an ethical dilemma, the practitioner could also inform the patient that they see an ethical dilemma for themselves, and refer them to another practitioner.

Meeting each Indicator

C2.1► A Our practice, in providing patient healthcare, considers patients' rights, beliefs, and their religious and cultural backgrounds.

You must:

- **demonstrate that you have considered patients' rights, 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
- meet a patient's request for a practitioner of a specific gender, if possible
- have separate sections of the waiting room for men and women, 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
- 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 organisational cultural protocols within the office, waiting areas and consultation rooms
- provide resources appropriate to the health literacy and cultural needs of your patients.

C2.1► B Our patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice, or procedure.

You must:

- **keep appropriate documentation in the patient's health record.**
- **develop a process outlining what the clinical team must do when a patient refuses treatment, advice or a procedure.**

You could:

- establish and follow a process for dealing with suggestions and complaints.

C2.1► C Our practice acknowledges a patient's right to seek other clinical opinions.

You must:

- **keep documentation of a patient's decision to seek another clinical opinion in the patient's health record**
- **provide referrals to other healthcare providers when appropriate**
- **keep appropriate documentation of referrals in the patient's health record.**

You could:

- develop a policy or procedure that explains how the clinical team must manage patients seeking another clinical opinion.

C2.1► D Our patients in distress are provided with privacy.

You must:

- **provide a room or area where distressed patients can have privacy.**

You could:

- use a spare consulting room to provide privacy for patients who are in distress.
- allocate a staff member to check on the welfare of patients in distress.

C2.1► E Our clinical team considers ethical dilemmas.

You must:

- **document any ethical dilemmas that have been considered and the outcome or solution.**

You could:

- develop a policy or procedure that explains how the clinical team must manage ethical dilemmas.
- discuss ethical dilemmas at clinical team meetings.
- provide a buddy or mentoring system in which ethical dilemmas can be discussed.
- use a clinical intranet or group email to pose common ethical dilemmas for the clinical team to consider and discuss
- display a notice in the waiting room listing ethical dilemmas that practitioners sometimes encounter, and how they generally deal with them (eg referring the patient to another practitioner or clinic, politely refusing all offers of gifts).

Criterion C2.2 – Presence of a third party during a consultation

Indicator

► A. Our practice obtains and documents the prior consent of a patient when the practice introduces a third party to the consultation.

Why this is important

Obtaining prior consent for the presence of a third party during a consultation means that the practice is complying with privacy legislation and the patient's confidentiality rights.

Documenting the presence of a third party in the patient health record also means that there is an accurate record of who was present during the consultation.

Meeting this Criterion

Prior consent to the presence of a third party arranged by the practice

Before the consultation commences, the practice must ask the patient if they consent to having a third party introduced by the practice present during the consultation. Third parties can be interpreters, registrars, chaperones, and medical, allied health or nursing students on placement.

If a patient has previously given prior consent to have a third party present, you must still check that the consent remains valid at the beginning of the consultation.

If a student, nurse, or other health professional is to be present during the consultation (whether they are going to observe, interview or examine), the practice must seek the patient's permission when the patient makes an appointment, or, failing that, when the patient arrives at reception.

It is not acceptable to ask permission in the consulting room, as some patients may not feel comfortable refusing consent in the presence of the third party, and therefore agree even if they would prefer not to. Practitioners must record in the consultation notes that the patient has consented to the presence of a third party.

It may be necessary to later identify any third parties that were present during a consultation. For this reason, details of the third party must be recorded so that they can be linked back to the consultation and subsequently identified if required. For example, you could identify the third party by reference to their role (eg nurse, medical student) or initials. Your medical defence organisation can provide advice on how your practice can develop a system for recording the presence of third parties in a consultation.

Chaperones

In a general practice setting, there are a number of situations where a practitioner or a patient may wish, or need, to have a chaperone present during a consultation. The practice must clearly document the presence of a chaperone. If the practitioner requests the presence of a third party for this purpose, they must obtain and document prior consent from the patient. Details of the chaperone must be recorded so that they can be subsequently

identified if required. If the patient declines the offer of a chaperone, it is a good idea to document this.

Patients not able to provide consent

If a patient is unable to provide consent (eg they have an intellectual disability), the practice must seek consent from a legal guardian or advocate who has been appointed to oversee the interests of the patient.

Third parties who accompany the patient

When a patient is accompanied to the practice by a third person (such as a family member or carer), It may be appropriate to record the presence of the third party in the consultation notes.

In some circumstances a patient might give consent to the presence of a third party during a consultation but it might not always be given freely, (eg when a patient is in a violent relationship). The practitioner should consider whether it is appropriate for the third party to remain present for the consultation.

Meeting each Indicator

C2.2► A Our practice obtains and documents the prior consent of a patient when the practice introduces a third party to the consultation.

You must:

- **document in their health record the patient's consent to the presence of a third party arranged by the practice.**

You could:

- maintain a policy about the presence of a third party during a consultation.
- include information about the third party policy in the induction manual for the practice team.
- place signs in the waiting room when medical or nursing students are at the practice and observing consultations.
- document the identity of the chaperone.

Criterion C2.3 – Accessibility of services

Indicator

► A. Our patients with disabilities or special needs can access our services.

Why this is important

In order to comply with the Disability Discrimination Act 1992 (amended 2009), you need to ensure that people with disability or special needs can access the practice and its services in ways that maintain their dignity.

Meeting this Criterion

Access is important

All patients, including those with disability or other special needs, must be able to easily and safely physically access the practice's premises and services.

You can achieve this by:

- providing pathways, hallways, consultation areas and toilets that are wheelchair-friendly
- having a wheelchair that patients can use while they are at the practice
- installing appropriate ramps and railings
- using pictures, signs and other sources of information to help patients who have intellectual disability or vision impairment, or are not fluent in English.

You could improve your practice's non-physical access for patients with disability or special needs by:

- using existing and emerging technology to give patients access to telehealth or video conferencing consultations
- having practitioners make home visits, where appropriate.

Accessible parking

Where possible, patients with disability need to be able to park their vehicles within a reasonable distance of the practice. Parking bays that are specifically marked for the use of patients with disability parking entitlement must be large enough to accommodate the loading and unloading of wheelchairs.

Assistance animals

Some of your patients may have an assistance animal that they want to have with them during a visit to your practice. These are specifically trained disability support animals that enable a person with disability to safely participate in personal and public life activities; these animals are not pets. Under the Disability Discrimination Act 1992 (amended 2009), an animal is an assistance animal if it meets one or more of these criteria:

- It is accredited under a state or territory law to assist a person with disability to alleviate the effects of the disability.
- It is accredited by an animal training organisation prescribed in the regulations.
- It is trained to assist a person with disability to alleviate the effects of the disability and meets standards of hygiene and behaviour that are appropriate for an animal in a public place.

Assistance animals may support patients who:

- are blind or have low vision
- are deaf or hard of hearing
- require physical support for mobility or other functional tasks
- experience episodic and serious medical crises (eg epilepsy, changes in blood pressure or blood sugar)
- experience psychiatric disorders such as post-traumatic stress disorder, anxiety, hallucinations, panic attacks or suicidal ideation.[13]

Under the Disability Discrimination Act 1992 (amended 2009), all assistance animals are guaranteed access to all public places in Australia. For further information, refer to the Australian Human Rights Commission website at www.humanrights.gov.au/our-work/disability-rights/ projects/assistance-animals-and-disability-discrimination-act-1992-cth

Meeting each Indicator

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 an intellectual disability or visual impairment.
- provide a transport service to help patients who cannot otherwise get to the practice.
- provide home visits for patients who are unable to leave their home.

Standard 3: Practice governance and management

Our practice has integrated governance and management systems that maintain and improve the quality of care provided to patients.

Practice governance relates to the principles, methods and processes that clinicians and health service managers follow in order to support patient safety and quality care. It also helps you to set, measure and achieve your social, fiscal, legal and human resources objectives.

The ACSQHC notes that good practice governance is:

- participatory
- consensus-oriented
- accountable
- transparent
- responsive
- effective and efficient
- equitable and inclusive
- compliant with relevant laws.[14]

Good management and leadership fosters a culture that is based on mutual respect. When you have this, the entire practice team will be supported to achieve excellence in all areas of the practice and participate in just and open discussions about how the practice can improve.

Criterion C3.1 – Business operation systems

Indicators

► A. Our practice plans and sets goals aimed at improving our services.
B. Our practice evaluates its progress towards achieving its goals.
► C. Our practice has a business risk management system that identifies, monitors, and mitigates risks in the practice.
► D. Our practice has a complaints resolution process.

Why this is important

Planning, setting and evaluating goals

A business needs to operate successfully to create an environment where quality clinical care can be delivered. To operate a business successfully, strategic thinking and business planning is as important as financial budgeting and reporting. A documented business plan (that is linked to your strategy and includes how it will be implemented) is an effective way of measuring your progress, and increases the likelihood of achieving your practice's objectives.

Having a plan helps to get the team working together towards a common goal. It also gives the team the ability to evaluate progress and helps the practice achieve consistency and quality in its operations, and to conduct continuous quality improvement.

It is the responsibility of your practice to define its governance structures relative to its own requirements, as governance arrangements and structure will vary depending on the size and complexity of each practice. In smaller practices, there may be a merging of governance and management responsibilities. Other practices may be part of a wider corporate group and have either public or private shareholders, and others still may be government bodies or not-for-profit community-based organisations. A clear understanding of ownership and governance arrangements will help you develop appropriate policy and performance frameworks.

Business risk management

Managing safety and risk is part of quality assurance, and therefore is a significant part of practice management. Clinical risks need to be managed, but so too do business risks, because if the business fails, the practice will not be able to provide clinical care. A risk management process helps you to consistently identify, document and manage business risks.

Managing complaints

Patient complaints are a valuable source of information. Open discussions about patients' needs and their concerns about the quality of care will help your practice understand potential problems and identify how you can improve your services.[15]

Meeting this Criterion

Planning, setting and evaluating goals

You could develop a strategic plan that documents your practice's direction and objectives. The strategic plan could include:

- the practice's mission, vision, ethics (or code of behaviour) and values
- how you plan to make efficient use of resources, including the level of staffing and skill mix required
- environmental factors
- financial factors
- human resource management, including effective recruitment, selection, appointment, management, retention, separation, and support systems.

If you have a smaller practice (eg with fewer than 10 practice staff), you could have an action plan that sets out your goals and progress, instead of a strategic plan.

You can evaluate the practice's progress against its strategy and goals in a number of ways. For example:

- including it as an agenda item in team meetings
- scheduling strategy planning and evaluation meetings at defined intervals
- reviewing the practice's patient population data and outcomes
- seeking patient feedback
- holding a team planning meeting.

Business risk management

You could develop a business risk management strategy that identifies, analyses and evaluates risks and explains how you have managed them.

Risks that might be identified in your practice's business risk management strategy include:

- poor record keeping
- IT system failures
- inadequate systems for updating patients' contact details and following up test results
- lack of documentation of the consent process
- workplace health and safety incidents as a result of equipment that is not maintained in accordance with the manufacturer's recommendations
- inadequate number of practice staff working during busy times
- conflicts of interest
- workforce planning
- unexpected sick leave
- emergencies (eg environmental disasters)
- updates to or breaches of the IT security system.

Mitigating business risk enables your practice to operate successfully, allowing you to focus on providing quality patient care.

A risk register is a good way of identifying and recording potential risks so that you can take action to reduce the likelihood of the risk occurring and the severity of the impact if the risk becomes a reality.

The risk register could also include a risk matrix to help you define the level of each identified risk (eg low, moderate, high, extreme), based on a combination of the:

- likelihood of an event
- severity of its impact if it was to occur.

If you fail to keep your risk register up to date, your risk mitigation strategies may not be adequate and new risks may not be identified. This can potentially have adverse impacts on the practice's operations and the quality of healthcare the practice provides.

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.

Managing complaints

You must have a receptive attitude to patient feedback and complaints. If you receive a patient complaint, try to resolve the issue within the practice team. If the practice team cannot resolve the complaint, contact your medical defence organisation for advice on resolving a complaint before any further action is taken.

Develop a system to record, review and manage complaints, and include how you will advise patients of the progress and outcome of their complaint. Consider displaying notices that state that the practice will always try to resolve complaints directly.

Read Section 3 of the Medical Board of Australia's Good medical practice: A code of conduct for doctors in Australia, which contains advice about managing complaints at the practice level (available at www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx).

You can take basic actions such as:

- acknowledging the patient's right to complain
- working with the patient to resolve the issue, where possible
- providing a prompt, open and constructive response, including an explanation and, if appropriate, an apology
- ensuring the complaint does not adversely affect the patient's care (in some cases, it may be advisable to refer the patient to another practitioner or to another practice)
- complying with laws, policies and procedures relating to complaints.

If the matter cannot be resolved, the patient can contact their state's health complaints commissioner for advice and possible mediation. Practices could ensure patients have access to information about the processes for making a complaint in their state or territory.

During the complaint process, consider the patient's cultural and/or language needs, particularly if the matter cannot be resolved between the patient and the practice. It may be that the patient could benefit from an interpreter service or a legal representative.

Meeting each Indicator

C3.1► A Our practice plans and sets goals aimed at improving our services.

You must:

- **plan and set business goals.**

You could:

- create a statement of the practice's ethics and values.
- maintain a business strategy.
- maintain an action plan.

C3.1 B Our practice evaluates its progress towards achieving its goals.

You could:

- maintain progress reports against the business strategy or action plan
- create a strategy for continuous quality improvement.
- implement quality improvement initiatives.

C3.1► C Our practice has a business risk management system that identifies, monitors, and mitigates risks in the practice.

You must:

- **maintain a documented risk management process.**
- **develop procedures to mitigate risks.**

You could:

- maintain a risk register.
- maintain a log of risks for smaller practices.
- keep a record of meetings where risks have been identified and actions agreed on to manage those risks

C3.1 ►D Our practice has a complaints resolution process

You must:

- **maintain a complaints resolution process.**

You could:

- keep a log or ledger of complaints.
- place a suggestion box in the waiting room, and regularly review suggestions.
- establish and follow a process for dealing with suggestions and complaints.

Criterion C3.2 – Accountability and responsibility

Indicators

► A. All members of our practice team understand their role in the practice.
► B. Our practice has performance discussions with each team member.
► C. Our practice inducts new members of the practice team and familiarises them with our systems and processes.
► D. Our practice has at least one team member who has the primary responsibility for leading risk management systems and processes.
► E. Our practice has at least one team member who coordinates the resolution of complaints.

Why this is important

Roles and responsibilities

Having clear lines of accountability and responsibility is part of good governance. It encourages continuous improvement in safety and patient care.

When specific roles and responsibilities are agreed to and documented (eg in position descriptions):

- the practice can monitor each team member's performance against their role's requirements, and determine whether any support and training is required
- each team member knows who they are reporting to for each duty or responsibility
- each team member knows who is responsible for each aspect of the practice's operations.

Performance monitoring

The objectives of performance monitoring are to assess the performance of an individual and to determine how the practice team would benefit from further training and development.

Induction program

An induction program must be a routine part of employment, so that all new practitioners and other practice team members understand:

- the principles and policies under which the practice operates
- the day-to-day operations of the practice
- workplace health and safety issues
- the processes for maintaining the privacy and confidentiality of patients' health information
- the systems used to identify and manage emergency patients in the practice or contacting the practice.

Meeting this Criterion

Roles and responsibilities

For each role, you could create a position description that includes the title of the role and the responsibilities and duties of the person in that role. This can then form the basis of:

- recruiting for the role
- training and development
- setting lines of accountability
- monitoring performance
- managing remuneration
- succession planning

Each person could sign their position description to indicate that they understand their role and responsibilities. Position descriptions could be reviewed regularly (eg once a year) to keep them up-to-date and to make sure each person understands their role and responsibilities.

Your practice must also appoint one member of the team who has responsibility for risk management and one person who has responsibility for complaints resolution. The same person could be responsible for both areas. The responsibilities of each role must be documented, and members of the practice team must understand the responsibility of each role, and who holds each role.

Performance monitoring

One way that managers can monitor a team member's performance is to have regular meetings where issues can be raised and addressed before they become a problem. This is particularly useful in smaller practices where informal processes generally work better than formal processes.

If you decide to introduce formal performance discussions (eg every six months), consult with your practice team to ensure that the process is practical and fair. Organisations that spend a substantial amount of time training the managers and practice team about the process are generally more successful at implementing effective performance discussions.

The performance monitoring system could cover:

- setting standards for performance
- assessing performance against the standards
- providing and receiving feedback about performance
- agreeing on actions to further improve performance.

Whether you use formal or informal processes, managers need to document the performance discussions, agreed actions and ongoing development needs. Performance discussions provide the opportunity for a balanced conversation between a manager and the practice team member, and are therefore not meant to be disciplinary in nature. Practitioners in the practice team could choose to have performance discussions with each other, rather than with the practice manager or other practice staff members.

Induction program

The following information could be included in your induction program:

- an overview of the practice's systems and processes
- the local health and cultural environment in which your practice operates (eg if the practice is located in an area that has a high level of illicit drug use, the practice team needs to understand the practice's policy on the management of Schedule 8 medicine prescribing)
- key public health regulations (such as reporting requirements for communicable diseases and child abuse)
- local health and community services, including pathology, hospital, and other services that the practice team are likely to refer

Meeting each Indicator

C3.2► A All members of our practice team understand their role in the practice.

You must:

- **educate members of the practice team about their role when they start working at the practice.**
- **educate and manage practice team members so that they work within the scope of their role.**

You could:

- create position descriptions.
- create an organisational chart.
- maintain a practice policy document.

C3.2► B Our practice has performance discussions with each team member.

You must:

- **regularly monitor the performance of the practice team.**

You could:

- implement a formalised performance monitoring process.
- have regular catch-ups between managers and their practice team members.
- establish development goals for members of the practice team.

C3.2► C Our practice inducts new members of the practice team and familiarises them with our systems and processes.

You must:

- **have a system to induct members of the practice team.**

You could:

- keep an accurate and up-to-date employment file on each member of the practice team

- maintain a human resources policy and procedure manual.
- create templates and checklists for inducting new team members.
- maintain a documented recruitment process.

C3.2► D Our practice has at least one team member who has the primary responsibility for leading risk management systems and processes.

You must:

- **educate the team member responsible for risk management so that they understand their role.**

You could:

- maintain a human resources policy and procedure manual.
- create a position description/s that include the responsibility for risk management.

C3.2► E Our practice has at least one team member who coordinates the resolution of complaints.

You must:

- **maintain a record of how complaints have been managed.**

You could:

- maintain a complaints register
- create a position description/s that include the responsibility for complaint resolution
- have minutes or notes of practice meetings that show that patients' complaints have been considered and discussed in those meetings

Criterion C3.3 – Emergency response plan

Indicator

► A. Our practice has an emergency response plan for unexpected events, such as natural disasters, pandemic diseases, or an unplanned absence of clinical team members.

Why this is important

In an emergency, especially one such as a pandemic, the demand for healthcare services generally increases,[16] so it is crucial that your practice can continue to provide services during this time, if appropriate.

If your practice is prepared for an emergency, you are more likely to provide effective continuity of care for your patients, and to continue operating your business as smoothly as possible.

As unplanned absences of clinical team members can affect the practice's ability to provide quality patient care, your practice could consider succession planning, or encourage practice staff to share their skills and knowledge among the practice team.

Meeting this Criterion

In an emergency, your practice may experience issues in each of the following areas:

Patients

- increased demand for services
- disruption to the normal health system functioning (eg inability to transfer patients to hospital)

Infrastructure and systems

- minor or significant damage to the practice's infrastructure
- loss of access to vital information
- loss of access to essential systems, networks, and communication
- reduced capacity or loss of key practice staff

Supplies and services

- loss of critical equipment and supplies
- loss of or disruption to power supply
- loss or contamination of water supply.

To help reduce the impact of an emergency, complete appropriate emergency planning and preparation and frequently identify, review and update the actions that need to be completed before and during an emergency. These actions may include:

- having a documented emergency response plan
- appointing an emergency management coordinator
- undertaking research to identify key information (eg emergency services, the local geography and previous events that have affected the community)
- providing the practice team with education and training that will help them effectively prepare for and respond to emergencies
- testing components of the emergency response plan (eg evacuation drills) once a year
- reviewing, monitoring and updating the emergency response plan every three months
- keeping the emergency kit fully stocked.

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
- 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
- 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.

Meeting each Indicator

C3.3► A Our practice has an emergency response plan for unexpected events, such as natural disasters, pandemic diseases, or unplanned absences of clinical team members.

You must:

- **maintain an emergency response plan.**

You could:

- educate the practice team so that they understand the emergency response plan

- create a position description for a team member responsible for maintaining the emergency response plan
- create and test mock emergency scenarios
- discuss and review emergency processes at team meetings, particularly the practice's evacuation process
- complete succession planning for key practice staff
- encourage practice team members to share their skills and knowledge

Criterion C3.4 – Practice communication and teamwork

Indicator

► A. Our practice team has the opportunity to discuss administrative matters with the principal practitioners, practice directors, practice management, or owners when necessary.
► B. Our practice encourages involvement and input from all members of the practice team.
► C. Our clinical team discusses the practice's clinical issues and support systems.

Why this is important

Teamwork

Research in Australia and the USA confirms that effective teamwork helps organisations to successfully implement safety initiatives,[17] and that bullying and harassment can be a significant threat to quality care and patient safety.[18] Therefore, your practice needs to not only cultivate a just, open and supportive culture that preserves and values individual accountability and integrity, it also needs to foster a whole-of-team approach to quality patient care. For example, regular discussions where all members of the practice team are encouraged to contribute their ideas and observations can help to build a high performing team and a positive workplace culture that effectively deals with bullying and harassment.

Having clinical guidelines and appropriate support systems that facilitate discussions helps to identify and address clinical issues and deliver consistent and quality care.

Meeting this Criterion

Teamwork

The most common way for practices to build teamwork is to schedule regular meetings where all members of the practice team are encouraged to contribute to discussions. For small practices, this can be an informal discussion at regular intervals, such as at the end of every week.

It is a good idea to document the decisions made at team meetings and the names of those responsible for implementing related actions.

Where relevant, provide all members of the practice team with the opportunity to discuss administrative issues with the practice directors and/or owners when necessary. When the practice owner is not a member of the practice, the practice team could develop systems for discussing administrative matters with the owner. Although these discussions do not necessarily need to occur as a formal meeting, formal meetings are recommended, particularly for medium and large practices.

Good communication between the manager/employer and the practice team will help to create an efficient and productive workplace where there are positive working relationships. This will result in long-term benefits for the practice, the practice team and patients.

Good communication between members of the clinical team can be achieved with face-to-face meetings. Communication tools such as message systems and notice boards can be used to record clinical issues and ideas. The clinical team must have access to up-to-date

resources on a range of clinical issues in order to improve the treatment of patients and for their own professional development.

Meeting each Indicator

C3.4► A Our practice team has the opportunity to discuss administrative matters with the principal practitioners, practice directors, practice management, or owners when necessary.

You must:

- **develop a process for the practice team to escalate issues.**
- **provide evidence that the practice team has had opportunities to discuss administrative matters.**

You could:

- keep a record of meetings.

C3.4► B Our practice encourages involvement and input from all members of the practice team.

You must:

- **make the practice team aware of the practice's communication channels they can use to provide input**
- **develop a process for the practice team to escalate issues.**

You could:

- encourage all practice team members to attend team meetings
- keep a record of meetings
- inform prospective and current members of the practice team during recruitment interviews and inductions that they are encouraged to provide input and feedback about improving business operations.

C3.4► C Our clinical team discusses the practice's clinical issues and support systems.

