

RACGP Standards for general practices (5th edition) factsheet

Definition of a clinical team for the purposes of accreditation

What the Standards say

The Royal Australian College of General Practitioners (RACGP) [Standards for general practices](#) (5th edition) (the Standards) defines clinical teams and members as follows:

Clinical team	All members of the practice team who have health qualifications that qualify them to perform clinical functions
Clinical team member	An individual member of the practice team who has health qualifications that qualify them to perform clinical functions
Practice team	All people who work or provide care within the practice (eg GPs, receptionists, practice managers, nurses, allied health professionals)

Relevant Indicators

The definition of a clinical team relates to [Criterion GP3.1 – Qualifications, education and training of healthcare practitioners](#).

Indicator GP3.1▶A requires members of the clinical team to:

- 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.



In addition to Criterion GP3.1, the definition of a clinical team may have broader implications for assessing systems and processes across various Indicators throughout the Standards (ie consider where an Indicator refers to the 'clinical team').

Including co-located practitioners as a part of the clinical team

The Standards do not discriminate between the employment/contractual relationships of individuals working at a practice and the practice itself. The intent of the Standards is to look at the systems and processes in relation to patient safety, care provision and quality service.

Some practices rent out available space within the practice to an independent contractor. However, it is appropriate to include these co-located practitioners (who are not employed by the practice) as a member of the clinical team if:

- they, particularly independent contractors, are performing clinical functions under the banner of the practice (therefore the practice is responsible for their operation within a framework of quality and safety)
- patients reasonably assume services provided by the practitioners are included within the scope of the practice's accreditation
- they share practice infrastructure, regardless of their contractual/employment or lease arrangements
- the majority or all of the contractor's patients are referred by other members of the general practice clinical team or are registered with the practice.

This approach recognises the diversity of models for operating general practices.

Determining the clinical team

Accreditation agency surveyors make this determination based on their observations and professional experience.

The criteria below guide the surveyor in their decision. A practitioner who does not meet any of the below criteria may still be deemed a member of the clinical team by a surveyor. The surveyor provides justification for such an assessment based on the evidence available at the time of assessment.

1. The practitioner accesses and contributes to the medical record system

A patient could reasonably believe a practitioner can only access their medical history and contribute to their health record if that practitioner is a team member of the practice they are attending. Surveyors confirm which practitioners have contributed to the practice's patient records. However, this does not constitute a requirement for surveyors to review the clinical notes of non-GP specialists as part of the assessment.

If a co-located practitioner, who is not a member of the clinical team, accesses or contributes to a patient's record, full disclosure that the practitioner is not a member of the team must be provided to the patient (so they know the practitioner is an independent entity) and their consent documented. When there are such circumstances within a practice, the practice's privacy policy must outline how it goes about alerting patients to such circumstances.

NB: If a practitioner meets this criterion, irrespective of the outcome of the criterion below, the practitioner is considered a member of the clinical team for the purposes of the practice's accreditation.

2. The practitioner shares practice resources with other members of the clinical team

Members of a clinical team share a range of resources in addition to being located at the same premises. A surveyor could consider a practitioner a member of the clinical team if they share resources such as reception facilities and staff; appointment and billing systems; treatment rooms; and advertising; and are included on the website and/or social media.

A patient could reasonably believe a practitioner is a member of the clinical team if:

- they appear on the practice's website and in practice team information (eg brochures, new patient information form, practice directory)
- their services are embedded in the practice by way of shared facilities, staff and resources
- the co-located practitioner provides services on behalf of the practice (eg internal referral).



When a practice displays notice of its accreditation in a shared physical patient space (eg reception, waiting room) or digital space (eg their website or social media), it is reasonable for a patient to believe any services provided by that practice are provided by the accredited practice team. That is, a patient could assume the practice's obligations for accreditation extend to any practitioner at the practice, who appears on their website, etc.

3. The practitioner attends team meetings or has access to team meeting documentation

A surveyor could consider any practitioner who *attends clinical and/or team meetings* to be a member of the clinical team, as these meetings:

- provide practitioners with access to shared practice information
- allow practitioners to contribute to practice decisions.

Given that practitioners cannot always attend meetings, this criterion extends to practitioners who:

- are regularly invited to clinical and/or team meetings; and/or
- *have access* to meeting documentation (eg meeting papers and minutes); and/or
- participate in activities related to the monitoring, identification and reporting of near misses and adverse events in a practice's clinical care (including access and contribution to the practice's incident or event register); and/or
- participate in the practice's governance procedures.

4. The practitioner is covered by practice medical indemnity insurance

A practice's medical indemnity insurance policy covers an allied health professional if the practice employs them. As such, any practitioner covered by such a policy would be considered a member of the clinical team.

If a co-located practitioner is not employed by the practice (and not covered by such a policy), a surveyor may still consider them a member of the clinical team based on the other criteria above.

Practice medical indemnity insurance does not cover medical practitioners for healthcare services they provide; they are required to hold their own indemnity.

Further information

Contact standards@racgp.org.au for further information.