You must:

- **make the clinical team aware of the practice's clinical communication processes.**

You could:

- keep a record of clinical team meetings.
- create and document a buddy system.
- use the practice intranet or email to facilitate discussions.

Criterion C3.5 – Work health and safety

Indicators

► A. Our practice supports the safety, health, and wellbeing of the practice team.
► B. Our practice team is encouraged to obtain immunisations recommended by the current edition of the *Australian Immunization handbook* based on their duties and immunisation status.

Why this is important

Each practice owner/manager is responsible for providing a safe working environment. This includes being genuinely committed to the health, safety and wellbeing of the whole practice team. The practice owner/manager is obliged to meet their responsibilities as an employer by adhering to relevant federal and state/territory workplace health and safety (WHS) and occupational health and safety (OH&S) laws.

Inappropriate and disruptive behaviour within the clinical team can risk patient safety. Although such behaviour might not be an obvious WHS or bullying issue, it can undermine both the culture of the setting and clinical care.[19],[20],[21]

You are to encourage members of the practice team to be immunised, in order to protect the team from being infected with vaccine-preventable infectious diseases and from transmitting such infections to patients. The exact immunisation requirements will depend on the risk of infection based on the practice's location, patient population and each practice team member's duties.

Meeting this Criterion

Safety of your practice team

Having an adequate number of practice team members on duty, based on the size of your practice during normal practice hours, contributes to the safety and wellbeing of the practice team. In addition, it means that telephone calls can be answered promptly, appointments made accurately and according to urgency, and medical emergencies can be managed appropriately.

When operating outside normal opening hours, there are additional factors to consider to protect the safety and security of team members, especially if they are on their own. For example:

- Is there sufficient lighting in the car park?
- Who must be contacted in case of an emergency?
- Is a duress alarm required?
- Are safety cameras needed?

It is important that the layout of the facility complies with WHS requirements, and that individual desks are configured so that practice team members have the full range of movement required to do their job, and can move without strain or injury. One way to do this is to have a professional conduct an ergonomic assessment of each desk and workspace.

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

Dealing with violence

Patient aggression and patient-initiated violence in healthcare settings continue to be an issue. Your risk management strategy (refer to Criterion C3.1 – Business operation systems on page 35) could include patient-initiated violence so that you consider the risk and ways to mitigate the risk. Typically, such strategies include:

- a zero tolerance policy towards violence
- displaying signs that inform people of your zero tolerance policy
- installing a duress alarm system that the practice team can use if a patient is threatening or violent, and establishing a response plan in case the alarm is triggered
- setting out clear steps to take when dealing with violence, including contacting the police if necessary.

A practitioner has the right to discontinue the care of a patient who has behaved in a violent or threatening manner (except in an emergency). This includes the practitioner ending the professional relationship during a consultation or by letter or telephone, depending on safety considerations. Keep a record of the process, and of any subsequent contact that the patient has with the practice.

Practice team immunisation

Refer to the *Australian immunisation handbook* to identify recommended vaccinations for healthcare workers. View or download this handbook at www.immunise.health.gov.au/internet/ immunise/publishing.nsf/Content/Handbook10-home

Offer and encourage practitioners and other members of the practice team to have:

- immunisations recommended by the current edition of the Australian immunisation handbook
- testing of their natural immunity to vaccine-preventable disease or immunisation status.

These services can be undertaken by the practice if appropriate, or the practice team member's own GP.

Consider the wellbeing of practice team members who are not immunised if there is an outbreak of disease. For example, during a disease outbreak, you could suspend non-

immunised team members to reduce the likelihood of them contracting the disease. This would also help prevent transmission of the disease to patients who cannot be immunised for medical reasons.

Meeting each Indicator

C3.5► A Our practice supports the safety, health, and wellbeing of the practice team.

You must:

- **include work health and safety requirements when inducting new employees.**

You could:

- maintain a WHS/OH&S policy and procedure
- maintain a policy and procedure manual that includes WHS and OH&S requirements
- develop and adhere to appropriate practice staff rosters
- include WHS as a standing agenda item on team meetings
- maintain an appointment book that shows scheduled breaks
- create appropriate design and layouts for the practice's building, workstations and desks
- provide the practice team with access to support services.

C3.5► B Our practice team is encouraged to obtain immunisations recommended by the current edition of the *Australian immunisation handbook* based on their duties and immunisation status.

You must:

- **record the natural immunity to vaccine-preventable diseases or immunisation status of practice team members if known (with their consent)**
- **offer staff members' immunisations recommended in the Australian immunisation handbook, as appropriate to their duties.**

You could:

- offer the practice team testing of their natural immunity to vaccine-preventable disease or immunisation status.

Criterion C3.6 – Research

Indicator

► A. Our practice ensures that all research is approved by an ethics committee and is indemnified.
► B. Our practice transfers identified patient health information to a third party for quality improvement or professional development activities after we have obtained the patient's consent.

Why this is important

The National Health and Medical Research Council (NHMRC) has developed the Australian code for the responsible conduct of research (the Code), which promotes integrity of research and provides guidance about responsible research practices. View or download the Code at www.nhmrc.gov.au/guidelines-publications/r39

The Australian Institute of Aboriginal and Torres Strait Islander Studies has produced Guidelines for ethical research in Australian Indigenous studies. You could refer to these guidelines if your patient sample includes Aboriginal and Torres Strait Islander peoples. View or download these guidelines at http://aiatsis.gov.au/research/ethical-research/guidelines-ethical-research-australian-indigenous-studies

When conducting research, you must ensure that the collection, use and disclosure of data comply with privacy laws. Even if your practice is using de-identified patient health information, there are still some situations where you must obtain informed patient consent.

Human research ethics committees (HRECs) review research proposals to ensure that they are ethically acceptable and in accordance with relevant standards and guidelines. Your HREC will decide on the necessary patient consent requirements for your research project.

There are many HRECs operating in institutions and organisations across Australia. A list of HRECs registered with the NHMRC is available at www.nhmrc.gov.au/_files_nhmrc/file/health_ethics/hrecs/_att_2_-_list_of_human_research_ethics_committees_registered_with_nhmrc_february_2016.pdf

You can find details about the RACGP's National research and evaluation ethics committee at www.racgp.org.au/yourracgp/organisation/committees/national-committees/nreec

The Code and consent requirements apply to all research situations. For example, they apply even if a member of the practice team is not conducting research themselves, but is contributing to someone else's research.

Meeting this Criterion

If your practice has not conducted any research, this Criterion is not applicable.

The NHMRC's Australian code for responsible conduct of research defines 'research' as follows:

... includes work of direct relevance to the needs of commerce, industry, and to the public and voluntary sectors; scholarship; the invention and generation of ideas, images, performances, artefacts including design, where these lead to new or substantially improved insights; and the use of existing knowledge in experimental development to produce new or substantially improved materials, devices, products and processes, including design and construction.

It excludes routine testing and routine analysis of materials, components and processes such as for the maintenance of national standards, as distinct from the development of new analytical techniques. It also excludes the development of teaching materials that do not embody original research.

The practice team must be familiar with the NHMRC's Code when participating in research. In addition, you may wish to develop a policy that includes information about:

- selecting a specific group of patients (eg patients with depression, Aboriginal and Torres Strait Islander patients) on whom the research is to be conducted
- the process and documentation of ethics approval
- the use of a specific room in which to conduct the research
- data storage, record keeping and compliance with privacy laws
- relevant training for the practice team
- information provided to patients.

Research indemnity

You must ensure that appropriate insurance is in place to indemnify your practice for research.

If your practice is involved in a clinical trial, your practice will usually be indemnified by the sponsor (eg 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, you must have your own insurance that covers the research.

In all cases, the practice's GPs each need to ensure that their individual medical indemnity insurance covers their research activities.

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 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 guideline
- consider the ethical needs of Aboriginal and Torres Strait Islander peoples.

C3.6► B 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.

You must:

- **document in the patient's health record the patient's consent for you to transfer their health information to a third party to conduct quality improvement activities**
- **inform patients that declining to participate in research will not affect the care they receive at the practice**
- **maintain a privacy policy.**

You could:

- maintain a policy addressing the management of patients' health information
- seek patient consent for the use and transfer of health information on new patient registration forms.

Standard 4: Health promotion and preventive activities

Our practice provides health promotion and preventive services that are based on patient need and best available evidence.

Health promotion is the process of enabling people to improve and increase control over their health. As well as influencing an individual's behaviour, it also encompasses a wide range of social and environmental interventions,[22] such as education programs and changes to laws and policies.

Health promotion is distinct from the education and information that practitioners use to support their diagnosis and choice of treatment.

Health professionals can deliver health promotion and reinforce it in various ways. This could include written materials, the practice's 'on-hold' telephone messages, and education clinics that help people self-manage their chronic diseases.

General practices are, for most Australians, the primary entry point to healthcare and therefore have a crucial role in promoting health, preventing illness and delivering preventive care. For example, a patient can visit their practitioner to have regular check-ups, be screened for specific diseases, identify risk factors for disease, and discuss ways of achieving a healthy lifestyle.

Preventive healthcare consists of measures taken to prevent diseases (as opposed to treating them)[23] and to detect them in their early and often asymptomatic stages, based on relevant current clinical and other guidelines. According to 2013 data from the Australian Institute of Health and Welfare (AIHW), the leading cause of preventable deaths in Australia is coronary heart disease,[24] illustrating an area in which preventive healthcare could improve patient health outcomes.

A holistic approach to care encourages a practice to consider and respond to each patient's individual circumstances when providing health promotion, preventive care, early detection and intervention.

For example:

- heritage (eg does the patient identify as being of Aboriginal or Torres Strait Islander origin?)
- medical or social conditions (eg was the patient a refugee? Did the patient experience childhood abuse?)
- financial circumstances (eg will they be able to afford the recommended treatment?)
- LGBTQIA status (eg is the patient struggling with their status or adjusting to a new status?).

You can also coordinate with other health professionals and agencies to undertake health promotion and achieve preventive care objectives.

Criterion C4.1 – Health promotion and preventive care

Indicator

► A. Our patients receive appropriately tailored information on health promotion, illness prevention, and preventive care.

Why this is important

Health promotion focuses on:

- prevention and protection, rather than treatment
- populations and individuals
- factors and behaviours that cause illness and injury rather than the illness and injury itself.[25]

Meeting this Criterion

Providing a systematic approach to preventive care

Assessing a patient's health risks is an important component of preventive care, part of which is early detection of disease. The screening programs for cervical cancer and bowel cancer are good examples of this.

Adopting a systematic approach to health promotion and preventive care can include:

- conducting patient prevention surveys
- reviewing and understanding the practice's patient population and their healthcare needs
- maintaining a disease register
- establishing a reminder system
- maintaining a directory of local services that offer programs to help patients modify their lifestyle.

A reminder system that helps ensure that patients undergo regular screening and checks must also protect the privacy and confidentiality of each patient's health information.

If you decide to stop using a reminder system, it is good practice to advise patients, so that they can use their own system to ensure that they have regular screenings and checks.

Providing information to patients

Practitioners can provide education about health promotion and preventive care during a consultation. This can be done verbally and by giving patients written and visual information. Patients could be offered interpreters during consultations if necessary, so that they understand the information and care provided.

By providing information in documents such as brochures and fact sheets and on reputable websites, including your own, you will be encouraging patients to select information on health issues that may affect or interest them.

You can also tailor information so that it caters for your patient population.[26] For example:

- you can modify or add to the information in documents, such as brochures and pamphlets that you receive from health departments, non-government organisations, health promotion programs, local community organisations, and support and self-help groups
- you can provide information in other languages and other formats for patients with low English proficiency (eg in plain English, pictures, videos)
- you can provide culturally appropriate material (eg for Aboriginal and Torres Strait Islander patients).

Managing patient information to support preventive care

When you collect information about a patient's health (eg the patient's family medical history), record the information in the patient's health summary and health record. Keeping a complete health summary that includes the patient's main health issues means you can provide better care and pass on appropriate information when patients seek care from other health professionals.

If the patient's complete family medical history is not readily available or the information is sensitive and the patient is reluctant to provide it, appropriate respect must be given.

Some information may also be transferred to national state-based registers (eg immunisation data, cervical screening and familial cancer registries) in order to improve care. If your practice participates in national registers, you need to:

- obtain consent from each patient to have their health information sent to a register
- inform patients that they can opt out of certain registers, but not others (eg HIV infection register)
- remind patients when they need to have another screening (do not rely on patients receiving reminders from these registries).

Meeting each Indicator

C4.1► A Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care.

You must:

- **document in the patient's health record discussions or activities relating to preventive health.**

You could:

- use preventive health guidelines and resources
- hand out up-to-date pamphlets and brochures
- provide information on the practice's website

- run preventive health activities, such as diabetic education groups and groups to help patients quit smoking
- have a reminder system to prompt patients of screening activities.

Standard 5: Clinical management of health issues

Our practice provides care that is relevant to the patient and consistent with best available evidence.

Australia's current primary healthcare systems base their practices on the best available evidence. This recognises that, in the absence of properly conducted clinical trials or other evidence of equal or greater reliability, peer group consensus may be an accepted level of evidence and may be the best available evidence at the time.

It is important that:

- practitioners can exercise clinical autonomy in decisions that affect clinical care
- you provide practitioners with access to up-to-date clinical information, and have appropriate processes in place to support practitioners.

Criterion C5.1 – Diagnosis and management of health issues

Indicators

► A. Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.
► B. Our clinical team supports consistent diagnosis and management of our patients.

Why this is important

Clinical guidelines provide important recommendations for clinical care and must be accessible to practitioners, so that your practice can achieve consistent and tailored healthcare based on community and patient demographics.

Applying clinical guidelines consistently helps to:

- provide consistency in diagnosis and management of health issues
- reduce variation of care between clinicians
- provide continuity of care of each patient
- give the patient clear and consistent messages about their health issues and treatment.

In addition, patients value consistency in the quality of treatment and advice given by different practitioners in your practice

Meeting this Criterion

You need to make sure that clinical guidelines are current, based on best available evidence, and are accessible, either online or in hard copy. This includes maintaining a current version of the clinical software databases that include drugs guides, medical dictionaries, coding classifications, and information about consumer medicine.

When clinical teams discuss clinical care, they must refer to and consider the best available evidence, to ensure their clinical care aligns with best practice.

In some instances, ‘best practice’ may involve doing more than adhering to current clinical guidelines. For example, good communication between members of the clinical team can help to achieve a consistent approach to clinical care. While it is better for the clinical team to have face-to-face meetings, communication tools such as message systems and notice boards can be useful to raise and address clinical issues.

Meeting each Indicator

C5.1► A Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.

You must:

- **have current, best evidence and accurate clinical guidelines available in electronic and/or hard copy for the practice team to access.**

You could:

- have regular team meetings or group emails about clinical topics, and document the topics of discussion, and the decisions made.
- join local networks, if available, to discuss clinical issues.

C5.1►B Our clinical team supports consistent diagnosis and management of our patients.

You must:

- **have current, best evidence and accurate clinical guidelines available in electronic and/or hard copy for the practice team to access.**

You could:

- keep records of clinical team meetings when the use of clinical guidelines was discussed
- have clinical team members discuss the care of patients with other team members, while ensuring patient confidentiality
- educate the practice team so that they can find and use resources and guidelines
- keep records that show what evidence-based resources and guidelines the practice team uses
- establish and maintain a system that the practice team uses to pass on messages to other team members (eg a communication book, internal mail or email system)
- use relevant clinical guidelines for treating patients who identify as Aboriginal or Torres Strait Islander origin, and for preventing and managing chronic diseases in these patients

Criterion C5.2 – Clinical autonomy for practitioners

Indicator

► A. Our clinical team can exercise autonomy, to the full scope of their practice, skills and knowledge, when making decisions that affect clinical care.

Why this is important

Professional autonomy and clinical independence are essential components of high-quality care, as clinically appropriate recommendations are in the patient's best interests.

The intent of this Criterion is that, instead of having decisions imposed on them, the practitioner is free (within their scope of practice) to provide what they believe is the best level of care for each individual patient, based on their clinical judgement and current clinical and other guidelines.

All members of the clinical team must (within the boundaries of their knowledge, skills and competence) comply with the professional and ethical obligations required by law, their relevant professional organisation, and the practice. Information about relevant codes of conduct is available at the Australian Health Practitioner Regulation Agency (AHPRA) (www.ahpra.gov.au).

Regular and ongoing professional development helps to maintain a practitioner's clinical knowledge, skills and competence.

Meeting this Criterion

Practitioners are free, within the parameters of evidence-based care and their credentials, to determine:

- the appropriate clinical care of 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
- how and when to schedule follow-up appointments with each patient.

Practitioners must still comply with the policies and procedures of the practice.

Meeting each Indicator

C5.2► A Our clinical team can exercise autonomy, to the full scope of their practice, skills and knowledge, when making decisions that affect clinical care.

You must:

- **give practitioners autonomy with respect to:**
    - **overall clinical care of their patients**
    - **referrals to other health professionals**

- **requesting investigations**
- **duration and scheduling of appointments.**

You could:

- maintain a policy specifying that practitioners have clinical autonomy to deliver evidence-based care, according to their scope of practice, skills and knowledge.

Criterion C5.3 – Clinical handover

Indicator

► A. Our practice manages the handover of patient care both within the practice to other members of the clinical team and to external care providers.

Why this is important

Clinical handover of patient care, to other members of the clinical team and to external care providers, occurs frequently in a practice.

Lack of, or inadequate, transfer of care is a major risk to patient safety. It can result in serious adverse patient outcomes, including:

- delayed treatment
- delayed follow-up of significant test results
- unnecessary repeats of tests
- medication errors.

It can also result in legal action.

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 face to face, over the phone or by passing on written information (eg in hard copy, or by email or secure message delivery).

You could consider having a policy to ensure that standard processes are followed during a handover.

The policy could include:

- how to use the progress notes in the patient's health record during a clinical handover
- how to have a secure clinical handover when sharing electronic health records (eg using healthcare identifiers that uniquely identify the individual patient)
- how to give and receive information relating to home visits, after-hours services, hospital discharges and care provided by other healthcare professionals such as specialists
- how to record the clinical handover in the consultation notes
- how to report near misses and failures in a clinical handover
- the use of a buddy system that enables a buddy to follow up results and correspondence and continue the care of the patient when a colleague is absent.

Meeting each Indicator

C5.3► A Our practice manages the handover of patient care both within the practice to other members of the clinical team and to external care providers.

You must:

- **keep copies of referrals to allied health services, other practitioners, specialists and ambulance staff in the patient's health record**
- **have a process for handover of care in the event of unexpected or expected leave.**

You could:

- keep records of any breakdowns in the clinical handover system that were identified and addressed
- use a clinical software program to generate referrals that are automatically populated with a health summary. The referral must be accompanied by a statement written by the GP giving the reason for the referral
- have a policy explaining how to conduct internal and external handovers, including to locum practitioners
- have a standard form to be used for ambulance transfers
- conduct face-to-face handovers, unless it is not possible • maintain service-level agreements with medical deputising services and after-hours cooperative arrangements, clearly setting out the responsibilities of all parties
- have a shared-care arrangement when appropriate
- create and document a buddy system
- use internal messaging or internal email for clinical team members to communicate with each other
- use software, such as patient information and management systems, that enables you to upload a patient's shared health summary/record or event summary to the patient's national shared electronic health record when the patient requests it.

Standard 6: Information management

Our practice has an effective system for managing patient information.

Information management refers to the management, storage and disposal of records (paper and electronic), and the technology used to do this. You are required to comply with the relevant state/territory and federal laws relating to the collection, storage, use, disclosure and disposal of patients' health and personal details.

Criterion C6.1 – Patient identification

Indicator

► A. Our practice uses a minimum of three approved patient identifiers to correctly identify patients and their clinical information.

Why this is important

Verifying a patient's identity helps to maintain patient safety and confidentiality. Failure to correctly identify a patient can have serious, potentially life-threatening consequences for the patient.

Using three approved patient identifiers reduces the risk of misidentifying patients and ensures that practitioners have the correct patient health record for each consultation. Rand Corporation, a non-profit research organisation, provides further information about the importance of correctly identifying patients at www.rand.org/pubs/monographs/MG753.html

Meeting this Criterion

Correct patient identification is necessary when:

- a patient makes an appointment
- a patient presents to the practice for their appointment
- you communicate with a patient over the telephone or electronically
- a patient telephones asking for a repeat of a prescription
- a patient sees more than one practitioner during a visit
- a patient record is accessed
- you collect and manage information (eg scanned documents, X-rays) about a patient.

Approved patient identifiers are items of information that are accepted for use to identify a patient. They include the following patient details:

- Name (family and given names together are one identifier)
- Date of birth
- Gender (as identified by the patient)
- Address
- Patient health record number where it exists
- Individual Healthcare Identifier

A patient's Medicare number is not an approved patient identifier, as some Australian residents and visitors do not have a Medicare number[3] and others may share numbers if they belong to the same family.

Asking for patient identifiers

When asking for patient identifiers, practice team members must ask the patient to state at least three identifiers (eg their full name, date of birth, and address), while remaining mindful of privacy and confidentiality issues. Practice staff must ask the patient for the information,

rather than provide the identifying information and then ask the patient to confirm the information.

A patient could supply government-issued photographic documentation (eg their drivers licence or passport) to provide information for your records and to subsequently provide one or more identifiers.

When a patient is well known to the practice team, it may appear unnecessary or illogical to ask for identifiers every time they attend or call the practice. However, it is common for practices to have patients with identical or similar names, or dates of birth, and to therefore mismatch patients and patient health records. Some practices overcome this by routinely asking patients to verify their address and other particulars each time they attend. This also helps the practice to maintain accurate contact details for each patient.

Patients who wish to remain anonymous

Wherever it is lawful and practicable, patients must be able to remain anonymous when receiving care from your practice.[27] Patients may choose to receive services anonymously if, for example, sensitive issues arise or they feel they may be at risk, such as in domestic violence situations or difficult relationships. In these circumstances, the use of an alias or 'disguised identity' may be the most appropriate approach.

Meeting each Indicator

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.

Criterion C6.2 – Patient health record systems

Indicator

► A. Our practice has a system to manage our patient health information.
► B. If our practice is using a hybrid patient health record system, a note of each consultation/interaction is made in each system, and that record includes where the clinical notes are recorded.

Why this is important

Patient health record systems operating in practices are generally electronic, paper-based or a hybrid of both electronic and paper-based systems.

Your practice has an active hybrid patient health record system if one or more of your practitioners enter patient information into a paper-based system and one or more uses electronic files.

A fully electronic patient health record system is preferable to a paper-based or hybrid system because clinical notes in an electronic system:

- are more legible
- are more accessible
- reduce duplication
- are more easily protected and backed up, which means your practice is less likely to lose or misplace information as a result of incorrect filing, natural disaster, fire or theft.

In addition, electronic systems can support clinical decision making (eg alerts can be set for patient allergies, and the patient's detailed medical history, including past and current medications and dosages, can be accessed more easily).

Using an active hybrid patient health record system to record patient health information is discouraged, as it can result in some information being recorded on one system (eg a medicines list on a computer) and some information being recorded on another system (eg past medical history on handwritten notes), or some information not being recorded at all.

Meeting this Criterion

Your practice must have a patient health record system that suits the needs of your practice, whether it is an electronic, paper-based or hybrid system.

Using a hybrid patient health record system

If you use a hybrid patient health record system:

- all practitioners in your practice, including locums, must know that the patient health record system is a hybrid
- all practitioners, including locums, who see a patient must know to look at both systems in order to access all relevant information
- information in both systems must be readily available at all times

- information does not need to be duplicated in both systems, but there must be a clearly visible note in both systems stating that the practice uses a hybrid patient health record system and where information is recorded
- you must be working towards recording at least allergies and medications electronically.

Meeting each Indicator

C6.2► A Our practice has a system to manage our patient health information.

You must:

- **have a system to manage patient health information.**
- **have all patient health information available and accessible when needed.**

You could:

- use clinical software to manage patient health information.
- conduct audits to identify gaps in patient information.
- provide relevant education to the practice team when the clinical software is updated

C6.2► B If our practice is using a hybrid patient health record system, a note of each consultation/ interaction is made in each system, and that record includes where the clinical notes are recorded.

You must:

- **keep a record of consultations in both the paper and electronic health record if using a hybrid system**
- **have all patient health information available and accessible when needed.**

You could:

- transition to a computerised patient health information system.

Criterion C6.3 – Confidentiality and privacy of health and other information

Indicators

► A. Our patients are informed of how our practice manages confidentiality and their personal health information.
► B. Our patients are informed of how they can gain access to their health information we hold.
► C. In response to valid requests, our practice transfers relevant patient health information in a timely, authorised, and secure manner.
► D. Only authorised team members can access our patient health records, prescription pads, and other official documents.

Why this is important

You must collect personal health information and then safeguard its confidentiality and privacy in accordance with:

- the Australian Privacy Principles (APPs) contained in the Privacy Act 1988
- long-standing legal and ethical confidentiality obligations
- other relevant state or territory laws (which may or may not be health specific).

You are subject to stringent privacy obligations because your practice provides health services and holds health information. Health information is a subset of personal information. Personal information is, by definition, sensitive; it requires more rigorous protection than non-sensitive information. Personal information can include any information collected in order to provide a health service, such as a person's:

- name and address
- bank account details
- Medicare number
- health information (such as a medical or personal opinion) relating to their health, disability or health status.

Even if there is no name attached to particular details, some details about a person's medical history or other information could identify the person, (eg details of an appointment). Therefore, this information is still considered health information and must be protected in accordance with the *Privacy Act 1988*.

If unauthorised people have access to prescription pads and/or other official documents they can misuse these documents, particularly to gain access to medication that has not been prescribed to them.

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]

The RACGP's *Handbook for the management of 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.

A privacy policy

Your practice must document a privacy policy that addresses the management of patient health information, and must inform patients of the policy. Your privacy policy must be written in plain English, specify a review date, and address certain legal requirements, which include:

- information about collecting health records
    - the definition of a patient health record
    - the kinds of personal information that the practice collects and holds
    - how and why the practice collects, stores, uses, protects and discloses personal information
    - how patients can communicate with the practice anonymously

- patients' interactions about their privacy and health information
    - how patients can access and correct personal information held by the practice
    - how a patient can complain about a breach of the APPs or of a registered APP code, and how the practice will deal with such a complaint

- disclosure of patients' health information to a third party
    - obtaining informed patient consent when disclosing health information
    - to whom health information is likely to be disclosed
    - whether health information is likely to be disclosed overseas and, if so, where and how
    - how the practice uses document automation technologies, particularly so that only the relevant medical information is included in referral letters.

Refer to the RACGP's privacy policy template available at www.racgp.org.au/your-practice/ehealth/protecting-information/privacy

For further information about privacy, visit the Office of the Australian Information Commissioner's (OAIC's) website at www.oaic.gov.au

Your practice must make your privacy policy available to patients. This could be on your website or reception staff could produce a copy when a patient asks for one.

Disclosure of patient health information to responsible person

The Privacy Act 1988 permits an organisation to disclose necessary health information to an individual's responsible person (such as a carer), providing:

- it is reasonably necessary, in the context of providing a health service to that individual
- the individual is physically or legally incapable of consenting or communicating that consent.

If a carer is seeking access to a patient's health information, it is a good idea to seek advice from your medical defence organisation before giving the carer access to the information.

Secure transfer of health information

When communicating information about patients to health services and government agencies, always use secure electronic communication.[29]

When transferring patient health information to others (eg patients, other health service providers, or in response to third-party requests), follow the processes in the APPs and all requirements of relevant state or territory laws addressing the transfer of patient health information.

For further advice about what information could be transferred, refer to the RACGP's *Managing external requests for patient information* at www.racgp.org.au/your-practice/ehealth/optimus/ managing

Contact your insurers if you have any concerns about third-party requests for the transfer of patient health information.

Familiarity with requirements

The practice team must read and understand your privacy policy and understand the need for confidentiality of patient health information. As well as being familiar with the APPs, team members need to be familiar with the relevant state/territory laws about privacy and health records. For more information about privacy laws in each jurisdiction, visit the OAIC website at www.oaic.gov.au/ privacy-law/other-privacy-jurisdictions

Appropriate access to patient health records and/or other official documents.

Staff have a responsibility to use patient information only for its intended purpose and for the benefit of the patients. Access to patient records is given to members of the practice team so that they can perform their roles and provide efficient service to the patients and other team members.

Meeting each Indicator

C6.3► A Our patients are informed of how our practice manages confidentiality and their personal health information.

You must:

- **maintain a privacy policy.**

You could:

- maintain a patient health information management policy.

C6.3► B Our patients are informed of how they can gain access to their health information we hold.

You must:

- **maintain a privacy policy.**

You could:

- educate the practice team about the need for confidentiality and have each member sign a confidentiality agreement, which is stored in their employment file
- maintain a patient health records policy.

C6.3► C In response to valid requests, our practice transfers relevant patient health information in a timely, authorised, and secure manner.

You must:

- **maintain a privacy policy.**

You could:

- document in the patient's health record their consent to communicate electronically
- undertake regular privacy training
- protect the patient's privacy when communicating electronically with or about patients by using a secure message system or other method of encryption, unless the patient has provided informed consent to their information being sent without such protection.

C6.3► D Only authorised team members can access our patient health records, prescription pads, and other official documents.

You must:

- **maintain a privacy policy.**
- **securely store all official documents, including prescription forms, administrative records, templates and letterhead.**

You could:

- maintain a policy addressing the management of patient health information.

Criterion C6.4 – Information security

Indicators

► A. Our practice has a team member who has primary responsibility for the electronic systems and computer security.
► B. Our practice does not store or temporarily leave the personal health information of patients where members of the public could see or access that information.
► 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.
► D. Our practice has a business continuity and information recovery plan
► E. Our practice has appropriate procedures for the storage, retention, and destruction of records
► F. Our practice has a policy about the use of email.
► G. Our practice has a policy about the use of social media.

Why this is important

Maintaining the privacy and security of health information held by a practice is a legal obligation. This includes maintaining the security of computers and other devices.

As practices are increasingly using electronic communication to communicate with patients and other health professionals, an email policy and a social media policy will help to protect the security of patient information and the reputation of the practice.

Meeting this Criterion

The current edition of the RACGP's *Computer and information security* standards (CISS) contains:

- information about security issues
- recommendations about how to protect against potential loss of sensitive data
- templates you can use to create policies and procedures relating to information security and the use of computers.

You could refer to CISS (available at www.racgp.org.au/your-practice/standards/computer-andinformation-security-standards) to help satisfy the requirements of this Criterion.

Designated practice team member

Your practice must have a designated practice team member who has the primary responsibility for computer security. Their responsibilities include:

- knowing who and when to call for expert advice
- giving relevant practice team members the contact details of any external expert the practice has used
- educating the practice team about data security and the need to follow security protocols and policies
- monitoring whether team members are following security protocols and policies.

Keeping health information concealed

Computer screens must be positioned so that only appropriate members of the practice team can see confidential information. Automated privacy protection tools (such as screensavers) must be used to prevent unauthorised access to computers when they are left unattended (eg when a practitioner leaves the consultation room to collect equipment, medication or information).

Mobile phones, tablets, laptops and other portable devices and the information stored or accessed on them need to be as secure as your practice's desktop computers and network. This is particularly important because they are potentially more accessible to people outside the practice.

Restricting access to clinical software

Practice team members only require access to the information they need to undertake their roles. If you have given different members of the practice team different levels of access to patient health information:

- document who has access to different levels of patient heath information data
- make sure that practice team members understand why they must keep their passwords private.

Business continuity and information recovery

If your practice uses computers to store patient health information, you must have a business continuity plan to protect information in the event of an adverse incident, such as a system crash or power failure.

The business continuity and information recovery plan needs to include:

- the processes by which all critical information relating to the practice's operations (such as appointments, billing and patient health information) will be frequently backed up
- a schedule of regular tests so that backups are being correctly created and can be accessed and read as expected
- details of the secure offsite location where the backup information is stored
- standard letters of agreement that external IT providers sign to indicate their commitment to comply with the requirements of the CISS.

Replacing IT equipment

When IT equipment needs to be replaced or upgraded, refer to the current edition of the RACGP's *Effective solutions for e-waste in your practice* to ensure that you do not inadvertently lose or transfer key information. Just deleting records does not actually remove the data from a computer system, which means that people may still be able to recover files that have been deleted but not removed.

Other equipment, such as photocopiers and fax machines, may have hard drives that contain confidential information that must be properly removed before you dispose of them.

Destroying information

If you are considering destroying clinical records for patients who are no longer patients of the practice, have not been seen for many years, or who have outdated results in their records, consult with your medical defence organisation so that you understand your legal requirements and manage the risks.

If your practice has a policy to destroy these records, you must also have a system that provides timely identification of information that is no longer relevant.

You also need to have processes for the disposal of hard drives and other storage media.

Email and social media policies

If your practice uses email and social media, you must have policies for their use. The practice team must be familiar with the policies, comply with them, and understand the risks associated with using email and social media. The policies could also be made available to patients.

A policy for use of email in the practice may include information about:

- maintaining passwords and keeping them secure
- verifying and updating email addresses
- informing patients of possible risks to their privacy if standard unencrypted email is used
- obtaining patient consent to communicate with them via email.

For further information, please refer to the RACGP's *Using email in general practice – Guiding principles* at www.racgp.org.au/your-practice/ehealth/protecting-information/email

If your practice does not use email, have a policy that states this.

Practitioners registered with AHPRA are required to comply with AHPRA's social media policy.

The RACGP's *Guide for the use of social media in general practice* contains guidance for the safe and professional use of social media in a general practice. It also contains a template for a social media policy (which complies with AHPRA's social media policy) that you can adapt to suit your practice. It is available at www.racgp.org.au/your-practice/ehealth/social-media/guide

Meeting each Indicator

C6.4► A Our practice has a team member who has primary responsibility for the electronic systems and computer security.

You must:

- **have at least one team member who has primary responsibility for the electronic systems and computer security.**

You could:

- maintain a policy addressing the management of patient health information
- create a position description outlining the roles and responsibilities relating to computer security.

C6.4► B Our practice does not store or temporarily leave the personal health information of patients where members of the public could see or access that information.

You must:

- **Maintain a privacy policy.**

You could:

- maintain a policy addressing the management of patient health information
- have a physical layout that means that members of the public cannot view patient health information
- use password-protected screensavers
- use a shredder and/or have a secure document-shredding agreement with a reputable provider
- wipe all information off hard drives and photocopiers before disposing of them.

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.

You must:

- **maintain the security of the clinical software passwords of each individual practice team member.**
- **maintain a privacy policy.**

You could:

- maintain an information technology policy.
- give only appropriate access to each role, based on position descriptions
- ensure that staff members are trained to log out or lock computers and other devices after each use
- maintain a register of who borrows or takes a laptop or mobile phone
- maintain secure passwords for portable devices
- install current antivirus software on all devices.

C6.4► D Our practice has a business continuity and information recovery plan.

You must:

- **operate a server backup log.**
- **maintain up-to-date antivirus protection and hardware/software firewalls.**
- **maintain and test a business continuity plan for information recovery.**
- **maintain a privacy policy.**

You could:

- maintain a policy for the management of patient health information
- undertake regular privacy training
- store backups offsite in a secure location.

C6.4► E Our practice has appropriate procedures for the storage, retention, and destruction of records.

You must:

- **maintain and test a business continuity plan for information recovery**
- **maintain a privacy policy.**

You could:

- maintain a patient health information management policy.
- maintain an information technology policy.
- undertake regular privacy training

C6.4► F Our practice has a policy about the use of email

You must:

- **maintain an email policy.**

You could:

- put your email policy on your website.
- have an automated response to patient emails that advises them of when they are likely to receive a response.

C6.4► G Our practice has a policy about the use of social media.

You must:

- **maintain a social media policy.**

You could:

- put your social media policy on your website.

Standard 7: Content of patient health records

Our patient health records contain an accurate and comprehensive record of all interactions with our patients.

Maintaining accurate and comprehensive patient health records is crucial in providing patients with continuity of high-quality and safe care.

The patient health record is information held about a patient, whether in paper or electronic form.

Criterion C7.1 – Content of patient health records

Indicators

► A. Our practice has an individual patient health record for each patient, which contains all health information held by our practice about that patient.
► B. Our active patient health records contain, for each active patient, their identification details, contact details, demographic, next of kin, and emergency contact information.
► C. Our patient health records include records of consultations and clinical related communications.
► D. Our patient health records show that matters raised in previous consultations are followed up.
► E. Our practice routinely records the Aboriginal or Torres Strait Islander status of our patients in their patient health record.
F. Our practice routinely records the cultural backgrounds of our patients in their patient health record
► G. Our patient health records contain, for each active patient, lifestyle risk factors.

Why this is important

Complete patient health records improve patient safety and wellbeing as they support clinical decision making. For example, a complete patient health record assists your clinical team to easily access information on a patient's allergies or the patient's medical history.

Consultation notes and patient health records are also a way of managing risks. Medical defence organisations have identified that failure to follow up matters that patients have previously raised poses a considerable risk to practices and practitioners.

Meeting this Criterion

Content of patient health records

Patient health records must be updated as soon as practicable during or after consultations and home and other visits. The record must identify the person in the clinical team making the entry.

All patient health records, including scans of external reports, must be legible so that another practitioner could take over the care of the patient.

Consultation notes must contain the following information:

- Date of consultation
- Who conducted the consultation (eg by initials in the notes, or by audit trail in an electronic record) • Method of communication (eg face to face, email, telephone or other electronic means)
- Patient's reason for consultation
- Relevant clinical findings
- Allergies
- Diagnosis (if appropriate)
- Recommended management plan and, where appropriate, expected process of review

- Any medicines prescribed for the patient (including the name, strength, directions for use, dose, frequency, number of repeats and date on which the patient started/ceased/changed the medication)
- Patient consent for the presence of a third party brought in by the practice (eg a medical student)
- Record of patient emails (if applicable)

When available, use consistent coding of diagnoses. Choose the most appropriate diagnosis from a recognised clinical terminology (one of these is supplied with every electronic clinical record package) in the consultation notes so that continuous improvement of clinical care and patient outcomes can be achieved.

Other information may be included in the patient health record, such as:

- any referrals to other healthcare providers or health services
- medicines the patient takes that were not prescribed or advised by the practice
- complementary and over-the-counter medicines (because many people now take complementary and over-the-counter medicines that may react adversely with conventional medicines, you could document the patient's use of these as you would other medicines, whether prescribed by a member of the clinical team or reported by the patient)
- any relevant preventive care information collected, such as currency of immunisations, blood pressure, waist measurement, height and weight (body mass index)
- immunisations
- an advance care plan
- the presence of a third party brought in by the patient (eg carer)
- any special advice or other instructions given to the patient.

System to store patient health information

You need to have an effective system to store patients' health information in a dedicated patient health record. In addition to containing clinical information, the patient health record may also contain other relevant information, such as details of personal injury insurance claims.

Patient health records in clinical software

Consider updating medical software when practicable. This will mean that older files will remain compatible with later versions of the software, and that you will be able to run the software on modern hardware and operating systems.

You might consider retaining older hardware and operating systems so that you can store and retrieve older records.

Collecting information from patients

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 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.

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)

Collecting information over time

Patient information is gathered over more than one consultation. It is important that clinically significant, separate events in a patient's life and the care provided are recorded and managed so that the information is readily accessible.

One way of doing this is to regularly update each patient's health summary so that all relevant information is easy to find in one central location.

Clinically significant information may include the patient's health needs and goals, preventive health activities, medical conditions and their preferences and cultural values. Having this information improves the practitioner's ability to provide care that is tailored to the patient's needs and circumstances.

Identifying patients of Aboriginal or Torres Strait Island origin, or another cultural background

The RACGP encourages you to identify and record the Aboriginal or Torres Strait Islander status and cultural background of all patients, as this information can be an important indicator of clinical risk factors and therefore help practitioners to provide relevant care.

Before asking a patient any questions about their cultural background, explain that knowing such information helps the practice provide appropriate healthcare.

Routinely ask all patients the following question regardless of the patient's appearance, country of birth, or whether the practice team know of the patient or their family background.

'Are you of Aboriginal or Torres Strait Islander origin?'

All patients have the right to respond to this question as they see fit. If a patient indicates that they do not wish to answer the question, record 'Not stated/inadequately described'. The patient's response must be received without question or comment, and the response must be recorded without any amendments or annotations.[30] However, if the patient does not answer this question when it is on a form, you need to follow up immediately in case they missed it by mistake, rather than assume that the patient has refused to answer.

Collecting information about a patient's cultural heritage before a consultation (eg by using a new patient form) will help you to provide the most appropriate care.

Where patients were born, where they grew up, or where their parents are from may indicate that they are at higher risk of developing certain health conditions. Similarly, this and other information, such as the language spoken at home, can help to identify patients who require specific care or targeted interventions. It is good practice to record this information in the patient health record if it is relevant to their patient care.

Retaining health records of active and inactive patients

Your practice must keep and securely store and dispose of health records of active and inactive patients in accordance with legal obligations imposed by the Privacy Act 1988 and the APPs.

An inactive patient is generally defined as a patient who has attended the practice twice or less in the past two years.

You must retain health records of inactive patients in accordance with relevant national, state or territory laws. You may want to consult your medical defence organisation when creating the practice's policy about the retention of records of inactive patients.

Lifestyle risk factors

Lifestyle risk factors such as smoking, nutrition, alcohol and physical activity are associated with many diseases. Record these risk factors in the patient health record and review management plans at defined intervals.

Routinely measure and record each patient's height, weight and blood pressure at defined intervals. This will help you to identify significant or unexplained weight loss or gain that may indicate a disease, and/or to assess a child's growth and development. The practitioner must know which health checks need to occur at what intervals, in accordance with best practice.[31]

Meeting each Indicator

C7.1► A Our practice has an individual patient health record for each patient, which contains all health information held by our practice about that patient.

You must:

- **maintain individual health records for each patient that include all required information.**

You could:

- maintain a policy addressing the management of patient health information
- ensure handwritten records are legible
- ensure new patient forms ask for all required information
- cover policies and processes relating to patient health records during staff inductions

C7.1► B Our active patient health records contain, for each active patient, their identification details, contact details, demographic, next of kin, and emergency contact information.

You could:

- **include, for each active patient, all of the required information listed in the Indicator.**

You could:

- maintain a policy addressing the management of patient health information
- use a new patient form that asks for all required information.

C7.1► C Our patient health records include records of consultations and clinical related communications

You must:

- **ensure consultation notes include all mandatory elements**
- **include a record of all clinical related-communications (including emails, if applicable) in the patient's health record**

You could:

- maintain a patient health information management policy.
- check documents that are scanned into electronic health records are clear and can be easily read, and make appropriate notes if anything is unclear or illegible.

C7.1► D Our patient health records show that matters raised in previous consultations are followed up.

You must:

- **document matters that have been followed up in the patient health record.**

You could:

- maintain a policy addressing the management of patient health information

- use flags in the consultation notes to mark issues that need to be followed up.

C7.1► E Our practice routinely records the Aboriginal or Torres Strait Islander status of our patients in their patient health record.

You must:

- **document the patient's Aboriginal or Torres Strait Islander status in patient health records**

You could:

- maintain a policy addressing the management of patient health information.

C7.1 F Our practice routinely records the cultural backgrounds of our patients in their patient health record.

You could:

- maintain a policy addressing the management of patient health information
- ask patients about their cultural background during a consultation, and record this information in your clinical software (in a specific field or in general notes)
- ask patients about their cultural background in your new patient form, and enter this information into your clinical software system (in a specific field or in general notes).

C7.1► G Our patient health records contain, for each active patient, lifestyle risk factors.

You must:

- **document information relating to lifestyle risk factors such as height, weight and blood pressure in the patient health record**

You could:

- maintain a policy addressing management of patient health information

Standard 8: Education and training of the practice team

Our practice team is appropriately qualified and trained to perform their role.

This Standard focuses on the systems that your practice uses to ensure that non-clinical members of the practice team receive continuing education and training that is appropriate for their role.

Criterion C8.1 – Education and training of non-clinical staff

Indicators

► A. Our non-clinical staff complete training appropriate to their role and our patient population.
► B. Our non-clinical staff complete cardiopulmonary resuscitation (CPR) training at least every three years.

Why this is important

Administrative staff have a vital role in the provision of safe and quality care and therefore require training appropriate to their role.

A practice that supports education and training of non-clinical staff fosters continuous improvement and risk management.

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 needs
- safe operation of specific equipment.

Practitioners or other members of the practice team can deliver in-house or 'on the job' training in practice-specific areas, such as:

- using the patient health records system
- making appointments
- recognising medical emergencies when patients present in reception
- confidentiality requirements
- the practice's policies and procedures.

Cardiopulmonary resuscitation training

CPR training for administrative staff can be conducted by an accredited training provider, or by members of the clinical team, if appropriate. These clinical team members must have a current CPR instructor's certificate that complies with Australian Resuscitation Council (ARC) guidelines on instructor competencies.

The ARC requires that CPR trainees physically demonstrate their skills at the completion of the CPR course. CPR training that is completed solely online does not meet this requirement.

Meeting each Indicator

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
- 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.

C8.1► B Our non-clinical staff complete CPR training at least every three years.

You must:

- **provide evidence that non-clinical staff complete CPR training every three years.**

You could:

- keep training logs that record training that non-clinical team members have completed
- keep a training calendar listing opportunities for professional development and training completed
- plan annual performance reviews
- store documents that record training needs and training completed.

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Module 2: Quality Improvement Module

Standard 1: Quality improvement

Our practice undertakes quality improvement activities to support the quality of care provided to our patients.

The Standards encourage quality improvement so that you can identify opportunities to make changes that will improve patient safety and care.

Quality improvement can be achieved in a number of ways, one of which is the regular review of your practice's structures, systems and clinical care.

Improvement needs to be based on the practice's own information and data, which can be collected in a variety of ways, including feedback from patients and the practice's team, and audits of clinical data.

All members of the practice team need to have opportunities to contribute to the practice's quality improvement activities.

Criterion QI1.1 – Quality improvement activities

Indicators

► A. Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.
► B. Our practice team internally shares information about quality improvement and patient safety.
► C. Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.
► D. Our practice team can describe areas of our practice that we have improved in the past three years.

Why this is important?

Making quality improvements to the practice's structures, systems and clinical care that are based on the practice's information and data will lead to improvements in patient safety and care.

Practice team engagement with the practice's safety and quality systems is essential to help the practice implement its quality improvement activities.

Meeting this Criterion

Roles and responsibilities

Having at least one team member responsible for leading quality improvement in the practice establishes clear lines of accountability. The responsibilities of this role must be agreed to and documented (eg in a position description).

Engaging the practice team

Quality improvement relates to many areas of a practice, so the collaborative effort of the entire practice team is necessary if you are to achieve improvements in quality and safety of patients. You could improve engagement by establishing a quality improvement team made up of members from all parts of the practice team (eg doctors, nurses and administrative staff).

Actively participating in quality improvement gives all members of the practice team an opportunity to come together to share information and consider how the practice can improve.

In order to improve engagement and obtain feedback from the practice team about quality improvement initiatives and performance, you could:

- include quality improvement as a standing agenda item at team meetings
- provide notice boards or suggestion boxes for the team to contribute their ideas
- keep the team up to date with any system or process changes
- create short surveys to get the team's thoughts on initiatives.

Quality improvement activities

Activities to improve a general practice can involve examining the practice's structures, systems and clinical care. Relevant patient and practice data can help you identify where quality improvements can be made (eg patient access, management of chronic disease, preventive health).

Quality improvement activities can include:

- changes to the day-to-day operations of the practice, such as
    - scheduling of appointments
    - normal opening hours
    - record-keeping practices
    - how patient complaints are handled
    - systems and processes
- responding to feedback or complaints from patients, carers or other relevant parties
- responding to feedback from members of the practice team
- auditing clinical databases
- analysing near misses and errors.

Quality improvement plans

Your practice could maintain a quality improvement plan and a register of quality improvement activities showing which have been undertaken, and their outcomes.

Using a quality improvement plan and register means you can:

- track quality improvement efforts
- identify whether improvements were made or other efforts are required to address the quality issue reduce duplication of effort and time
- evaluate the plan and effect of the activities conducted
- provide a learning tool for members of the practice team who want to be involved in improvement activities.

Meeting each Indicator

QI1.1► A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

You must:

- **educate the team member with primary responsibility for quality improvement activities in the practice about their role.**

You could:

- document the responsibilities of this role in the position description
- develop a quality improvement team made up of members of clinical and administrative staff.

QI1.1► B Our practice team internally shares information about quality improvement and patient safety.

You must:

- **have a system to identify quality improvement activities.**

You could:

- allocate time in each team meeting to discuss quality improvement systems with your practice team
- keep a record of planning meetings where quality improvement activities are discussed.

QI1.1 ► C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.

You must:

- **keep a record of feedback received from the practice team about quality improvement systems.**

You could:

- have notice boards or suggestion boxes the team can use to contribute their ideas.
- create short surveys for the team to complete that are incorporated into a quality improvement plan.

QI1.1► D Our practice team can describe areas of our practice that we have improved in the past three years.

You must:

- **keep records of quality improvements made to the practice or practice systems in response to feedback, complaints or audits.**

You could:

- keep minutes of meetings where improvements to the practice are discussed
- have a system for developing, mandating, implementing and reviewing policies and procedures
- include quality improvement as a standing agenda item at team meetings.

Criterion QI1.2 – Patient feedback

Indicators

► A. Our practice collects feedback from patients, carers and other relevant parties in accordance with the RACGP's *Patient feedback guide* (available at www.racgp.org.au/ your-practice/standards/standards5thedition/patient-feedback).
► B. Our practice analyses, considers and responds to feedback
► C. Our practice informs patients, carers and other relevant parties about how we have responded to feedback and used feedback to improve quality.

Why this is important

Collecting and responding to feedback about patients' experiences has been shown to improve:

- clinical effectiveness and patient safety
- adherence to recommended medication and treatments
- preventive care, such as the use of screening services and immunisations.[1]

Patients appreciate knowing that their feedback is taken seriously and acted on where possible.

Meeting this Criterion

You must collect feedback from patients, consider the feedback and use it to improve the quality of your care.

Where possible, encourage patients, carers and other relevant parties to raise any concerns with the practice team directly. In response, your practice needs to attempt to resolve these concerns within the practice

Collecting feedback

You can collect feedback using any method that meets the requirements of the RACGP's *Patient feedback guide*. When deciding how you want to collect feedback from your patients, consider the following:

- The kind of information you are seeking: broad, specific or in-depth
- The time required to conduct patient feedback and analyse the results
- The demographics of your patients, including their education level and the range of languages they speak at home

You can use any of the following methods to collect patient feedback:

- An RACGP-approved questionnaire developed by a commercial company
- A questionnaire developed in accordance with the RACGP's *Patient feedback guide*
- A focus group developed in accordance with the RACGP's *Patient feedback guide*
- Interviews developed in accordance with the RACGP's *Patient feedback guide*
- A specific method that your practice decides on that meets the requirements of the RACGP's *Patient feedback guide* and is approved by the RACGP

The RACGP's Patient feedback guide provides more detail on how to collect, analyse and use feedback from your patients. The Patient feedback guide is available at http://www.racgp.org.au/yourpractice/standards/standards5thedition/patient-feedback

You can choose to collect patients' feedback about their experience of accessing healthcare at your practice, either at one period during the three-year accreditation cycle, or on an ongoing basis throughout the three years.

Collecting feedback all at once

If you choose to collect feedback all at once, this must be undertaken at least once every three years.

Collecting feedback on an ongoing basis

If you choose to seek feedback from patients on an ongoing basis over a three-year period instead of collecting it all at once, you could:

- have short questionnaires focusing on specific areas of interest (eg a new service, a change to the waiting areas), which patients could complete on paper, using electronic tablets available at the practice, or online at the practice's website or a survey website
- send a text message asking for feedback on a specific area of interest to patients who have consented to receiving text messages from your practice
- hold patient forums and information days
- have an electronic tablet at the entrance to the practice so randomly selected patients could quickly rate an aspect of their visit to your practice (eg give it a score out of five).

If you choose to collect patient feedback on an ongoing basis, you need to ensure that the overall process still meets the requirements of the RACGP's *Patient feedback guide*.

The RACGP's *Patient feedback guide* provides more detail about how to collect patient feedback on an ongoing basis.

Collecting carers and other relevant parties' feedback on their experience

Your practice could collect feedback from carers and other relevant parties on their experience at your practice. These activities would be in addition to your patient feedback requirements. For example, you could offer carers and other relevant parties feedback forms or encourage them to use a suggestion box at reception.

Using feedback

Regardless of the method you use to collect patient feedback, you must analyse the feedback you receive and use it to improve the quality of your care.

Some of the suggestions made by patients will not be practical or feasible for your practice, so it is up to you to decide what feedback will be used and to prioritise activities based on the feedback.

After collecting and analysing patient feedback, identify key issues and decide on a quality improvement plan. To do this, you could:

- convene a team meeting dedicated to this activity
- seek team members' opinions on the priority of the activities that will address patient feedback
- send each team member a summary of the feedback and ask them for their thoughts on what quality improvement activities could be implemented
- consider which feedback aligns with the practice's strategic objectives.

Because patients value knowing that their feedback has been respectfully considered and implemented where possible, inform patients of the quality improvement activities that you are planning to implement and those you have implemented. For example, you could display posters in the waiting area, include relevant information on your website and in your newsletter, and send letters to patients. If you have received a lot of feedback relating to something that is not feasible (eg putting a coffee machine in the waiting room), you could tell patients why this suggestion is not possible for your practice.

Meeting each Indicator

QI1.2► A Our practice collects feedback from patients, carers and other relevant parties in accordance with the RACGP's Patient feedback guide

You must:

- **collect feedback from your patients in line with the requirements of the RACGP's *Patient feedback guide.***

You could:

- use the RACGP's *Patient feedback guide* to develop your own patient feedback process
- use a commercially available questionnaire that is approved by the RACGP
- conduct face-to-face patient feedback sessions, such as focus groups or interviews
- seek feedback from patients about specific areas of the practice.

QI1.2► B Our practice analyses, considers and responds to feedback.

You must:

- **keep records that show that you considered and discussed issues raised by patients, and have made improvements in response to their feedback.**

You could:

- discuss patient feedback responses at team meetings
- create specific action plans to address issues raised by patients
- share the results and outcome reports about activities that were based on patient feedback with the practice team
- incorporate improvements into relevant policies and procedures.

QI1.2► C Our practice informs patients, carers and other relevant parties about how we have responded to feedback and used feedback to improve quality.

You must:

- **inform patients about how the practice has responded to feedback received.**

You could:

- advise patients about how the practice has responded to patient feedback via the practice's website, in practice newsletters, and in notices in waiting rooms.

Criterion QI1.3 – Improving clinical care

Indicators

A. Our practice team uses a nationally recognised medical vocabulary for coding.
► B. Our practice uses relevant patient and practice data to improve clinical practice (eg chronic disease management, preventive health).

Why this is important

Using a nationally recognised medical vocabulary helps you to collect structured data that can be used to review clinical practices in order to improve quality and safety.

Collecting structured clinical data can help improve patient care because it can be used when:

- carrying out quality improvement activities, such as practice audits and plan, do, study, act (PDSA) cycles
- implementing processes that identify patients with particular medical conditions (eg registers for chronic diseases such as diabetes).

Meeting this Criterion

Standardised clinical terminology

Using a nationally recognised medical vocabulary means that:

- key details of a consultation (eg why a patient attends the practice, the problems managed during a consultation, referrals and requested investigation) are recorded in a standardised way
- data can be retrieved for auditing, quality improvement and continuity of care
- analysis of your practice's data is more accurate and reliable
- there will be less ambiguity, which is sometimes the case when free text descriptions are used in a patient's health record.

Nationally recognised medical vocabularies, such as the World Health Organization's (WHO's) International Classification of Primary Care (ICPC) and SNOMED CT, help to ensure that data is recorded consistently and can be used for multiple purposes, such as chronic disease registers and population health research.

Most general practice clinical software systems in Australia use a recognised medical vocabulary (eg DOCLE, PYEFINCH, SNOMED CT, ICPC and ICPC2+).

If you are using a software system that does not use a nationally recognised medical vocabulary, you might consider how you could include one in your patient health records.

You do not necessarily need to re-code existing information previously recorded as free text, particularly if there are important details in a patient's medical history that are difficult to formally code, but adding some standardised vocabulary might be useful.

You could also develop a policy and process to implement a recognised medical vocabulary to ensure consistency in newly created records and when updating records.

Quality improvement to improve clinical practice

Quality improvement is an essential part of routine care, which involves making changes that will increase quality and safety for patients.

Quality improvement activities can include activities specifically designed to improve clinical care or the health of the entire practice population, such as changes to:

- rates of immunisation
- how the practice cares for patients with diabetes or hypertension
- systems used to identify risk factors for illnesses that are particularly prevalent in the practice's local community (eg cardiovascular disease)
- antibiotic prescribing to improve clinical care and/or the health of the entire practice population.

Improving clinical practice through clinical audit

You can undertake a clinical audit in order to improve your clinical practice. A clinical audit is a planned medical education activity designed to help practitioners systematically review aspects of their own clinical performance against defined best practice guidelines. The two main clinical audit components are:

- an evaluation of the care that a practice and its individual practitioners provide
- a quality improvement process.

Research indicates that the process of audit and feedback is widely used to improve professional practice. The process of audit and feedback can be used on its own or as part of multifaceted quality improvement intervention, and can often lead to small but potentially important improvements in practice.[2]

Improving clinical practice through PDSA cycles

You could also choose to complete a PDSA cycle to improve your clinical practice. PDSA cycles encourage the individual practitioner or the practice team to implement a planned improvement by breaking it down into small, manageable stages. The PDSA stages are completed one at a time, and small changes achieved at each stage are tested to make sure that improvement has occurred without wasted effort before moving to the next stage.

PDSA cycles emphasise starting on a small scale and reflecting and building on the learning that occurs during each stage. PDSA cycles can be used to quickly and easily test suggested improvements that are based on existing ideas and research, or to implement practical ideas that have been proven to work elsewhere.

It is a cyclical model because the benefit you planned is not always achieved after one PDSA cycle. Therefore, the initial PDSA can be refined and the cycle repeated as many times as necessary to reach the desired benefit.

A PDSA cycle can be undertaken by an individual practitioner, a group of health professionals, and/or a multidisciplinary team. For example, an individual practitioner can complete a PDSA cycle to improve their individual clinical knowledge and skills.

Further information on clinical audits and PDSA cycles is available in the RACGP's QI&CPD Program: 2017–19 triennium handbook for general practitioners (www.racgp.org.au/education/ qicpd-2017-19-program).

Other sources of information

To improve the targeting and use of your prevention activities (eg smoking cessation, weight management), you may wish to collect data from other sources, such as:

- your clinical software or paper-based systems about, for example, smoking status
- your diabetes register
- pathology services that provide, for example, diabetes screening and cervical screening
- reviews and analysis of data relating to particular Medicare Benefits Schedule (MBS) claims to identify gaps in the delivery of comprehensive primary healthcare to priority populations (eg items 715 and 723)
- data reports that you can use as benchmarks to identify gaps, areas and opportunities for improvement to assist in health service planning. You can access these reports by participating in quality improvement programs that are provided by regional healthcare coordination organisations.

Meeting each Indicator

QI1.3 A Our practice team uses a nationally recognised medical vocabulary for coding.

You could:

- use patient management software to code patient health information.
- keep clinical data and reports, such as rates of childhood vaccinations, completed adult health checks and updated risk factors.

QI1.3 ► B Our practice uses relevant patient and practice data to improve clinical practice (eg chronic disease management, preventive health).

You must:

- **show evidence that you have conducted a quality improvement activity, such as a PDSA cycle or clinical audit, at least once every three years.**

You could:

- use coded patient health information to audit patient health records and compare clinical practice
- maintain a continuous improvement register
- maintain a clinical audit based on a quality improvement plan completed by the practice team

- participate in an audit on antibiotic prescribing.

Standard 2: Clinical indicators

Our practice records and uses patient data to support quality improvement activities.

Having accurate and up-to-date information about patients helps your practice provide safe, high-quality care, and ensures that other healthcare providers to whom you refer a patient also provide a suitable standard of care.

Health summaries reduce the risk of inappropriate management, including medicine interactions and adverse side effects (particularly when allergies are recorded).

Having accurate and up-to-date information on medicines means that you can achieve best practice prescribing.

Criterion QI2.1 – Health summaries

Indicators

► A. Our active patient health records contain a record of each patient's known allergies.
► B. Each active patient health record had the patient's current health summary that includes, where relevant:

- adverse drug reactions
- current medicines list
- current health problems
- past health history
- immunisations
- family history
- health risk factors (eg smoking, nutrition, alcohol, physical activity)
- social history, including cultural background.

Why this is important

Maintaining clear and accurate patient health records is essential if your practice is to provide high-quality care.[3] 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
- 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.

You may also record:

- 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), 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 practice audit of patient health records.

Criterion QI2.2 – Safe and quality use of medicines

Indicators

► A. Our patients are informed of the purpose, importance, benefits, and risks of their medicines and treatments.
► B. Our patients are made aware of their role in their own treatment.
► C. Our clinical team accesses current information on medicines, and reviews our prescribing patterns, in accordance with best available evidence.
► D. Our clinical team ensures that patients and other health providers to whom we refer receive an accurate and current medicines list.
► E. Our clinical team ensures that medicines, samples and medical consumables are acquired, stored, administered, supplied and disposed of in accordance with manufacturers' directions and relevant laws.

Why this is important

If patients understand the reason for taking medications, and the benefits and risks associated with particular medicines, they can make informed decisions about their treatment and will be more likely to follow the recommended treatment plan.

Having access to current information about medicines enables practitioners to engage in best practice prescribing of medications for patient care.

Patients must not use medicines, samples or medical consumables that have been prescribed for other patients and/or after their expiry dates.

Meeting this Criterion

Medication purpose, options, benefits, risks

Consumer Medicines Information (CMI) leaflets (www.tga.gov.au/consumer-medicines-informationcmi) can help patients to understand the purpose, options, benefits and risks of their medicines. It is particularly important that patients understand the difference between generic drugs and trade-named drugs so dosage problems are avoided. If a patient has low levels of literacy, or the information is not available in the patient's preferred language, it may be appropriate to use visual media or translators.

Patients' role in their own treatment

Providing patients with education not only improves their knowledge, it is also likely to improve their adherence to treatment plans. One of the most commonly recommended strategies to improve patients' adherence is to build the patient–practitioner relationship.[4]

You could also tell patients about a number of online resources, so that they can find out more about their medications and the purpose of their treatments. These include:

- the NPS MedicineWise 'Medicine Finder' (www.nps.org.au/medicines)
- the Victorian Government's 'Better Health Channel' (www.betterhealth.vic.gov.au)

Using and reviewing best practice treatment

Your practice could use guidelines for the quality use of medicines. Some available resources include:

- the Australian medicines handbook (jointly owned by the RACGP, the Pharmaceutical Society of Australia, and the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists [ASCEPT]) (https://shop.amh.net.au)
- Therapeutic Guidelines (www.tg.org.au)
- Department of Veterans' Affairs (DVA) Medicines Advice and Therapeutics Education Services (Veterans' MATES) (www.veteransmates.net.au)

You could reinforce key messages with patients about appropriate antibiotic use and actions that can be taken to reduce antibiotic resistance.

Current medicines list

Practitioners need to regularly review a patient's current medications to ensure that the list in their health record is up to date and to reduce the risk of errors being made when prescribing or referring.

Take particular care when prescribing medicines that sound alike or look alike, particularly when selecting from drop-down boxes in clinical information systems.

A practitioner must:

- confirm a patient's current medicines list and known allergies before prescribing or changing treatment
- mark acute medications, including antibiotics, as non-current when they are no longer required (some clinical software packages will automatically mark acute medicines as non-current when the calculated duration of the supply has expired)
- use reviews of the patient's medicines list as an opportunity to assess the patient's compliance with their medication regimen, and identify the need for any further education or support.

Practitioners also need to ask the patient about any medicines that were not prescribed or advised within the practice because of the potential for side effects and drug interactions.

The confirmed list of the patient's current medication must be included in letters of referral, including those for hospital admissions.

When a practitioner changes a patient's medication, it is good practice to provide the patient with a new medicines list, particularly when the patient is taking more than one medicine.

Storage of medicines

To ensure patients' safe use of medicines, vaccines and other healthcare products, store these products appropriately and securely, and do not use or distribute them after their expiry dates. You could appoint a designated person to have primary responsibility for the proper storage and security of medicines, vaccines and other healthcare products.

Requirements relating to the acquisition, use, storage and disposal of Schedule 4 and Schedule 8 medicines are contained in legislation, and practices need to comply with these laws.

Meeting each Indicator

QI2.2► A Our patients are informed of the purpose, importance, benefits, and risks of their medicines and treatments.

You must:

- **keep documentation regarding discussions of medicines and treatments in the patient's health record.**

You could:

- use videos, brochures, or posters to inform patients about medicines.

QI2.2► B Our patients are made aware of their role in their own treatment.

You must:

- **keep records that show that clinical team members have discussed the patient's roles in their own treatment.**

You could:

- provide consumer medicine information to patients
- provide patients with a written action plan

QI2.2► C Our clinical team accesses current information on medicines, and reviews our prescribing patterns, in accordance with best available evidence.

You must:

- **keep documentation relating to medicines reviews in patient health records, including information given to the patient about the purpose, importance, benefits and risks of their medicines.**

You could:

- use a current clinical software program
- use current best-evidence medicine guidelines
- develop and implement practice policies or protocols in areas such as antibiotics and drugs of dependence.

QI2.2► D Our clinical team ensures that patients and other health providers to whom we refer receive an accurate and current medicines list.

You must:

- **keep an accurate and current medicines list and referral letters in each patient's health record.**

You could:

- conduct regular audits of each patient's health record in order to bring medicines lists up to date and mark acute medications as non-current.

QI2.2► E Our clinical team ensures that medicines, samples, and medical consumables are acquired, stored, administered, supplied, and disposed of in accordance with manufacturers' directions and relevant laws.

You must:

- **acquire, store, administer, supply and dispose of medicines, samples and medical consumables according to manufacturers' directions and relevant laws.**

You could:

- maintain a Schedule 8 medicines register.

Standard 3: Clinical risk management

Our practice has clinical risk management systems to improve the safety and quality of our patient care.

Clinical risk management is the process of improving the quality and safety of healthcare services by identifying the circumstances and opportunities that put patients at risk of harm, and then acting to prevent or control those risks.[5] You need to foster a just, open and supportive culture in order to minimise and respond to near misses and adverse events.

Adverse events and near misses are events or circumstances that could have resulted, or did result, in unnecessary harm to a patient.[6] Both are valuable learning opportunities from which you can gain insights into how to improve your practice and preserve life and health.

While individual accountability and integrity is essential, blaming individual practitioners is not necessarily going to help identify problems in your systems and processes. It is far more effective to be thoughtful and supportive.

Members of the practice team must know how and whom to report a near miss or adverse event, or an unanticipated patient outcome.

The clinical governance of your practice gives you management and organisational structure for continuously improving the quality of your services and patient care.[7] It creates an environment where excellence in clinical care will flourish because all team members accept responsibility for the services and care the practice provides.[8,9]

Criterion QI3.1 – Managing clinical risks

Indicators

► A. Our practice monitors, identifies, and reports near misses and adverse events in clinical care.
► 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.

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
- 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.

You may want to have your medical defence organisation check and approve your process for recording and responding to near misses and adverse events.

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, and reports near misses and adverse events in clinical care.

You must:

- **implement and maintain an incident or event register.**

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
- 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 QI3.2 – Open disclosure

Indicator

A. Our practice follows an open disclosure process that is based on the *Australian open disclosure framework.*

Why this is important

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-australianopen-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 is important so that a patient can:

- move on
- have better relationships with clinicians
- be more involved in their care.

Meeting this Criterion

The Australian open disclosure framework states that open disclosure includes:

- acknowledgement to the patient that something has gone wrong, either in response to their enquiry or initiated by the practice
- an apology or expression of regret (including the word 'sorry')
- a factual explanation of what happened
- an opportunity for the patient to share their experience with the practice
- an explanation of the steps being taken to manage the event and prevent a recurrence.

Open disclosure is a discussion and exchange of information that may take place over several meetings. To meet this Criterion, team members need to listen to what the patient says in response to the practice's open disclosure and demonstrate that the practice has

learnt from the incident. Incidents and near misses can be recorded in the patient's record as per the *Australian open disclosure framework*.

Disclosure to the patient following an incident that caused harm is beneficial to both the patient and the practice. Disclosure may also be appropriate where no harm appears to have been caused, especially if there is reasonable likelihood of harm resulting in the future as a result of the incident.

Contact your medical defence organisation and insurers for further guidance and advice about when you may need to participate in open disclosure, and what kind of documentation they would require for risk management initiatives.

Meeting each Indicator

QI3.2 A Our practice follows an open disclosure process that is based on the Australian open disclosure framework.

You could:

- maintain an open disclosure process and encourage all members of the practice team to follow the process
- develop and implement policies and guidelines that align with the Australian open disclosure framework
- keep a record of any discussions and apologies
- implement quality improvement initiatives (eg develop a brochure to give patients more information about a particular issue)
- record any incidents in the patient's record
- educate practitioners about the Australian open disclosure framework for small practices so that they understand when they might need to undertake open disclosure
- discuss open disclosure at practice team meetings
- discuss open disclosure during induction.

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Module 3: GP Module

GP Standard 1: Access to care

Our practice provides timely care and advice

This Standard includes criteria that relate to providing access to comprehensive care in a general practice context. They include the:

- triage of patients so that the most appropriate care is provided
- ability for the practice to conduct home and other visits
- ability for the practice to provide after-hours care.

Criterion GP 1.1 – Responsive system for patient care

Indicators

GP1.1► A Our practice provides different consultation types to accommodate patients' needs.

GP1.1►B Our practice has a triage system.

GP1.1 C Our recorded phone message advises patients to call 000 in case of an emergency.

Why this is important

The practice team is required to be able to identify patients' needs and provide appropriate care in order to treat patients effectively. Patients need to be referred to the right clinician to receive the right level of care within an appropriate period. Patients with urgent needs must be seen quickly.

When patients call the practice in the event of an emergency, they are not to be put on hold and must be directed to contact 000.

Meeting this Criterion

Consultations accommodate different patients' needs

Patients must be able to access care that is flexible and recognises their particular needs.

You are required to provide different types of consultation (eg long and short), different types of care (eg complex and preventive), and different levels of access (eg appointment systems or walk in services) based on patients' needs.

In order to manage appointments, keep an appointment book (electronic or paper-based) in which you can arrange and record a variety of appointment types, including:

- long
- short
- walk-in
- recall
- reserved times for urgent appointments on the day.

Members of the practice team must assess the length of consultation a patient requires based on their needs. For example, the practice team could suggest a longer consultation if the patient is attending for multiple or complex problems, chronic disease management or procedures. Longer consultations may also be required if the patient has complex medical needs, complex communication needs, impaired cognition, or if the patient's carer or a translator will be present. Some patients may always need longer appointments.

When there is an emergency, practice team members need to:

- update the patient waiting list
- explain to waiting patients that there has been an emergency and that this may increase their waiting time

- notify other patients who have not yet arrived that their appointment may be later than scheduled.

Your practice does not require a formal appointment system to meet this Criterion. For example, some practices do not take appointments but accept patients on a walk-in basis. If your practice prioritises patients according to urgency of need, and adequately informs patients of anticipated waiting times, you are accommodating patients' needs.

Technology based consultations

You can conduct technology-based patient consultations (eg via telephone and internet-based video services such as Skype) in place of face-to-face consultations. When conducting a technology-based 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 consultations
- obtain the patient's prior written consent, if possible, before the consultation takes place.

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.

Triage

All members of the practice team must know how the practice:

- identifies patients with an urgent medical need
- identifies medical emergencies and reprioritises appointments accordingly
- seeks urgent medical assistance from a clinical team member
- deals with patients who have urgent medical needs when the practice is fully booked.

Training could be provided so that administrative staff members and members of the clinical team can identify patients in need of urgent care. This training can be delivered in-house by a practice member, or by an external training provider.

As administrative staff members may need to access patient health records so they can inform the clinical team of triage responses, they must know and comply with requirements relating to confidentiality of patient health records.

Telephone triage

Patients often contact general practices by telephone to make an appointment and sometimes immediately share their health concerns with the person who answers the phone. This may make it necessary for administrative staff members to assess the urgency of the need for care, effectively triaging patients.

Therefore, administrative staff members need to know:

- that they must ask, ‘Is the matter urgent or may I put you on hold?’ before putting a caller on hold
- which telephone calls they need to transfer to the clinical team.

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-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
- using personal protective equipment (PPE) (eg masks)
- implementing distancing techniques, such as
    - spacing patients in the waiting room at least a metre apart
    - isolating the infected patient in a separate space
- strictly adhering to hand hygiene
- conducting a home visit.

Meeting each Indicator

GP1.1► A Our practice provides different consultation types to accommodate patients’ needs.

You must:

- **provide a variety of consultation types, and retain evidence of this.**

You could:

- document and keep up-to-date care plans, reviews, and health summaries in each patient’s health records
- keep an appointment system (electronic or paper-based) showing a variety of appointment types, including
    - long
    - short
    - walk-in
    - recall
- reserved times for urgent appointments on the day
- display a sign in the patient waiting area explaining short, standard and long appointments
- display a sign on the front of the clinic providing the contact details for urgent care that is available outside normal opening hours
- offer technology-based consultations

GP1.1► B Our practice has a triage system.

You must:

- **prioritise patients according to urgency of need, and retain evidence of this.**

You could:

- have triage guidelines at the reception area
- have a triage flowchart available for reception staff members and the clinical team
- display a sign in the waiting area advising patients who have a high-risk condition or deteriorating symptoms to tell reception staff members
- show evidence that administrative staff members update the patient waiting list if there has been an emergency, and that they explain to patients that this may increase their waiting time

GP1.1C Our recorded phone message advises patients to call 000 in case of an emergency.

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
- train reception staff members in triage and how to respond to an emergency
- have triage guidelines at the reception area
- have a triage flowchart available for reception staff members.

Criterion GP1.2 – Home and other visits

Indicator

GP1.2 ►A Our patients can access home and other visits when safe and reasonable.

Why this is important

Patients value an ongoing relationship with their general practitioner (GP), even when their needs change.

Patients who are in residential aged care facilities, residential care facilities, or hospitals also need to be able to access care from your practice.

Meeting this Criterion

You need to consider how to provide continuity of care to patients who are not able to physically attend the practice.

Who can perform home or other visits

A member of the clinical team normally performs home and other visits. A GP is required in most situations, while a nurse may be able to perform the required duties in other situations. At times, it is appropriate for other health professionals, such as nurses or Aboriginal and Torres Strait Islander health workers/practitioners, to attend home visits under the supervision of a suitably qualified doctor.

Visits may also be performed on behalf of your practice (eg by services that provide care outside of normal opening hours). In this situation, there must be a direct and continuing relationship between your practice's GPs and the nominated after-hours service that performs the home or other visits on their behalf. This includes arrangements to exchange clinical details about the patient's care and any concerns your practice may have about the visiting clinician's safety.

Making home and other visits

It is appropriate to visit patients at home or in another setting, instead of them coming into the practice, when:

- the patient is confined due to illness or disability
- urgent treatment can be provided more quickly
- you want to reduce the risk of infection.

To determine the circumstances in which a home and other visit is offered, your practice could have policies that specify:

- factors to be considered when deciding if a visit to a home or other setting is safe and reasonable
- geographical limits for home and other visits
- personal circumstances and health concerns that necessitate a home visit
- possible alternative arrangements if a home or other visit is not available.

GPs and other members of the practice team need to know the conditions in which a home or other visit is deemed appropriate according to the practice's policy.

Defining 'safe and reasonable' in the local context

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.

Alternatives to home or other visits

When a home or other visit is neither safe nor reasonable, your practice must be able to describe an alternative source of care that the patients can access, such as telehealth or video consultations, access to locums or after-hours services, or GP telephone advice lines. When determining alternative systems of care, you could consider what other practices in your area do when a home or other visit is neither safe nor reasonable.

If your practice uses another service to provide an alternative source of care, you must obtain:

- documented evidence from that service that they are, in principle, able and willing to provide care for your patients when a home or other visit is neither safe nor reasonable
- documentation regarding the care they have provided to any of your patients (an after-hours service must provide their report the morning following a consultation).

Another option is to conduct a video consultation. In deciding whether to offer video consultation services as an alternative to face-to-face consultations, you need to consider:

- patient safety
- patients' clinical needs
- clinical effectiveness
- patient preference
- location of the practice
- availability of telehealth facilities
- conditions of your professional indemnity insurance.

Meeting each Indicator

GP1.2►A Our patients can access home and other visits when safe and reasonable.

You must:

- **record in patients' health records when team members have made visits to homes and other settings tell patients about how they can access care when a**

home or other visit is neither safe nor reasonable, and provide evidence that these conversations have occurred.

You could:

- have a policy explaining the circumstances that would make a home or other visit safe and reasonable.

Criterion GP1.3 – Care outside normal opening hours

Indicators

GP1.3►A Our patients are informed about how they can access after-hours care.

GP1.3►B Our patients can access after-hours care.

Why this is important

As patients sometimes require medical care outside of normal opening hours, they value an ongoing relationship with a practice or GP who provides medical care on a 24-hour basis. Research indicates that patients who have better access to their practice in after-hours periods have significantly fewer emergency department visits.[2]

If your practice is not able to provide after-hours care, you need to have arrangements in place so other services can manage your patients' needs after-hours.

Meeting this Criterion

Informing patients about care outside of normal opening hours

Your practice must inform patients of your normal opening hours and the arrangements for care outside of normal opening hours. To do this, use one or more of the following:

- An out-of-hours message on your practice's telephone
- Relevant information on your website and in your practice's collateral, including leaflets, newsletters and an information pack for new patients
- A clearly visible sign outside of the practice that indicates your normal opening hours and the arrangements for care outside of those hours

After-hours periods

Medicare defines the after-hours periods as follows:

Day	Normal hours	Sociable after-hours	Unsociable after-hours
Weekdays	8:00 am-6:00pm	6:00-11:00pm	11:00pm-8:00am
Saturdays	8:00am-12:00pm	None	Before 8:00am; after 12:00pm
Sundays and public holidays	None	None	All day

After-hours care

In order for your patients to be able to access care after-hours, your practice could deliver afterhours care directly, either during sociable after-hours or for the full after-hours period.

If your practice cannot provide after-hours care to its patients directly, you could participate in a cooperative arrangement with another practice to deliver after-hours care during sociable or unsociable hours.

After-hours care may also be performed on behalf of your practice; however, there must be a direct and continuing relationship between your practice's GPs and the clinicians who perform the after-hours care on their behalf.

This could be done by having:

- formal arrangements in place with other providers, such as a medical deputising service, to deliver after-hours care
- an agreement with local healthcare providers that operate outside of your normal opening hours.

If your practice uses other services to provide care, you must agree on and document:

- details of the arrangements
- how and when you receive documentation and information about care provided to your patients outside of normal opening hours
- how the providers of after-hours care can contact the practice in an emergency or under exceptional circumstances.

Regardless of how your practice ensures patients can access care outside of normal opening hours, your patient health records must contain reports or notes of after-hours care that is provided by, or on behalf of, your practice.

If you have arrangements with any external providers, give them after-hours contact details of one or more GPs from your practice so that, if required, they can access important information about the patient, particularly in an emergency.

Meeting each Indicator

GP1.3► A Our patients are informed about how they can access after-hours care.

You must:

- **educate the practice team members so they can explain how patients can access afterhours care.**

You could:

- have signs in the waiting area, at the practice's entrance and on your website explaining how patients can access after-hours care
- maintain an after-hours voicemail message that clearly states how to access after-hours care
- obtain contact details for any other health services for which your practice provides after-hours care, in case the service needs to be contacted in an emergency that involves one of their patients.

GP1.3► B Our patients can access after-hours care.

You must:

- **include details of after-hours care the patient has received in the patient's health record (eg entries made by the practice team, treatment reports from the health service that provided the care).**

You could:

- maintain a roster showing which practice team members are on-call for after-hours
- participate in a cooperative arrangement with another practice to deliver after-hours care
- have formal arrangements in place with other providers, such as a medical deputising service, to deliver after-hours care
- have an agreement with local healthcare providers that operate outside of your normal opening hours have an after-hours phone message that tells patients where they can access after-hours care.

GP Standard 2: Comprehensive care

Our practice provides comprehensive care to our patients

The scope of general practice is not limited by age, gender, body system, disease process, or service site. As such, general practice spans:

- prevention
- health promotion
- early intervention for those at risk
- management of acute, chronic and complex conditions
- end-of-life care
- the entire practice population, whether in the practice, patients' homes, health service facilities, outreach clinics, hospitals, or other community facilities and spaces.

This Standard includes criteria that relate to:

- providing comprehensive care in a general practice context
- the practice's system for recalls and reminders
- the coordination of care outside of the practice.

Criterion GP2.1 – Continuous and comprehensive care

Indicators

GP2.1 ►A Our patients can request their preferred practitioner.

GP2.1 ►B Our practice provides continuity of care and comprehensive care.

Why this is important

Continuity of care

Continuity of care is when a patient experiences a series of discrete healthcare events as coherent, connected and consistent with their medical needs and personal circumstances. Continuity of care is distinguished from other attributes of care because of two key characteristics: it refers to care that takes place over time and focuses on individual patients.

When patients visit the same GP over a period of time, they develop a patient–practitioner relationship, which has been shown to reduce visits to emergency departments and preventable hospital admissions.[3]

Research shows that continuity of care:

- contributes to an overall lowering of healthcare costs, increased patient satisfaction and greater efficiency in investigating health problems[4]
- supports the provision of quality patient care[5]
- reduces the use of emergency departments and preventable hospital admissions.[6],[7]

There are three types of continuity of care:

- Informational continuity – the flow of information from one healthcare event/consultation to others, particularly via documentation, handovers and reviews of notes from previous consultations
- Management continuity – the consistency of care provided by multiple people involved in a patient's care
- Relational continuity – the sense of connection between the patient and their doctor[8]

Comprehensive care

Comprehensive care is an important part of quality healthcare.

Communities benefit considerably from having local general practices that offer a range of health and medical services, including aged care, preventive care, palliative care, immunisation, women's health, men's health, children's health, after-hours services, home care and hospital-in-the-home.

If patients are able to access a comprehensive range of services from a primary health provider in their community, it reduces demand for more complex and expensive services in the secondary and tertiary health sectors.[8]

The provision of comprehensive care is particularly important in rural, remote and socially disadvantaged areas, where patients may have reduced access to other healthcare services.

Meeting this Criterion

Continuity of care in your practice

Your practice could have a system that enables patients to see the practitioner of their choice, even if you do not have a formal written appointment system. This could be a note in the patient's health record indicating which practitioner they saw the last time they attended the practice, or whom they prefer to see.

If a patient's preference is unable to be met, inform the patient and explain why their preference cannot be met on this occasion.

If you are providing services to Aboriginal and Torres Strait Islander patients, continuity of care may involve more health professionals, such as Aboriginal and Torres Strait Islander health workers/ practitioners and nurses.

Maintain patient health records that show:

- how long a patient has been attending the practice
- the management planning, preventive health interventions and referrals made for a patient
- evidence of care provided by other healthcare professionals for long-term patients, especially those with complex or chronic health problems.

When a practitioner leaves your practice, it is courtesy to notify that practitioner's usual patients and, if appropriate, tell them how they can access their health information if required.

Comprehensive care

Provide comprehensive care for your patients, including:

- care for infants, children and older people
- chronic disease management
- infectious disease management
- mental health care
- travel medicine
- preventive healthcare
- advance care planning and end-of-life care
- arrangements with other health professionals such as general practice nurses, mental health nurses, allied health professionals, and Aboriginal and Torres Strait Islander health workers and practitioners.

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.**

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.

GP2.1►B Our practice provides continuity of care and comprehensive care.

You must:

- **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

Indicators

GP2.2► A Pathology results, imaging reports, investigation reports, and clinical correspondence that our practice receives are:

- reviewed
- electronically notated, or, if on paper, signed or initialled
- acted on where required
- incorporated into the patient health record.

GP2.2►B Our practice recalls patients who have clinically significant results.

GP2.2►C Our patients are advised of the practice's process for follow-up of tests and results.

GP2.2 D Our practice initiates and manages patient reminders.

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 face to face, so the patient can ask questions and receive advice from the GP.

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 this Criterion

Timely review and action on tests and results

After a GP has advised a patient of tests or other required action and the consequences of inaction/refusal, and the patient has understood this advice, it is the patient's decision whether or not to follow the GP's recommendations.[9] Some patients do not follow recommendations for a variety of reasons, which might include their particular circumstances, financial difficulties, fear, ignorance, personality traits, expectations, beliefs or cultural background.

GPs are obligated to ensure that results from all tests they have ordered are recorded and appropriately followed up with their patients.[10]

GPs need to review results and reports and take appropriate action in a timely manner. The speed with which GPs act on results or reports and the effort taken to contact the patient to discuss the results will depend on the:

- practitioner's judgement of the clinical significance of the result or report
- context and duration of the clinical relationship.

Responsibility for follow up of non-GP-initiated tests

Clear systems and protocols for follow-up of tests and results are critical, especially given the increasing use of electronic communication and the potential for multiple healthcare professionals to be involved in a patient's care. It is useful for GPs to have a complete record of all medical tests performed on a patient, and for this to be recorded in the patient's health record. The RACGP encourages health professionals to work collaboratively when a patient needs tests, and for health professionals outside of the practice to inform the patient's GP of tests they perform.

Responsibility for responding to test results can be complicated when tests are ordered by other health professionals outside of the practice[11] and the patient's GP receives a copy of the results. Responsibility for the timely review and action on tests and results ultimately rests with the health professional who ordered the test, unless they have made a prior agreement with the GP. This includes pathology and diagnostic test results ordered by a specialist or other health professional that are sent back to the GP.

There may be situations where it is unclear whether the follow-up of results has actually occurred or who is responsible for the follow-up.[12] In addition, lines of clinical responsibility can become blurred when test results are automatically sent or 'pushed' to general practices on an automated feed. Once the GP sees the results, they may assume some clinical responsibility to act, particularly if they are unsure if the ordering clinician has acted on the results.[12]

It is good practice for a GP to assume that clinically significant test results ordered by others may not have been appropriately acted on. Ideally, the GP could contact the person who ordered the test and find out whether they recommend any follow-up,[12,13] and/or suggest to the patient that they follow-up themselves.

Sometimes it may be to the patient's benefit if their regular GP acts on test results that have been initiated by another health professional. Clear lines of communication between the practice and external health professionals are essential when participating in collaborative care of a patient.

Clinical significance of results

The clinical significance of a result must be considered in the context of the patient's history and presenting healthcare issues.

'Clinically significant' does not necessarily mean only 'abnormal' results. The GP makes a judgement as to whether information is or is not clinically important for a particular patient in the context of that patient's healthcare. While a GP will generally decide that an abnormal result is clinically important and requires further action, they may also decide that a normal result requires further action. For example, a normal mammogram in a woman with a breast lump or a normal electrocardiogram in a patient with chest pain does not eliminate the need for further consultation, investigation and management. The follow-up system needs to accommodate different types of follow up that are based on the patient's needs and clinical significance of the case.

Consider the following factors to determine if a result is clinically significant and therefore requires action:

- The probability that the patient will be harmed
- The seriousness of the harm

Recalling patients

You must have a process for recalling patients. A recall occurs when a GP decides that a patient needs to be reviewed within a specified period. For example, you might recall a patient:

- when you receive a clinically significant test result
- after significant referrals (eg after a mental health assessment by a psychologist or psychiatrist)
- after diagnosis of a significant condition, such as type 2 diabetes.

If you receive results that are adverse or unexpected, ask the patient to make an appointment with a practitioner or other appropriate health professional to discuss the results and their implications. You can also provide any necessary counselling during the consultation.

Your recall process could be explained in a written policy, including:

- a definition of clinically significant results
- a statement that the patient's GP is responsible for reviewing results and deciding whether they are clinically significant
- how to recall a patient, clearly outlining the roles and responsibilities of different members of the practice team, including what information different team members can convey and how to convey it. For example, if reception staff members are responsible for contacting patients with clinically significant results to make an appointment, explain the best type of language to use in such a conversation (eg 'Your doctor wants you to make an appointment this week to discuss the results of your recent tests')
- guidelines about what information needs to be recorded (eg clinical discussions and outcomes) in patient health records
- standard forms and letters for recalling patients
- guidelines that ensure tests and results are reviewed and acted upon in a timely manner.

Your practice can also document your recall system, including who is responsible for monitoring and follow-up of recalls.

Your induction process must cover the recall system.

Some software allows you to flag recall appointments so you are prompted to contact patients who do not return as expected.

If your practice uses one system for billing and appointments and another system to record patients' healthcare details, set them up so they exchange follow-up information where required.

Record all attempts to contact and recall patients about clinically significant tests and results in the patient's medical record.

Communicating tests and results to patients

If you need to initiate follow-up contact with a patient, determine the number, frequency and nature of the attempts you will make to contact the patient. For example, it would be good practice to make up to three telephone calls at different times of the day and then attempt to contact the patient via mail and/or email. Document each attempt in the patient's health record.

Your practice needs to be able to identify unexpected significant results when they are received, particularly if the significance of such results was not discussed with the patient during the consultation. In these circumstances, you need to consider how to sensitively inform the patient, who may not anticipate or understand the significance of the results.

Your explanation must be clear when explaining test results to the patient, and you must check that the patient understands what you are telling them. When the patient understands the information, they can give legally effective informed consent or exercise their right to a legally effective informed refusal. A patient who makes a decision based on insufficient or unclear information is not making an informed decision.

Reminders

A reminder occurs when a patient is added to a recommended preventive activity list that is managed on a periodic basis. Reminders are used to help manage preventive care and can be set up before or during a consultation by noting in a patient's health record when the patient is due to return to the clinic for a routine check. Reminders help to ensure patients have preventive health checks. For example, your practice could send an email, letter or text message to patients who are:

- in the high-risk age bracket for influenza, prompting them to come in and have the vaccine before the start of the influenza season
- due for immunisations, including children and high-risk groups
- due for a routine screen, such as a Pap smear or mammogram.

Some medical software will display a prompt when a patient's health record is opened so the practitioner is informed that the patient is due for a preventive or clinical activity. Consider having your information system automatically generate text messages, emails or letters to patients.

If your practice sends a reminder to a patient and the patient does not make an appointment, the practice is not required to follow up, although it is good practice to record the reminder in the patient's health record.

Follow up of high-risk (seriously abnormal and life-threatening) results identified outside of normal opening hours

Your practice must manage seriously abnormal and life-threatening results identified outside of normal opening hours so you can provide prompt and adequate follow-up.

Your practice must have a process so that pathology and diagnostic services can contact the practice in urgent circumstances so information about the patient can be accessed.

You need to explain to deputising doctors what you expect them to do if they receive urgent and life-threatening results for one of your patients, as they have a responsibility to contact the general practice in such circumstances. This could be documented in a formal agreement between your practice and the service providing after-hours care.

Meeting each Indicator

GP2.2► A Pathology results, imaging reports, investigation reports, and clinical correspondence that our practice receives are:

- reviewed
- electronically notated, or, if on paper, signed or initialled
- acted on where required
- incorporated into the patient health record.

You must:

- **record details of a GP's review of pathology results in the patient's health record**
- **have a process to review and manage results received by the practice.**

You could:

- have a policy and/or documented procedures for reviewing and managing results.

GP2.2► B Our practice recalls patients who have clinically significant results.

You must:

- **document in the patient's health record each attempt to contact and recall patients about clinically significant results**
- **have a process for recalling patients with clinically significant results.**

You could:

- have a practice team member who is responsible for the recall process
- have a recall policy for practice team members to follow
- maintain templates in a clinical software program to trigger recalls
- include recall responsibilities in relevant position descriptions
- have recalls sent through the clinical information system.

GP2.2►C Our patients are advised of the practice's process for follow-up of tests and results.

You must:

- **document in the patient's health record what follow-up has occurred and what treatment, if any, was required**
- **educate the practice team members so they can tell patients about the process to receive results**
- **document conversations about test results in the patient's notes.**

You could:

- have a practice team member who is responsible for the recall process
- maintain templates in a clinical software program to trigger recalls and reminders
- have a recall policy document.

GP2.2D Our practice initiates and manages patient reminders.

You could:

- document in patient health records when reminders have been initiated by the practice and acted upon by the patient
- document the recall and reminder system, including who is responsible for monitoring and follow-up maintain templates in a clinical software program to trigger recalls and reminders
- educate the practice team so they can tell patients about the process of sending out reminders
- have reminders sent through the clinical information system.

GP2.2►E High-risk (seriously abnormal and life-threatening) results identified outside normal opening hours are managed by our practice.

You must:

- **give diagnostic services the contact details of the practitioner who ordered the investigation**
- **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 GP2.3 – Engaging with other services

Indicators

GP2.3►A Our practice collaborates with other health services to deliver comprehensive care.

GP2.3►B Our practice's referral letters are legible and contain all required information.

Why this is important

By working cooperatively with other healthcare providers and services, you can provide optimal care to patients whose healthcare requires integration of multiple services. These services may include:

- Allied health
- Pharmacy
- Diagnostic
- Social
- Disability
- Aboriginal and Torres Strait Islander health
- Community
- hospitals.

Given coordination of care for individuals, families and communities is part of a GP's accepted role and is associated with improved health outcomes for patients,[13] engaging with other services is an important feature of providing high-quality healthcare.

Meeting this Criterion

Coordinating comprehensive care with other services

Your practice must be aware of the local healthcare providers and services that can support patients. These may be providers within or outside of the practice. This awareness includes having access to up-to-date written or electronic information about local providers delivering health, disability, community and mental health services. For example, you could have a register of these services (which will be particularly useful for new members of the practice team).

Your practice needs to have processes to engage with other healthcare providers, foster good working relationships and support inter-professional collaboration so you can achieve good collaborative patient care with these services when required.

It is important to be proactive in connecting patients with other community-based services outside your practice, such as health and aged care services.

Your practice needs to understand the different referral arrangements for public and private providers.

Referral letters

Referral letters are critical in integrating the care of patients with external healthcare providers. Referral letters must:

- include the name and contact details of the referring doctor and the practice
- be legible
- include the patient's name and date of birth, and at least one other patient identifier
- explain the purpose of the referral
- contain enough information (relevant history, examination findings and current management) so that the other healthcare provider can provide appropriate care to the patient
- not include sensitive patient health information that is not relevant to the referral
- include a list of known allergies, adverse drug reactions and current medicines
- identify the healthcare setting to where the referral is being made (eg the specialist consultancy).

If appropriate, referrals could also contain:

- the name of the healthcare provider to whom the referral is being made, if known
- any relevant information that will help other healthcare providers deliver culturally safe and respectful care (eg language spoken, the need for an interpreter or other communication requirements).

Patient information in referrals

Most of the information needed in a referral may be found in the patient's health summary. Although many practices routinely incorporate a copy of the patient's health summary into a referral letter, or attach the summary as a separate document, you only need to provide clinically relevant patient health information. Information is clinically relevant if the practitioner who is receiving the referral needs that information to diagnose and treat the patient. For example, information regarding a patient's previous termination of pregnancy or sexually transmissible infection (STI) is unlikely to be of clinical relevance to a physiotherapist, but likely would be to an obstetrician or gynaecologist.

You could also offer patients the opportunity to read a referral letter before it is sent. You must consider your obligations under the Privacy Act 1988 before using or disclosing any health information.[14]

Emailing referrals

The RACGP has developed a matrix that shows the risk associated with emailing certain types of information to patients or other healthcare providers, depending on your practice's policies and processes. The matrix is available at www.racgp.org.au/your-practice/ehealth/protectinginformation/email

Although the Privacy Act 1988 does not prescribe the method of communication a healthcare organisation uses to pass on health information to patients or third parties, it does require that you must take reasonable steps to protect the information and the patient's privacy.

Your practice needs to have systems so you respond to emails and other electronic communication in a timely and appropriate manner.

Telephone referrals

A telephone referral may be appropriate in the case of an emergency or other unusual circumstance. You must record details of the telephone referral in the patient's health record.

Keep copies of referrals

For medico-legal and clinical reasons, keep copies in the patient's health record of all referrals made.

Meeting each Indicator

GP2.3►A Our practice collaborates with other health services to deliver comprehensive care.

You must:

- **be able to demonstrate that your practice collaborates with other healthcare services**
- **provide evidence that the practice team has been made aware of local healthcare providers.**

You could:

- maintain an electronic or paper-based register of healthcare service providers and organisations for patient referrals
- regularly update the register and include the date of the update
- keep an easily accessible list of pharmacies, including the roster of on-call pharmacists
- include discharge letters in patient health records, along with records that show they are acted on appropriately.

GP2.3►B Our practice's referral letters are legible and contain all required information.

You must:

- **write referral letters that include all mandatory information**
- **keep a copy of each referral in the patient's health record.**

You could:

- use a clinical software program to generate referrals that are automatically populated with a health summary
- have a policy that states referral documents must include at least three patient identifiers (eg their full name, date of birth, and address)
- have a procedure for asking patients to consent to referrals being sent electronically
- include relevant information about electronic transmission of referrals in the practice's privacy policy.

Criterion GP2.4 – Transfer of care and the patient-practitioner relationship

Indicators

GP2.4►A Our practice team transfers care to another practitioner (in our practice or in another practice) when a patient requests the transfer.

GP2.4►B Our practice facilitates the transfer of care of a patient when the practitioner requests transfer of care.

Why this is important

Whether the patient chooses to see another practitioner at your practice or at another practice, you need to have a system that ensures the patient receives continuous and coordinated primary care.

Meeting this Criterion

Patient requests for transfer of care

When a patient requests to be transferred to the care of a practitioner in another practice, your practice must comply with state or territory laws governing the transfer of patient health information. Refer to the RACGP's *Managing external requests for patient information*, available at www.racgp.org.au/your-practice/ehealth/optimus/managing for further advice regarding the transfer of information.

Practitioner requests for transfer of care

Other than in emergencies, practitioners have the right to discontinue treatment of a patient. Situations in which this could occur include when the practitioner thinks they can no longer give the patient optimal care, or when the practitioner no longer considers it appropriate to treat the patient (eg when a patient has behaved in a threatening or violent manner, or where there has been a significant breakdown in the patient–practitioner relationship).

When the practitioner requests transfer of care, the practice must facilitate the transfer of the patient to another practitioner or practice.

This involves:

- informing the patient (at a consultation, or by phone or letter) as to the reason for the decision to transfer care
- taking reasonable steps to ensure the person to whom you delegate, refer or hand over has the qualifications, experience, knowledge and skills to provide the care required
- facilitating arrangements for the continuing medical care of the patient, including the transfer or appropriate management of all patient records.[15]

You could have a documented process for discontinuing a patient's care, which includes what to do in the event the patient makes subsequent contact with the practice (eg the practice may wish to consult with its medical defence organisation, where necessary).

It is good practice to keep a copy of information sent to the new practice in case there are any later issues.

Your practice still has a professional and ethical obligation to provide emergency care to patients whose care has been transferred. If your practice operates in a rural or remote area, consider the patient's ability to access alternative care.

Meeting each Indicator

GP2.4► A Our practice team transfers care to another practitioner (in our practice or in another practice) when a patient requests the transfer.

You must:

- **document in the patient's health record details of the patient's decision to cease receiving care, and the action taken**
- **transfer the patient's health information to another practitioner.**

You could:

- maintain a policy about ceasing a patient's care
- provide referrals to other healthcare providers.

GP2.4► B Our practice facilitates the transfer of care of a patient when the practitioner requests transfer of care.

You must:

- **document in the patient's health record details of the practitioner's decision to cease providing care, and the action taken**
- **transfer the patient's health information to another practitioner or practice in response to requests for a transfer of care.**

You could:

- maintain a policy about transferring a patient's care
- provide referrals to other healthcare providers.

GP Standard 3: Qualifications of our clinical team

Our practice team is appropriately qualified and trained to perform their role

This Standard focuses on the systems that the practice uses to verify qualifications and training of the clinical team.

You can support and encourage quality improvement and risk management by providing appropriate education and training of the clinical team.

Criterion GP3.1 – Qualifications, education and training of healthcare practitioners

Indicators

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.

GP3.1►B GPs working in our practice are one or more of the following:

- A vocationally registered (VR) GP
- A medical practitioner on a pathway to general practice Fellowship
- A general practice registrar under appropriate supervision from a qualified VR GP
- Working under an approved workforce program

Where recruitment of recognised GPs or doctors on a pathway to Fellowship has been unsuccessful, our practice ensures doctors have the qualifications and training necessary to meet the needs of patients.

GP3.1►C Our clinical team is trained to use the practice's equipment that they need to properly perform their role.

GP3.1►D Our clinical team is aware of the potential risks associated with the equipment they use.

Why this is important

Having only healthcare practitioners who are suitably qualified reduces the risk of medical errors and means that your practice provides patients with safe, quality care.

All healthcare practitioners must:

- be suitably qualified and trained
- maintain the knowledge and skills that enable them to provide quality clinical care
- comply with the professional development requirements and code of conduct of the relevant professional organisation, regardless of whether they are a member of the organisation
- work within their scope of practice and competencies.

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 needs
- 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.

General practice is a specialist discipline

Doctors in general practices need to be appropriately trained and qualified in the discipline of general practice and be either vocationally recognised, or have achieved Fellowship of the RACGP (FRACGP).

The RACGP defines a GP as a registered medical practitioner who:

- is qualified and competent for general practice in Australia
- has the skills and experience to provide patient-centred, continuing, comprehensive, coordinated primary care to individuals, families and communities
- maintains professional competence for general practice by undertaking CPD.

Registrars and doctors on a pathway to Fellowship must be supported, mentored and supervised by a recognised GP.

Where vocationally recognised GPs and doctors on a pathway to Fellowship are unavailable

Although it may not be possible to recruit vocationally recognised GPs in some areas, practice doctors who are not recognised GPs need to be appropriately trained and qualified to meet the needs of the local community.

In these circumstances, one or more of the qualified GPs in your practice must supervise, mentor and support the other practice doctors. Adequate professional and personal support for doctors providing general practice services is critical.

CPR Training

All healthcare practitioners must be trained in CPR so they can help in emergencies.

CPR training can be conducted by an accredited training provider or by clinical team members, if appropriate. These clinical team members must have a current CPR instructor’s certificate that complies with Australian Resuscitation Council (ARC) guidelines on instructor competencies.

The ARC requires that CPR trainees physically demonstrate their skills at the completion of the CPR course. CPR training that is completed solely online does not meet this requirement.

Practice equipment

Training requirements depend on the specific equipment at your practice, and the equipment's relevance to the clinical team member's role. The clinical team must be trained in how to use the practice's equipment safely in order to avoid any adverse events. The practice's GPs must assess whether specific training is required to use the practice's equipment, such as the height-adjustable bed, point-of-care testing equipment and the defibrillator, and determine whether ongoing training is required. Appropriate training can be undertaken by completing external courses, in-house programs, or 'on the job' training at the practice.

Meeting each Indicator

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.

You must:

- **keep records of current registration of each practitioner**
- **keep records of each practitioner's CPD**
- **keep records of each practitioner's CPR training.**

You could:

- keep training logs that record training that practitioners have completed
- keep a calendar that lists opportunities for training and professional development
- 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.

GP3.1►B GPs working in our practice are one or more of the following:

- a vocationally registered (VR) GP
- a medical practitioner on a pathway to general practice Fellowship
- a general practice registrar under appropriate supervision from a qualified VR GP
- working under an approved workforce program

Where recruitment of recognised GPs or doctors on a pathway to Fellowship has been unsuccessful, our practice ensures doctors have the qualifications and training necessary to meet the needs of patients.

You must:

- **keep records of each GP's appropriate qualifications**
- **employ doctors who have the qualifications and training necessary to meet the needs of patients, if you have not been able to recruit recognised GPs.**

You could:

- keep copies of job advertisements that the practice has used to recruit GPs.

GP3.1►C Our clinical team is trained to use the practice's equipment that they need to properly perform their role.

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.

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.

GP Standard 4: Reducing the risk of infection

Our practice has systems that reduce the risk of infections.

Infection prevention and control is critical in general practice. As primary healthcare is increasingly delivered by teams that include doctors, nurses and other health professionals, all members of the practice team are responsible for preventing and controlling infection in the practice. The practice team must be educated and competent in the control and prevention of infection in order to reduce the risk of cross-infection and transmission of disease.

Criterion GP4.1 – Infection prevention and control, including sterilisation

Indicators

GP4.1►A Our practice has at least one clinical team member who has primary responsibility for:

- coordinating prevention and control of infection
- coordinating the provision of an adequate range of sterile equipment (reprocessed or disposable)
- where relevant, having procedures for reprocessing (sterilising) instruments onsite or offsite, and ensuring there is documented evidence that this reprocessing is monitored and has been validated
- safe storage and stock rotation of sterile products
- waste management.

GP4.1►B Our practice has a written, practice-specific policy that outlines our infection control processes.

GP4.1►C Our practice has a clinical team member who has primary responsibility for educating the practice team about infection prevention and control.

GP4.1►D All members of our practice team manage risks of potential cross-infection in our practice by methods that include:

- good hand hygiene practices
- the use of PPE
- triage of patients with potential communicable diseases
- safe storage and disposal of clinical waste including sharps
- safe management of blood and body fluid spills.

GP4.1► E Our patients are informed about respiratory etiquette, hand hygiene, and precautionary techniques to prevent the transmission of communicable diseases.

GP4.1F Our practice records the sterilisation load number from the sterile barrier system in the patient's health record when sterile items have been used, and records the patient's name against those load numbers in a sterilisation log or list.

Why this is important

Having systems with clear lines of accountability and responsibility is part of good governance and the delivery of safety and quality care of patients.

It is important to keep patients and the practice team safe from infection. Infection prevention and control reduces the risk of infection travelling from patient to patient, or from patient to members of the practice team.

The RACGP recognises that antimicrobial resistance is a significant and growing global health issue that must be addressed in a unified and strategic manner.

Including an antimicrobial stewardship program in your practice can help to maintain the effectiveness of antibiotics.

Along with infection prevention and control, hand hygiene and surveillance, antimicrobial stewardship can help prevent the emergence of antimicrobial resistance and decrease preventable healthcare associated infection.

Meeting this Criterion

Infection prevention and control

Your practice must have at least one member of the clinical team who has primary responsibility for the practice's processes to prevent and control infection, including:

- hand hygiene
- provision of sterile instruments
- environmental cleaning
- spills management
- practice team immunisations
- educating the practice team.

These responsibilities must be documented, and the practice team must understand and comply with these processes.

Educating the practice team

To reduce the risk of infection, all members of the practice team must be educated about infection prevention and control processes, based on their role. This education could begin during induction and continue throughout their employment.

Policies and procedures that include triage protocols and tools such as checklists will help all members of the practice team to understand their own and others' roles and responsibilities relating to infection.

Refer to the current edition of the RACGP's *Infection prevention and control standards* (the Infection control standards) for guidance about how to record the education of practice team members and evaluate their competency in this area. The Infection control standards are available at www.racgp.org.au/your-practice/standards/infectioncontrol

All members of the practice team must:

- have easy access to PPE (eg masks, gloves, gowns, protective eye wear)
- receive education about the proper use of PPE
- have a clear understanding of the purpose of PPE and how to apply, remove and dispose of it appropriately.

It is important that your practice team's antibiotic prescribing is in accordance with relevant national standards. Your practice could provide education to the practice team on your antimicrobial stewardship (AMS) program, including policies and procedures and how to find information on appropriate antibiotic prescribing.

Practitioners must have access to appropriate guidelines, such as the *Therapeutic guidelines: Antibiotic*, to promote and support informed prescribing of antibiotics.

Your practice could also make other resources available to help all health professionals reinforce to patients the important messages about appropriate antibiotic use and actions that can be taken to reduce antimicrobial resistance.

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 eye protection, or other protective barriers) when cleaning, performing procedures, dealing with spills and handling waste.

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.

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:

- implementing effective triage and appointment scheduling
- using PPE (eg masks)
- implementing distancing techniques, such as
    - spacing patients in the waiting room at least one metre apart
    - isolating the infected patient in a separate space
- 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.

Educating patients

Practitioners could share decision-making with patients during consultations by discussing the likely benefits, harms and risks of antibiotics. Patient-centred discussions could focus on:

- why antibiotics may not be appropriate
- antibiotic resistance
- advice on self-management of conditions.

You could display posters or provide leaflets with information on antimicrobial resistance and the appropriate prescribing of antibiotics.

Quality improvement activities/audits

Your practice may wish to involve its practitioners in quality improvement activities that will improve clinical practice. Practitioners could also conduct a clinical audit to identify their patterns of antibiotic prescribing and monitor compliance with the practice's policies on antibiotic prescribing.

Providing appropriately disinfected and sterile instruments and equipment

The clinical team member who has primary responsibility for infection prevention and control processes must ensure that equipment and instruments used in patient care have been appropriately cleaned and disinfected or sterilised. The appropriate level of processing of instruments and equipment is determined by the risk of infection posed by their reuse.

Instruments that must be sterile in use can be:

- single-use sterile items
- items that are reprocessed by the practice or by an offsite sterilisation facility.

If you use an accredited offsite sterilisation facility (eg an accredited general practice or Australian Council on Healthcare Standards-accredited hospital), your practice must have a copy of the facility's accreditation certificate.

If you use a non-accredited offsite facility, your practice must be satisfied that the facility would meet accreditation requirements for sterilisation, and keep copies of the facility's relevant documents, including:

- reprocessing policies and procedures
- sterilisation policies and procedures
- results of annual validation.

Waste Management

Refer to and follow the applicable sections of the Infection control standards, which provides guidance on waste management that you may consider when developing an infection prevention and control policy.

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.

Tracking the sterility of medical instruments and tracing patients

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.

Meeting each Indicator

GP4.1►A Our practice has at least one clinical team member who has primary responsibility for:

- coordinating prevention and control of infection
- coordinating the provision of an adequate range of sterile equipment (reprocessed or disposable)
- where relevant, having procedures for reprocessing (sterilising) instruments onsite or offsite, and ensuring there is documented evidence that this reprocessing is monitored and has been validated
- safe storage and stock rotation of sterile products
- waste management.

You must:

- **have at least one clinical team member who has primary responsibility for infection control and sterilisation**
- **ensure that the practice team members' immunisations are documented (with their consent).**

You could:

- identify the team member who has primary responsibility for infection prevention and control in their position description
- discuss changes to laws and guidelines relating to infection control, local outbreaks and public health alerts at practice team meetings, and document these discussions
- maintain a policy and procedure manual on infection prevention and control that covers all aspects relevant to your practice

GP4.1► B Our practice has a written, practice-specific policy that outlines our infection control processes.

You must:

- **maintain an up-to-date practice-specific infection control policy.**

You could:

- review the policy on an annual basis
- consult with the practice team when developing the practice policy
- conduct regular audits to confirm compliance with the practice policy.

GP4.1► C Our practice has a clinical team member who has primary responsibility for educating the practice team about infection prevention and control.

You must:

- **have at least one clinical team member who has responsibility for ensuring that all members of the practice team receive appropriate education about infection control and sterilisation.**

You could:

- identify the team member who has primary responsibility for infection prevention and control education in their position description
- include infection control in induction and ongoing education programs for the practice team
- discuss any changes to laws and guidelines relating to infection control, local outbreaks and public health alerts at practice team meetings, and document these discussions
- include statements about education in the infection control policy.

GP4.1►D All members of our practice team manage risks of potential cross-infection in our practice by methods that include:

- good hand hygiene practices
- the use of PPE
- triage of patients with potential communicable diseases
- safe storage and disposal of clinical waste, including sharps
- safe management of blood and body-fluid spills.

You must:

- **be able to demonstrate that practice team members manage risks of cross-infection**
- **ensure the practice team has access to PPE**
- **safely store and dispose of sharps and clinical waste.**

You could:

- maintain a policy and procedure manual on infection control
- maintain a cleaning policy
- maintain a cleaning log
- discuss changes to laws and guidelines relating to infection control, local outbreaks and public health alerts at practice team meetings, and document these discussions.

GP4.1►E Our patients are informed about respiratory etiquette, hand hygiene, and precautionary techniques to prevent the transmission of communicable diseases.

You must:

- **have a policy on infection control.**

You could:

- have hand washing facilities, hand sanitiser, tissues and rubbish bins available for team members and patients
- have brochures or posters available at reception that explain respiratory etiquette and hand hygiene processes
- display a sign in the waiting area advising patients who have a high-risk condition or deteriorating symptoms to tell reception staff members
- maintain a procedures manual on infection control
- maintain a cleaning policy
- maintain a cleaning log
- discuss changes to laws and guidelines relating to infection control, local outbreaks and public health alerts at practice team meetings, and document these discussions.

GP4.1F Our practice records the sterilisation load number from the sterile barrier system in the patient's health record when sterile items have been used, and records the patient's name against those load numbers in a sterilisation log or list.

You could:

- show evidence that sterilisation load numbers are recorded in the patient's health record when sterile items have been used
- have a log or list that records the patient's name against sterilisation load numbers.

GP Standard 5: The medical practice

Our practice's facilities and medical equipment are appropriate for providing comprehensive patient care.

A practice facility is the environment in which the practice operates, including the building and the equipment used to provide clinical care to patients. You must provide a safe and effective environment for your practice team and patients. You must ensure that GPs and other members of the clinical team have access to the medical equipment they need to provide comprehensive primary care to their patient population, whether in the practice's rooms or elsewhere (where GPs will need to use a fully stocked doctor's bag).

Criterion GP5.1 – Practice facilities

Indicators

GP5.1►A Our practice's facilities are fit for purpose.

GP5.1►B All face-to-face patient consultations in our practice take place in a dedicated consultation or examination space.

GP5.1►C Our consultation spaces permit patient privacy and confidentiality.

GP5.1►D Our practice has a waiting area that accommodates its usual number of patients and other people who would be waiting at any given time.

GP5.1►E Our practice has access to toilets and hand-cleaning facilities.

GP5.1►F Our practice is visibly clean.

Why this is important

Design and layout

Your facilities must be fit-for-purpose and the design and layout must enable privacy, security, consultation space, and access to facilities such as toilets and hand-cleaning facilities.

The layout of the practice will ideally provide reception staff members clear sight of the waiting areas, so that they can see and monitor waiting patients.

You could also consider the cultural requirements of your patients in areas such as the waiting room.

Consultation rooms need to be kept at a comfortable temperature.

Privacy and patient dignity

A well-designed layout can help to maintain patient privacy and confidentiality. For example, you could consider whether:

- there is adequate sound proofing between internal walls
- there are areas where private conversations can be held
- the computer screens in the reception area are hidden from the view of patients and other visitors
- private and confidential discussions in the reception area (on the phone and directly with patients) can be overheard
- the layout, music and other features of the reception area protect patient privacy during discussions (eg protection of details such as phone number, address and medical information).

You must protect the dignity of each patient by ensuring both visual and auditory privacy.

Visual privacy ensures that others cannot see the patient during the consultation, and that the patient can undress in private and be covered as much as possible during an examination. This can be achieved by practitioners:

- using a gown or sheet to cover patients
- leaving the room while a patient is undressing and dressing
- providing an adequate curtain or screen.

Auditory privacy ensures that other people cannot overhear a consultation. This can be achieved by the practice:

- having solid doors (instead of doors with paper cores)
- using draught-proofing tape around door frames and a draught-excluder at the base of doors
- playing appropriate background music to mask conversations between members of the practice team and patients.

If a practice has areas where auditory privacy is not possible, such as nurses' treatment bays, there must be a private room available for confidential conversations.

Location of toilets and hand-cleaning facilities

Toilets need to be easily accessible and well signposted. They will ideally be located inside the practice but, if this is not possible, they must be as close to the practice as possible.

You could provide separate toilets for the practice team and patients.

Washbasins need to be in or close to the toilets in order to reduce the possible spread of infection, and the practice team and patients need to be able to access them easily.

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.

Meeting each Indicator

GP5.1►A Our practice's facilities are fit for purpose.

You must:

- **ensure the practice facilities are fit for purpose.**

GP5.1► B All face-to-face patient consultations in our practice take place in a dedicated consultation or examination space.

You must:

- **have dedicated consultation spaces.**

GP5.1► C Our consultation spaces permit patient privacy and confidentiality.

You must:

- **have consultation spaces that provide auditory and visual privacy.**

You could:

- provide patient privacy screens.

GP5.1►D Our practice has a waiting area that accommodates its usual number of patients and other people who would be waiting at any given time.

You must:

- **have a dedicated patient waiting area with adequate seating for the practice's usual number of patients.**

You could:

- configure the reception area so reception staff members can monitor the waiting area.

GP5.1►E Our practice has access to toilets and hand-cleaning facilities.

You must:

- **provide patients with access to toilets and hand-cleaning facilities.**

You could:

- have clear signs showing the location of the toilets and other facilities
- consider having separate toilets for the practice team and patients.

GP5.1►F Our practice is visibly clean.

You must:

- **be able to demonstrate that the practice is regularly cleaned.**

You could:

- provide washable children's furniture and play equipment
- have a written and signed agreement with commercial cleaners
- use a cleaning log.

Criterion GP5.2 – Practice Equipment

Indicators

GP5.2►A Our practice has equipment that enables us to provide comprehensive primary care and emergency resuscitation, including:

- auriscope
- blood glucose monitoring equipment
- disposable syringes and needles
- equipment for resuscitation, maintaining an airway (for children and adults), equipment to assist ventilation (including bag and mask)
- intravenous access
- emergency medicines
- examination light
- eye examination equipment (eg fluorescein staining)
- gloves (sterile and non-sterile)
- height measurement device
- measuring tape
- equipment for sensation testing
- ophthalmoscope
- oxygen
- patella hammer
- peak flow meter
- PPE
- pulse oximeter
- scales
- spacer for inhaler
- specimen collection equipment
- sphygmomanometer (with small, medium and large cuffs)
- stethoscope
- surgical masks
- thermometer
- torch
- tourniquet
- urine testing strips, including pregnancy testing kits
- vaginal specula
- visual acuity charts
- the ability to view X-rays

GP5.2►B Our practice maintains our clinical equipment in accordance with each manufacturer's recommendations.

GP5.2►C Our practice has one or more height-adjustable beds.

GP5.2►D Our practice has timely access to a spirometer and electrocardiograph.

GP5.2E Our practice has a defibrillator.

Why this is important

You need to have equipment that enables your practice to provide comprehensive primary care and emergency resuscitation.

Equipment needs to be maintained so that it is always in good working order whenever it is needed.

Research shows that pulse oximeters are useful in a general practice to diagnose and assess hypoxia.[16]

Other research shows that (despite the efforts of medical practitioners, policy makers and consumer advocates) people with a disability continue to experience poorer health outcomes in a range of areas when compared to the broader population.[17] One reason for these poorer health outcomes has been the lack of height-adjustable examination beds in general practices, resulting in fewer opportunities for patients with disability to have thorough and dignified clinical examinations.[18] Using height-adjustable beds may also reduce workplace injuries because it may reduce the need for practitioners to help patients onto an examination bed that is too high.

Having an automated external defibrillator (AED) in your practice can reduce the risk of fatality from cardiac arrest.[18] Although sudden cardiac arrest is rare in general practice facilities, a GP needs to be able to have a lead role in resuscitation in the event it does occur.[19]

Most cases of sudden cardiac arrest are due to ventricular fibrillation that can be returned to a normal sinus rhythm with the use of an AED. Using an AED is relatively straightforward and cannot cause harm, as they analyse the cardiac rhythm and will deliver a shock only if necessary. Survival rates after sudden cardiac arrest drop by 7–10% for every minute without CPR and defibrillation.[20] CPR alone has a 5% survival rate but CPR combined with early defibrillation increases the survival rate to 50%.[21]

Meeting this Criterion

Range of equipment

Your practice must have all the equipment necessary to provide services that meet local needs and support the procedures performed in the practice. This may mean that you have some equipment that other practices may not need, but is relevant to your location or patient population.

PPE can include masks, plastic aprons, gowns, goggles/glasses, face shields, gloves and swabs.

Maintaining clinical equipment

Your practice must ensure that all clinical equipment is maintained and in working order at all times. You could maintain a register that lists all clinical equipment in the practice, along with schedules for servicing and maintenance.

Equipment that requires calibration, or which is electrical or battery-powered (eg electrocardiographs, spirometers, autoclaves, vaccine refrigerators, scales and defibrillators), must be serviced regularly in accordance with the manufacturer's instructions

so that it remains in good working order. You could keep receipts from companies that have provided external equipment testing and calibration so you can schedule regular maintenance checks. You could also maintain a checklist of equipment used in your consultation rooms so you can record dates of servicing and regularly check that maintenance is up-to-date.

You must store all hazardous materials, including liquid nitrogen and oxygen, in accordance with work health and safety regulations.

Height-adjustable beds

Follow these guidelines when purchasing height-adjustable beds:

- Preferred minimum range of height adjustment: 45–95 cm
- Preferred maximum weight capacity: 175 kg
- Preferred minimum width of table: 71 cm
- Preferred minimum length: 193 cm
- Number of sections: two (so the head section can be raised)

You could also consider purchasing other features and equipment for your height-adjustable beds, such as stirrups for gynaecological examinations.

Electrocardiograph and spirometer

You must have timely access to an electrocardiograph and a spirometer. You can purchase this equipment or make arrangements with a service that has this equipment (eg a nearby hospital) so you have timely access to the equipment.

If you have an electrocardiograph or spirometer onsite, the clinical team must be properly trained to use and maintain the equipment, and analyse the results.

You must determine what 'timely access' means for your practice, based on clinical need and what peers would consider an acceptable timeframe.

Automated external defibrillator

You must decide whether your practice needs to install an AED, based on the risks of harm from cardiac arrest, by considering:

- the location of the nearest AED, hospital and other emergency services
- the number and composition of practice staff members, patients and other people who visit your practice (an AED is useful in workplaces that are visited by many members of the public20)
- records of injuries, illnesses and near misses.

If you have an AED:

- it must be maintained according to the manufacturer's specifications
- the practice team must be properly trained to use and maintain it
- it must be placed where it is clearly visible and accessible, and not exposed to extreme temperatures
- there must be clear signs to indicate where it is located.

Consulting with the practice team

In accordance with Safe Work Australia recommendations,[22] consider consulting with the practice team before making decisions on health and safety matters, and before deciding what new facilities the practice needs.

Meeting each Indicator

GP5.2► A Our practice has equipment that enables us to provide comprehensive primary care and emergency resuscitation. (Refer to list under the Indicator on page 154.)

You must:

- **have all required equipment.**

You could:

- maintain a checklist of equipment that you need in consultation rooms
- maintain an equipment register, including all of the required equipment
- perform a regular audit of the practice's equipment.

GP5.2► B Our practice maintains our clinical equipment in accordance with each manufacturer's recommendations.

You must:

- **demonstrate that you keep all clinical equipment in good working order in accordance with manufacturers' recommendations.**

You could:

- keep a maintenance log that includes receipts from any external companies that test and calibrate equipment.

GP5.2► C Our practice has one or more height-adjustable beds.

You must:

- **have at least one height-adjustable bed.**

You could:

- have a height-adjustable bed in each consultation space.

GP5.2► D Our practice has timely access to a spirometer and electrocardiograph.

You must:

- **demonstrate that you have timely access to a spirometer and an electrocardiograph.**

GP5.2E Our practice has a defibrillator.

You could:

- have a defibrillator
- conduct a risk assessment to determine if you need a defibrillator onsite
- educate the practice team so they know how patients can access defibrillation when required.

Criterion GP5.3 – Doctor's bag

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
- in-date medicines for medical emergencies
- practice stationery (including prescription pads and letterhead)
- sharps container
- sphygmomanometer
- stethoscope
- syringes and needles in a range of sizes
- thermometer
- tongue depressors
- torch.

Why this is important

GPs must be prepared to make home and other visits, and must be available at short notice to help in emergencies that take place within the direct vicinity of the practice while they are at work. A fully equipped doctor's bag gives GPs immediate access to core equipment, medications and stationery so they can provide the necessary care in these situations.

Meeting this Criterion

Equipping a doctor's bag

All GPs in your practice must have ready access to a doctor's bag that they can take to a home or other visit, or use in an emergency.

If you are a small practice, you may only require one bag that is shared by your GPs. If you are a medium or large practice, you may require multiple bags so multiple GPs can simultaneously use a bag when required.

Storing a doctor's bag

You must store the bag securely and in accordance with state and territory laws.

Deciding what to include in a doctor's bag

Determine which medications you need to include in a doctor's bag based on the:

- location of the practice

- local community's health needs
- types of clinical conditions likely to be encountered
- shelf life and climatic vulnerability of each medicine.

To ensure patients' safe use of medicines, you must store these products appropriately and securely, and not use or distribute them after their expiry dates.

Requirements relating to the acquisition, use, storage, and disposal of Schedule 4 and Schedule 8 medicines are contained in legislation, with which you must comply.

Suggested emergency medicines include:

- adrenaline
- atropine sulphate
- benztropine mesylate
- benzylpenicillin
- cephalosporin antibiotic
- chlorpromazine/haloperidol
- clonazepam
- dexamethasone sodium phosphate/hydrocortisone sodium succinate
- diazepam
- frusemide
- glucose 50% and/or glucagon
- glyceryl trinitrate spray/tablets
- hyoscine butylbromide
- lignocaine
- methoxyflurane
- metoclopramide hydrochloride/prochlorperazine
- midazolam
- morphine sulphate/appropriate analgesic agent
- naloxone hydrochloride
- oxytocin
- phytomenadione
- promethazine hydrochloride
- salbutamol aerosol
- tramadol.

Pharmaceutical Benefits Scheme emergency drugs for a doctor's bag

Certain medications are provided to prescribers without charge through the Pharmaceutical Benefits Scheme (PBS). This means they can be supplied free to patients in emergencies.

A list of these medications for a doctor's bag is available at www.pbs.gov.au/browse/doctorsbag, and the emergency drug (doctor's bag) order form, from Medicare for eligible prescribers is available at www.humanservices.gov.au/health-professionals/services/medicare/ordering-pbsand-rpbs-prescription-forms

You must have:

- an up-to-date logbook that lists the emergency drug stocks in a doctor's bag

- a system for checking expiry dates and replacing expired drugs.

Emergency drugs for children

A list of paediatric emergency drugs and their dosages can be found in the Royal Children's Hospital Paediatric Pharmacopoeia, available at ww2.rch.org.au/clinicalguide/forms/drugDoses.cfm

Consider the items in the list above when deciding which to include in a doctor's bag.

GPs' knowledge of medicines in a doctor's bag

All GPs must be familiar with the medicines that are in your practice's doctor's bag, including their general use, suggested dosages and possible side effects.

The RACGP recommends that GPs seek appropriate and ongoing education on these medicines.

Meeting each Indicator

GP5.3►A Each of our GPs has access to a fully equipped doctor's bag for routine visits and emergency care, containing the items listed under the Indicator (on page 158).

You must:

- **have a doctor's bag that your GPs can access**
- **store medicines according to legal requirements.**

You could:

- educate GPs about the medicines included in the doctor's bag, including their suggested dosage and possible side effects
- educate the clinical team members so they know how to properly equip the doctor's bag
- maintain a checklist of the contents of the doctor's bag
- perform a regular audit of the contents of the doctor's bag.

GP Standard 6: Vaccine Potency

Our practice maintains the potency of vaccines.

As vaccines are delicate biological substances, they can become less effective or destroyed if they are not kept within an optimal temperature range or are exposed to direct ultraviolet (UV) light. You must therefore maintain the potency of your vaccines in order to ensure they are effective in improving immunity against disease.

A cold chain is a series of temperature-controlled storage and distribution activities (also called a 'supply chain'). An unbroken cold chain is a supply chain that never exceeds or drops below a given temperature range. A cold chain helps to maintain the shelf life and potency of vaccines.

Criterion GP6.1 – Maintaining vaccine potency

Indicators

GP6.1►A Our practice has at least one team member who has primary responsibility for cold chain management in the practice.

GP6.1►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: Strive for 5.*

GP6.1►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

GP6.1►D Our practice has a written, practice-specific policy that outlines our cold chain processes.

Why this is important

The success of any vaccination program depends on the potency of vaccines when they are administered to patients. To maintain their potency, vaccines need to be transported and stored within the temperature range of 2–8°C. As vaccines are delicate biological products, they become ineffective if they are not transported and stored within this temperature range.

Meeting this Criterion

Nominating a person with primary responsibility

Your practice must nominate a member of the clinical team to take responsibility for cold chain management and compliance with cold chain management guidelines.

The team member responsible for cold chain management must be trained so they have the knowledge and skills required to ensure that vaccines remain potent.

All members of the practice team must know which team member has primary responsibility for cold chain management so they can seek advice and support from this person in order to ensure vaccine potency. Your practice needs to have a process for this person to hand over to another designated and trained member of the clinical team when they are unavailable.

Your practice's quality assurance and risk management processes can include self-auditing of your practice's cold chain management.

Choosing a refrigerator

Your practice must store vaccines in a reliable refrigerator that is capable of maintaining a stable temperature and large enough to store a sufficient number of vaccines to meet your practice's needs (with consideration of frequency and size of orders).

Do not use cyclic defrost or bar refrigerators because their internal temperatures fluctuate considerably.

If your practice is using a domestic refrigerator, you must make certain modifications to reduce the risk of affecting the potency of the vaccines. These modifications include:

- placing a digital thermometer probe in the vicinity of stored vaccines to monitor the maximum and minimum refrigerator temperature
- storing vaccines in their original packaging in a set of sliding plastic drawers or enclosed plastic containers to increase insulation (never store vaccines in the door of the refrigerator)
- placing bottles of salt water or unfrozen ice packs/gel packs in unused areas (eg refrigerator door or identified colder areas of the refrigerator) to help stabilise the temperature
- placing temperature data loggers (if available) or a digital thermometer in different parts of the refrigerator to measure temperatures and identify fluctuations.

Monitoring the refrigerator's temperature

Your practice must:

- monitor and record the minimum and maximum temperatures of refrigerators in which any vaccine is stored at least twice a day on each day the practice is open (ideally at the beginning and end of the day)
- view and consider (but not record) the current temperature every time a refrigerator storing a vaccine is opened
- take appropriate action if the temperature is not stable or within the required range.

Data loggers or digital thermometers in refrigerators

Your practice can use data loggers or digital thermometers to verify the efficacy of your cold chain and to conduct quality control checks of the temperature of refrigerators storing vaccines. Data loggers are small electronic devices that continuously measure temperatures, with the data uploaded to computer software so you can view and monitor the results. Some vaccine refrigerators come with inbuilt data loggers, but you can also purchase an external data logger if necessary.

Data loggers will help you identify and record:

- the accuracy of the thermometer
- temperature fluctuations inside the refrigerator, including the duration of the fluctuations
- areas in the refrigerator that are potentially too cool or too warm to store vaccines.

Cold chain management

To be confident of the potency of vaccines stored in your practice, you must:

- document and follow routine processes to maintain the cold chain, identify risks to the potency of vaccines (such as a loss of power), and implement appropriate strategies to manage this risk
- provide all members of the practice team who handle vaccines with ongoing education which is appropriate to their level of responsibility and forms part of their professional development
- be aware of what action is required if the temperature of the refrigerator has not been maintained within the required range.

Self-auditing

Your practice could conduct a self-audit of your cold chain management every 12 months as part of your routine quality assurance and risk management process in order to ensure you only administer potent vaccines. An example of a self-audit is contained in the *National vaccine storage guidelines: Strive for 5.*

Meeting each Indicator

GP6.1►A Our practice has at least one team member who has primary responsibility for cold chain management in the practice.

You must:

- **have a team member who has primary responsibility for cold chain management**
- **educate the team member with primary responsibility for cold chain management about their role**
- **inform the practice team members so they know who is responsible for cold chain management**
- **have a process to transfer cold chain management when the team member with primary responsibility is unavailable.**

You could:

- include education about cold chain management in induction and ongoing training for the practice team.

GP6.1►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: Strive for 5.*

You must:

- **maintain a cold chain management policy and procedure**
- **have a team member who is responsible for the practice complying with the current edition of the *National vaccine storage guidelines: Strive for 5.***

You could:

- conduct an audit of vaccine storage to determine whether it complies with the *National vaccine guidelines: Strive for 5.*

GP6.1►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

You must:

- **maintain a cold chain management policy and procedure**
- **have procedures that require a written record of all monitoring of refrigerators in which vaccines are stored, including the temperature.**

You could:

- create a template to make monitoring and recording of refrigerator temperatures easier.
- create a roster for monitoring cold chain compliance.

You must:

- **maintain a cold chain management policy and procedure**
- **have procedures that require a written record of all monitoring of refrigerators in which vaccines are stored, including the temperature.**

You could:

- create a template to make monitoring and recording of refrigerator temperatures easier
- create a roster for monitoring cold chain compliance.

GP6.1►D Our practice has a written, practice-specific policy that outlines our cold chain processes.

You must:

- **maintain a cold chain management policy and procedure.**

You could:

- review the cold chain management policy once a year
- discuss the cold chain management policy in team meetings.

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Module 4: Point of care testing module

Standard 1: Clinical governance

Our practice uses clinical governance as a framework of assurance and review for clinical responsibility and accountability

Effective clinical governance is a framework through which practice team members are jointly accountable for patient safety and quality care.

For point of care testing, clinical governance ensures that:

- practice team members can take ownership of PoCT processes, model good practice and challenge poor practice
- there is clear assignment of roles, responsibilities and accountabilities for achieving agreed outcomes
- the impact of PoCT on patient care and treatment outcomes is monitored through risk management processes and regular reviews
- all lessons learnt inform improvements in quality and safety.

Criterion PoCT 1.1 – Clinical purpose

Indicators

►A. Based on best practice evidence, our practice can describe the clinical and diagnostic purposes for using PoCT.
►B. Based on best practice evidence, our practice uses reference data to interpret test results.
►C. Our practice applies quality improvement and risk management processes to PoCT to improve quality of care and to minimise risk to patients.

Why this is important

The purpose of PoCT is to facilitate immediate and informed decisions about patient care and management.

PoCT can effectively contribute to improving the quality of care in some areas of clinical practice. It is important for a practice to consider current best practice evidence to describe the clinical and diagnostic purposes where PoCT may benefit their patients.

Available evidence may not always be directly applicable to the local patient population. Accordingly, it is important to regularly review patient care outcomes against the intended clinical and diagnostic purposes of PoCT.

A consistent approach to PoCT, including agreed reference intervals and clinical decision limits may assist GPs in interpreting test results. Individual GPs need to exercise clinical judgement in whether or not to use PoCT and any patient management decisions that may follow from results.

The ongoing delivery of safe and effective PoCT is dependent on a range of supporting activities, including:

- staff skills and training
- regular review of PoCT, including patient outcomes, adverse events and analytical performance
- ensuring sufficient activity to maintain skills and sustainability.

Meeting this Criterion

A practice is not expected to generate its own evidence. Various sources, including PoCT suppliers, pathology providers, international bodies and professional societies will have evidence available that is relevant to the clinical and diagnostic purposes of PoCT.

Individual practices have different patient populations, perform different tests and employ team members with various levels of skills and training. Accordingly, best practice evidence for a specific test may not be entirely applicable to a specific practice. Practices must regularly review how PoCT is contributing to patient outcomes and affecting the quality of care provided by the practice. This will ensure that patient care is prioritised and risks are identified and managed appropriately.

To improve quality of care and minimise risks to patients, practices must apply quality improvement and risk management processes to PoCT. In the event of an adverse or non-conformance event, the practice team member with nominated responsibility for PoCT needs to be notified. Practices must regularly review adverse and non-conformance events, including how they are recorded and addressed.

Reviews must occur regularly and can be conducted internally or externally.

Practices must perform sufficient testing to:

- maintain skills and training
- produce uniformly high quality results
- ensure the ongoing viability of PoCT.

Related Criterion

Criterion QI1.1 – Quality improvement activities

Criterion QI 3.1 – Managing clinical risks

Meeting each Indicator

PoCT1.1 ►A Based on best practice evidence, our practice can describe the clinical and diagnostic purposes for using PoCT.

You must:

- **describe the clinical and diagnostic purposes for using PoCT**
- **ensure the clinical and diagnostic purposes of PoCT are evidence based**

PoCT1.1►B Based on best practice evidence, our practice uses reference data to interpret test results.

You must:

- **describe reference intervals and/or clinical decision limits for interpreting PoCT results**
- **ensure reference intervals and/or clinical decision limits are evidence based**

PoCT1.1►C Our practice applies quality improvement and risk management processes to PoCT to improve quality of care and to minimise risk to patients.

You must:

- **describe the reference intervals and/or clinical decision limits to be used for interpreting PoCT results**
- **regularly review the clinical outcomes, patient benefits and analytical performance of PoCT**
- **perform sufficient testing to maintain operator skills**
- **record, address and audit adverse and non-conformance events.**

You could:

- demonstrate an ability to maintain continuity of care in the event of unplanned loss of PoCT
- regularly review the ongoing viability of PoCT.

Criterion PoCT 1.2 Patient needs

Indicators

PoCT 1.2 ►A. Our practice considers our unique requirements for PoCT.

Why this is important

It is important that practices select a PoCT system that suits their operating environment whilst meeting the needs of their individual patients.

Patient needs

Some patients may benefit specifically from point of care testing. For a number of reasons, these patients may not be able to attend a collection centre, or there may be a risk that they are lost to follow up. Personal circumstances that may prevent compliance with pathology requests and/or follow up include:

- low levels of health literacy
- a failure to understand the importance of the test and results
- transient patients
- geographically isolated patients or patients without access to transport
- patients with chaotic family lives preventing them from attending follow up appointments.

Practice requirements

Practices need to consider the overarching features of a PoCT system that may affect the experience of their patients and the practice. These features may include specimen type and collection, turnaround time for results, staff time, resources, and associated IT systems.

Meeting this Criterion

Practices must be able to demonstrate that they have considered the overarching specifications or requirements for a PoCT system, in the context of their patients, location, local health infrastructure, and other relevant areas. These requirements may include specimen type, turnaround time for results, complexity of operations, patterns of testing and staff resources. It is best practice to compare the features of various PoCT systems to determine which is most suitable for the practice, prior to implementation.[1]

Meeting each Indicator

PoCT 1.2 ►A. Our practice considers our unique requirements for PoCT.

You must:

- **describe practice requirements for a PoCT system**
- **compare these requirements with various systems prior to implementation.**

PoCT 1.3 Clinical autonomy

Indicators

PoCT 1.3 ►A. Our practice team can exercise autonomy in decisions concerning the use of PoCT.

Why this is important

Professional autonomy and clinical independence are essential components of high-quality care to support the patient's best interests.

Individual healthcare practitioners must have the autonomy to determine whether and when to use PoCT, based on their clinical judgement, and to make this decision free from considerations other than the best interests of each individual patient.

Meeting this Criterion

Healthcare practitioners are free, within the parameters of evidence-based care and their credentials, to determine the pathology they order, and the provider of these services. Practices must ensure that the practice team are free from incentives to use PoCT.

Healthcare practitioners must still comply with the policies and procedures of the practice.

Related Criterion

Criterion C5.2 – Clinical autonomy for practitioners.

Meeting each Indicator

PoCT 1.3 ►A. Our practice team can exercise autonomy in decisions concerning the use of PoCT.

You must:

- **give clinical team members autonomy to request pathology**
- **ensure the practice team are free from incentives to use PoCT, specific instruments or consumables.**

Criterion PoCT 1.4 Clinical responsibility

Indicators

►A. Our practice has at least one member of the clinical team who has primary responsibility, authority and accountability for the quality of PoCT.

Why this is important

The successful implementation of a PoCT system requires skills, knowledge and time. To ensure results are of a uniformly high quality, organisational and technical activities need to be managed well. This can be achieved if one member of the clinical team has oversight of and responsibility for PoCT.

Meeting this Criterion

A designated member of the clinical team must have ultimate responsibility for PoCT within the practice. The practice team member must have an adequate understanding of PoCT, including the diagnostic and technical applications and the limitations, these Standards for PoCT and the PoCT policies and procedures of the practice. This practice team member must also have completed formal training for PoCT.

Meeting each Indicator

PoCT 1.4 ►A. Our practice has at least one member of the clinical team who has primary responsibility, authority and accountability for the quality of PoCT

You must:

- **have at least one team clinical team member who has primary responsibility for the implementation, conduct, quality and accreditation of PoCT**
- **ensure the responsible team member has had formal training in PoCT.**

You could:

- maintain a clinical governance policy.

Standard 2: Analytical requirements

Prior to implementing a PoCT system, our practice ensures that the analytical performance characteristics of PoCT meet the diagnostic and clinical purposes of our patients and the practice

PoCT may be used for diagnosis, monitoring, management or screening. It is important for a practice to define the analytical performance requirements for each PoCT method, based on their intended diagnostic purposes, and to know how the PoCT results will compare with those obtained by the equivalent laboratory method.[2]

Test results can be interpreted using reference information obtained from various sources, including PoCT suppliers, pathology providers, international bodies and professional societies. A practice must agree on the reference and clinical decision limits that will be used for interpreting PoCT results and ensure they are based on current best practice.

Criterion PoCT 2.1 – Analytical performance

Indicators

►A. Our practice's specifications for the analytical performance of PoCT are determined by the relevant clinical and diagnostic applications.

B. Our practice's specifications for the analytical performance of PoCT are determined by comparison with the pathology provider method.

►C. The reference intervals and clinical decision limits our practice uses for interpreting PoCT results are appropriate for the patient populations tested and are based on current best practice.

Why this is important

Practices must consider the intended clinical and diagnostic applications of PoCT. For example, PoCT for monitoring diabetes may have different analytical requirements than PoCT for diagnosing infections with public health implications. Practices need to implement PoCT that are fit for their intended clinical and diagnostic purposes.[3]

To be effective and safe, PoCT methods could meet the same analytical criteria as the equivalent laboratory method when used for the same clinical purpose.

Meeting this Criterion

Practices can obtain information relating to clinical and diagnostic applications of PoCT and analytical performance from PoCT suppliers and literature. Industry guidelines may also assist practices, or they could seek advice from a local pathology provider regarding clinical and diagnostic applications and analytical performance.

Practices need to be aware that information relating to reference intervals can vary from source to source and it is important to select information appropriate for the clinical and diagnostic purposes and patient population of the practice.

Meeting each Indicator

PoCT 2.1 ►A. Our practice's specifications for the analytical performance of PoCT are determined by the relevant clinical and diagnostic applications and, where appropriate, comparison with the pathology provider method

You must:

- **keep records demonstrating that the analytical performance specifications the practice requires of each method are based on the clinical and diagnostic purposes for which they will be used.**

PoCT 2.1 B. Our practice's specifications for the analytical performance of PoCT are determined by comparison with the pathology provider method.

You could:

- compare the analytical performance of the PoCT method and the equivalent non-PoCT pathology method to identify and document significant differences.

PoCT 2.1 ►C. The reference intervals and clinical decision limits our practice uses for interpreting PoCT results are appropriate for the patient populations tested and are based on current best practice.

You must:

- **document the reference interval/clinical decision limits used for interpreting patient results, including the best practice sources of the reference data.**

Standard 3: Education and training of PoCT practitioners

Our practice team has the appropriate skills and knowledge to perform PoCT

PoCT is subject to pre-analytical, analytical and post-analytical errors and issues. The quality of PoCT may also be compromised if performed by inadequately trained PoCT practitioners. Accordingly, team members performing and managing PoCT need to be provided with appropriate training and must be able to demonstrate competency by appropriate assessments. Ongoing training and education is important for maintaining currency of skills.

Criterion PoCT 3.1 Qualifications, education and training of PoCT practitioners

Indicator

►A. Members of our practice team performing PoCT:

- have undertaken training
- have completed a competency assessment
- participate in regular training and education updates.

Why this is important

Having only PoCT practitioners who are suitably trained reduces the risk of errors and ensures that your practice provides patients with safe, quality care by safeguarding the validity of results to inform clinical decision making.

All PoCT practitioners must:

- be suitably trained
- maintain the knowledge and skills that enable them to perform PoCT
- work within their scope of practice and competencies.

Meeting this Criterion

Practices must maintain records demonstrating that the training of PoCT practitioners is appropriate for the testing performed.

Training may cover areas such as:

General

- Practice policies
- Overview of clinical purposes

PoCT System

- Basic principles of analysis, calibration, bias, precision, range, sensitivity, specificity, interferences, method evaluation and method comparison
- Normal test performance according to manufacturer's instructions
- Recognition of malfunctions and appropriate actions
- Error messages and actions
- Storage of consumables
- Care, maintenance and decontamination of PoCT system

Patients and specimens

- Appropriate information for patients
- Patient preparation
- Specimen collection techniques
- Specimen identification and labelling
- Specimen handling and stability
- Recognition of unsuitable specimens
- Patient and staff safety

Results

- Recognition of abnormal, clinically urgent and erroneous results
- Documentation of the testing episode
- Data management

Quality

- Principles and procedures of PoCT quality control and external proficiency testing
- Assessment of acceptable/unacceptable quality control and external proficiency testing and appropriate actions

Practice team members must be assessed for competency in all aspects of their PoCT duties and responsibilities.

The Australian Point of Care Practitioners Network (APPN) is an online platform providing training, certification and professional development programs for all PoCT practitioners. The APPN also allows PoCT practitioners to maintain a CPD record.

Related Criterion

C8.1 – Education and training of non-clinical staff

GP3.1 – Qualifications, education and training of healthcare practitioners

Meeting each Indicator

PoCT 3.1►A. Members of our practice team performing PoCT:

- have undertaken training
- have completed a competency assessment
- participate in regular training and education updates.

You must:

- **provide evidence that PoCT practitioners are provided with relevant training**
- **provide evidence that PoCT practitioners are considered competent**
- **maintain a policy requiring trained PoCT practitioners to receive regular training and education updates. This must occur at a minimum annually, and be updated if:**
    - **significant changes to method(s) are introduced**
    - **new tests and/or instruments are introduced**
    - **a competency issue with a trained staff member has been identified**
    - **a certified person who, not having performed testing for a period greater than six months, wishes to retain certification.**

You could:

- record each employee's qualifications in employment files
- keep a training calendar listing opportunities for PoCT professional development and training
- store documents that record training needs and training completed

- conduct annual performance reviews that identify learning and development goals
- keep training logs that record training that PoCT practitioners have completed

Standard 4: Implementation and performance

Our practice ensures the implementation and performance of PoCT is in accordance with manufacturer's recommendations and best practice

The successful implementation and performance of a PoCT program includes:

- confirming the analytical suitability of methods
- conducting PoCT in a fit for purpose environment
- performing PoCT in accordance with the manufacturer's instructions
- maintaining PoCT equipment in accordance with the manufacturer's instructions
- maintaining PoCT records.

Criterion PoCT 4.1 Analytical suitability of methods

Indicator

►A. Our practice team ensures the analytical performance and other features of the PoCT system meet our practice's specifications.

Why this is Important

The quality of PoCT may be affected by many factors, including the storage of consumables, PoCT practitioners, specimen quality and variability between instruments. Practices need to assess the impact of these factors by evaluating the analytical performance of the PoCT system. This evaluation will assist in confirming that the performance characteristics of the method(s) meet the clinical, diagnostic and other specifications of the practice. This evaluation can then provide a benchmark against which future routine analytical performance is assessed regularly.

Meeting this Criterion

Whether undertaken in house or out sourced, practices must retain records of PoCT equipment installation, commissioning, maintenance and performance. The analytical performance of a PoCT must be evaluated at least on commissioning and following major repairs.

The APPN is an online platform providing PoCT practitioners with resources to assist in implementing a PoCT program.

The APPN has also developed *Guidelines for the Evaluation of PoCT Instruments that Provide Quantitative Results* that practices may choose to use when determining if a method is fit for purpose. This protocol has been endorsed by the Australian Association of Clinical Biochemists and IVD Australia.

Meeting each Indicator

PoCT 4.1 ►A. Our practice team ensures the analytical performance and other features of the PoCT system meet our practice's specifications

You must:

- **record evaluations of the analytical performance of each test method against the practice's specified requirements**
- **maintain records demonstrating that the non-analytical features of each method meet the practice specifications.**

Criterion PoCT 4.2 Facilities for testing

Indicators

►A. Our practice conducts testing in a safe environment that ensures patient privacy.

►B. Our practice ensures that instruments and consumables are located to optimise performance.

Why this is important

Practices need to operate and maintain PoCT instruments and consumables to optimise the production of high quality test results to support clinical decision-making and minimises the risk of infection for patients and the practice team.

Meeting this Criterion

Practices must locate PoCT in an area that provides adequate space for instruments, consumables, documentation and waste disposal whilst prioritising patient privacy.

Refrigerators used to store consumables must be monitored using minimum-maximum thermometers.

Related Criterion

Criterion GP4.1 – Infection prevention and control, including sterilisation

Criterion GP5.1 – Practice facilities.

Meeting each Indicator

PoCT 4.2 ►A. Our practice conducts testing in a safe environment that ensures patient privacy.

You must:

- **perform testing in a safe area where the visual and auditory privacy of patients is ensured.**

PoCT 4.2 ►B. Our practice ensures that instruments and consumables are located to optimise performance.

You must:

- **have a dedicated testing area with appropriate space, lighting, power, security and ambient temperature for sample/specimen handling, testing and documentation activities**
- **maintain a consumables inventory, including lot numbers and expiry dates.**
- **store sufficient within-date consumables according to manufacturer's instructions**
- **mark expired consumables as unsuitable for use**
- **dispose of expired consumables in accordance with local, state and federal requirements**
- **keep records of refrigeration monitoring using a minimum-maximum thermometer.**

Criterion PoCT 4.3 Routine testing

Indicators

►A. Our practice follows the Manufacturers' instructions for PoCT

►B. Our practice identifies and reviews errors and deviations

►C. Our practice ensures specimens remain positively identified with patients throughout the testing process.

►D. Our practice has documented its requirements for PoCT essential support services.

►E. Our practice maintains our PoCT equipment in accordance with each manufacturer's instructions

Why this is important

The objective of PoCT is to produce results consistently to an analytical standard that meets the benchmark performance defined at implementation.

Consistency is best achieved through documented standard operating procedures and work instructions in accordance with the manufacturer's instructions for all stages of testing

To ensure continuity of PoCT, practices could have written agreements with third party suppliers of goods and services. Suppliers of essential PoCT support services also have responsibility for:

- reliable provision of consumables
- providing technical support
- ongoing maintenance
- operator education

Meeting this Criterion

Standard operating procedures

It is acceptable to use the instructions published by the PoCT manufacturer for the standard operating procedure/work instruction. However, it is best practice for practices to produce and maintain your own standard operating procedures/work instructions as the manufacturer's instructions may not include critical steps such as patient interaction and result management.

When modifying a manufacturer's instructions for a commercially supplied IVD, practices need to be aware that some alterations may create an in-house IVD and therefore will require verification or validation in accordance with the NPAAC standard, *Requirements for the development and use of in-house in vitro diagnostic medical devices*, to ensure that the assay can be performed safely and effectively. Further guidance on what constitutes a modification that creates an in-house IVD is available at https://www.tga.gov.au/book-page/what-house-ivd

Proposed changes to standard operating procedures and work instructions must be formally evaluated by the practice and approved before being incorporated into routine practice.

Deviations and errors

Reviews of deviations and issues encountered during routine testing must be undertaken regularly.

Transcription errors are data entry errors, usually occurring as a result of typographical mistakes when transferring data and results. As transcription errors can be a major source of error, it is best practice for a second person, preferably another PoCT practitioner to independently check all steps. In the event that a second practice team member is not available, it is acceptable for the team member performing PoCT to also perform the required checks, provided it is clearly identified as a distinct step in the testing process.

Specimens

There is no requirement to label specimens that are to be used completely in the testing process. However, practices must ensure that specimens remain positively identified with the patient throughout the testing process. Where specimens are retained following testing, they must be clearly labelled in accordance with relevant guidelines.

Essential services

When making arrangements with suppliers of essential support services, practices must consider:

- Required frequency/volume of consumables
- Required response time for urgent consumables or maintenance
- Ownership/leasing arrangements for instrumentation
- PoCT practitioner training and retraining requirements
- Support for technical updates and trouble shooting

Where appropriate, practices could consider entering into written agreements with third parties for the supply of essential support services.

Manufacturers' instructions

Records of preventative maintenance, service and calibration must be undertaken as per the Manufacturer's instructions and retained in accordance with relevant legal requirements. These requirements may vary from state to state so it may be advisable to consult with your medical defence organisation to understand your specific jurisdictional and other legislative requirements.

Suppliers of routine maintenance must provide practices with a record of work and performance checks undertaken. Where this is not possible, practices must maintain their own records.

Related Criterion

GP5.2 – Practice equipment

Meeting each Indicator

PoCT 4.3 ►A. Our practice follows the Manufacturers' instructions for PoCT.

You must:

- **demonstrate that manufacturer's instructions are followed for each test method**
- **demonstrate that transfers of data and transcription of results are checked for accuracy**
- **demonstrate that deviations procedure(s) are recorded and investigated appropriately.**

You could:

- maintain standard operating procedures for each test method
- keep a copy of the relevant procedures/work instructions with the test instrument.

PoCT 4.3 ►B. Our practice identifies and reviews errors and deviations

You must:

- **demonstrate that deviations procedure(s) are recorded and investigated appropriately**
- **demonstrate that transfers of data and transcription of results are checked for accuracy**

PoCT 4.3 ►C. Our practice ensures specimens remain positively identified with patients throughout the testing process

You must:

- **demonstrate that specimens remain positively identified with patients throughout the testing process**
- **clearly identify patient specimens retained for any purpose**

PoCT 4.3 ►D. Our practice has documented its requirements for PoCT essential support services.

You must:

- **demonstrate on-going arrangements with suppliers of essential support services.**

PoCT 4.3 ►E. Our practice maintains our PoCT equipment in accordance with each manufacturer's instructions

You must:

- **demonstrate that all PoCT equipment is maintained in accordance with the manufacturer's instructions**
- **ensure maintenance is undertaken by certified and/or authorised operators**
- **maintain records of maintenance.**

Criterion PoCT 4.4 Data management

Indicators

►A. Our practice maintains records relating to PoCT in a readily accessible and secure and form.

Records relating to PoCT may include:

- test requests
- test results
- quality control
- external proficiency results.

Why this is important

Records of PoCT results and associated processes must be retained in accordance with relevant legislation and guidelines.

Maintaining appropriate records is a way of managing risks.

It is important that the practice can demonstrate that all data related to a patient testing cycle can be readily retrieved from its record systems for review.

Meeting this Criterion

If for some reason the practice needs to investigate the reliability of a test result, key steps to be reviewed may include:

- The PoCT practitioner who conducted the test
- The kit or batch of reagents used
- Whether QC results were within the acceptable range
- Reviewing transcription to rule out errors and non-conformance events

Accordingly, the practice must retain records of the following:

- Patient identifiers
- Identity of PoCT practitioner
- Test requestor
- Date and time of specimen collection
- Test results and unit of measurement
- Relevant reference information
- Relevant QC results

Related Criterion

Criterion C6.2 – Patient health records systems

Criterion C7.1 – Content of patient health records

Meeting each Indicator

PoCT 4.4 ►A. Our practice maintains records relating to PoCT in a readily accessible, secure and appropriately linked form.

You must:

- **manage the retention of PoCT records, including results and essential related information, in accordance with relevant legislative requirements including privacy principles**

Standard 5: Quality outcomes

Our practice performs PoCT within the framework of an established quality system to support the safety and quality of our patient care

This Standard focuses on the systems that practices need to establish to ensure PoCT supports the safety and quality of patient care.

Criterion PoCT 5.1 – Quality manual

Indicators

►A. Our practice maintains a quality manual for PoCT.

►B. Our practice regularly assesses compliance with PoCT policies and procedures.

Why this is important

A quality manual is the suite of documents describing the organisational structure and policies and procedures defining how a practice operates its PoCT system. Managed by the practice team member responsible for PoCT, a quality manual forms a working guide to PoCT which must be accessible to all practice team members.

A quality manual will assist practice team members in understanding their own and other's responsibilities relating to PoCT.

Meeting this Criterion

Practices must retain a copy of all current PoCT documents, including relevant policies and procedures, in a centralised repository or quality manual.

All policies and procedures must be authorised by the practice team member responsible for PoCT.

The quality manual must be used as the benchmark for reviewing how well policies and procedures are being adhered to in routine use. The practice team member responsible for PoCT must review the quality manual at least annually and review PoCT activities to ensure compliance.

Related Criterion

Criterion QI3.1 – Managing clinical risks.

Meeting each Indicator

PoCT 5.1 ►A. Our practice maintains a quality manual for PoCT.

You must:

- **maintain a quality manual comprising the policies, procedures, methods and working operations for PoCT**

PoCT 5.1 ►B. Our practice regularly assesses compliance with PoCT policies and procedures

You must:

- **Ensure the member of the clinical team responsible for PoCT:**
  - **reviews, at least annually, how well the policies and procedures are followed in the practice**
  - **maintains a record of non-conformances and corrective actions that are investigated promptly and reviewed at least annually.**

Criterion PoCT 5.2 Quality control procedures

Indicators

►A. Our practice uses quality control procedures to ensure the PoCT is functioning optimally.

Why this is important

Quality Control (QC) testing aims to detect sub-optimal performance, provides practices with certainty that their PoCT is functioning properly and also allows early preventative action.

Meeting this Criterion

Quality control testing

QC testing is usually performed on artificial samples purchased from PoCT manufacturers or other commercial sources. Samples are produced with different levels of analytes to cover the range that may be encountered clinically. Practices are provided with a mean value and a result target range. Practices must record all QC results and compare them with the target range or acceptable window. QC results falling within this range are considered acceptable. Results falling outside this range are unacceptable and may indicate a problem with the testing process.

The APPN quality management function provides PoCT operators with a platform for entering, reviewing and analysing their QC results.

Reviewing quality control results

An acceptable window for QC results is usually determined at implementation of a PoCT device. This is achieved by testing the QC pool a number of times, using the mean value and the distribution of results to define the acceptable window.

Standard decision-making rules are used to determine whether to accept or reject QC results. A patient result cannot be reported following a rejected QC result.

The practice team member responsible for PoCT must regularly review QC results. Unacceptable results or performance must be investigated and any remedial actions taken in response must be recorded.

Meeting each Indicator

PoCT 5.2 ►A. Our practice uses quality control procedures to ensure the PoCT is functioning optimally.

You must:

- **demonstrate that all quality control procedures comply with both manufacturers' recommendations and applicable regulations**
- **ensure standard operating procedures or work instructions include the acceptable limits for quality control testing results and actions to take in the event of an unacceptable result**
- **ensure appropriate quality control materials are available**
- **ensure quality control results are regularly reviewed**

- **ensure actions taken to address rejected/unacceptable results are recorded**

Criterion PoCT 5.3 External quality assurance program

Indicators

►A. Our practice participates in an external quality assurance program.

Why this is important

External quality assurance programs provide peer review of PoCT systems and monitoring of performance, allowing early detection of issues that may otherwise go unnoticed.

Meeting this Criterion

External quality assurance programs provide identical samples to all program participants who then test the sample using their routine test method to produce a result. The program collates the results and provides participants details of the range of results achieved. The program will identify if a participant's method is producing results that are significantly different to those produced by a different practice using the same method. Details of the accuracy and precision of the participant's results are also reported.

Unacceptable results or performance must be investigated and any remedial actions taken in response must be recorded.

Meeting each Indicator

PoCT 5.3 ►A. Our practice participates in an external quality assurance program.

You must:

- **enrol all methods in an approved external quality assurance program**
- **keep records of participation**
- **review external quality assurance program reports and keep records of action taken where reports indicate poor performance.**

References

[1] Shephard OAM, Mark, editor. A Practical Guide to Global Point-Of-Care Testing [Internet]. Victoria: CSIRO PUBLISHING; 2016. [cited 2018 March 15]. Available from: ProQuest Ebook Central, Pg 22
[2] Shephard OAM, Mark, editor. A Practical Guide to Global Point-Of-Care Testing [Internet]. Victoria: CSIRO PUBLISHING; 2016. [cited 2018 March 15]. Available from: ProQuest Ebook Central, Pg 20
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Glossary

Definitions of terms used in this document.

Term	Definition
Accuracy	Measure of how close the results of a test come to the true value
Adverse event	An incident in which harm resulted to a person who was receiving healthcare
Analyte	A chemical substance in a fluid or other specimen from the body that is undergoing analysis
Analytical	Processes relating to testing
Analytical performance	The performance of the testing system
Assay	Procedure used to product a test result. Also see test method
Bias	A quantitative measure of inaccuracy or systematic departure from accuracy under specified conditions of analysis
Calibration	The process of testing and adjustment of an instrument, kit, or test system, to provide a known relationship between the measurement response and the value of the substance being measured by the test procedure
Clinical decision limits	Based on guidelines from expert groups, clinical decision limits are specific cut off points or limits for decision about diagnosis or well-defined specific actions
Consumables	Products required to perform a test, for example cartridges, reagents, calibrators
Controls	The material used to perform quality control testing
Corrective action	Actions taken to eliminate the cause of non-conformances
Diagnostic test	A test used to establish the presence (or absence) of disease as a basis for treatment in symptomatic or screen positive individuals
External quality assurance/proficiency testing program	An external program in which samples are periodically sent to testing sites for analysis
Instrument	A testing platform, system or device
In-vitro	Outside the body; in the clinical or research laboratory, in an artificial environment such as a test tube or petri dish
In-vitro diagnostic medical device	A medical device, including a reagent, calibrator, control material, kit, specimen receptacle, software, instrument, apparatus, equipment or system, whether used alone or in combination with other diagnostic goods, used *in vitro* for the examination of specimens devices from the human body
'In-house' *in-vitro* diagnostic medical device	'In-house' IVDs are pathology tests that have been developed (or modified) within a laboratory (or laboratory network) to carry out testing on human samples, where the results are intended to assist in clinical diagnosis or be used in making decisions concerning clinical management

Non-analytical	Features of PoCT processes and systems not directly part of the testing process. These may include specimen requirements, staff resources and IT capabilities
Non-compliance/non-conformance	Departures from standard procedures or instances in which the process or system does not comply with the predetermined specifications
Point of care testing	Testing performed outside a central laboratory environment, generally nearer to, or at the site of, the patient
Post-analytical	Post testing processes such as reporting
Pre-analytical	Pre testing processes such as test requests
Precision	The measure of the closeness of the results obtained when analysing the same sample more than once
Quality control	The set of procedures designed to monitor the test method and the results to assure test system performance. QC includes testing control materials, charting the results and analysing them to identify sources of error, and evaluating and documenting any remedial action taken as a result of this analysis
Quality manual	A document detailing how the practice's quality management system operates. It may include detailed descriptions of staff roles and responsibilities, procedures, systems and any other information relating to the safe and effective performance of PoCT
Reagent	A substance that produces a chemical reaction in a sample that allows an analyte to be detected and measured
Reference interval/range	The range of test values expected for a designated population, eg, 95% of persons presumed to be healthy (or normal). A basis for comparison (a frame of reference) for the interpretation of test results for a particular patient
Screen	A test used to detect early disease or risk factors for disease in large populations of apparently healthy individuals
Test method/assay	A method or procedure that produces a test result. Also see assay
Transcription error	Transcription errors are data entry errors, usually occurring as a result of typographical mistakes when transferring data and results
Validation	The action (or process) of proving that a procedure, process, system, equipment, or method used works as expected and achieves the intended result.
Verification	A procedure used to determine, with a high level of confidence, that a test system or device performs as claimed when used by the persons who routinely perform the patient testing