

The Royal Australian College of General Practitioners (RACGP) *Standards for general practices* (5th edition) (the Standards) requires practices seeking accreditation to collect patient feedback. Patient feedback must be collected and used to inform quality improvement activities in general practices. For further information, see **Criterion Q11.2**, in the Standards.

The **Patient feedback guide** is a supplementary resource that has been developed to provide practices with further guidance on meeting their patient feedback requirements.

### Essential pre-reading

In considering applications, the RACGP will assume that applicants have read and understood the Standards and the Patient feedback guide. Where a practice wishes to use their own method for collecting patient feedback, this method must meet the requirements of the Patient feedback guide.

### Who should use this application form?

If you are using a patient feedback method requiring approval, you will need to complete this form and submit it to RACGP **before** you commence your patient feedback. For more information on which methods require approval, please go to 'Table 2. Patient feedback methods' in **Section 2** of the Patient feedback guide.

### Filling in this form

Please complete the application form using only the spaces provided.

Applications will be reviewed by the RACGP Standards Unit. In some circumstances it may be necessary to refer an application to the RACGP Expert Committee - Standards for General Practices for review. This will add time to the application approval process and applicants will be advised of the approximate timing for completion. Applications will be evaluated on a case by case basis against the requirements specified in the Patient feedback guide.

The RACGP will treat all applications in confidence and will not circulate application documentation externally.

### Application fee

A fee of **\$150.00** will be payable once the application has been received. This is a once off fee that applies per application, per practice, once RACGP approval has been made.

### Conditions of approval

Approval of applications shall be provided in writing. Approval is not transferable to other patient feedback methods or other practices (other than branch practices).

Approval shall apply for the duration of the period in which you seek patient feedback for accreditation purposes, or a maximum of three years, whichever is greater.

### How to lodge your application

Applications must be submitted electronically to **standards@racgp.org.au**

### Further information

For further information please refer to the **Patient feedback guide**.

Applicants may also email RACGP directly at **standards@racgp.org.au**

**Please complete the relevant application form. Alternative application forms are provided for patient feedback interviews, focus groups or other practice specific methods.**

## Applicant details

Name of contact person

Name of practice and any branch practices at which this patient feedback method will be used

Address

City

State

Postcode

Telephone

Fax number

Mobile number

Email

Anticipated date of accreditation survey

Anticipated date range when data collection using the proposed patient feedback method will commence

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## Your practice

Please provide a description of the key features of your practice. Your description should include:

- the practice location
- the demographics of your patient population
- the number of full-time equivalent (FTE) clinicians and specialised services in your practice.

This information will give the RACGP important context when reviewing your application.

## Patient feedback interviews

Please read **Section 5** and **Appendix 6** of the Patient feedback guide for information and requirements for conducting interviews for patient feedback. Sections **1** and **2** of the Patient feedback guide also provide useful information on patient feedback.

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### Questions

1. Explain how you will collect each of the patient demographics listed in **Section 1** of the Patient feedback guide.

#### Core patient demographics

#### Question

Age

Gender

Ethnicity

Aboriginal and/or Torres Strait Islander status

Language spoken at home or country of birth

Level of education

Health Care Card status

Frequency of visits to the practice

2. List your questions in the following boxes. Please note, you must ask at least three questions, over the three year accreditation period, for each patient feedback theme listed in **Section 3** of the Patient feedback guide.

*e.g. Q1. – How do you make appointments at our practice? This question addresses the theme of 'Access and availability'.*

**Access and availability**

**Provision of information**

**Privacy and confidentiality**

**Continuity of care**

**Communication and interpersonal skills of clinical staff**

**Communication and interpersonal skills of clinical and administrative staff**

3. Please describe how many interviews you will complete.

Please ensure the number of interviews and the number of patients interviewed are in accordance with the requirements listed in **Section 5** of the Patient feedback guide.

4. Please advise how the patients for your Interviews will be selected.

5. Please provide information about the interviewer and whether they have any connection to your practice or your patients.

6. Please advise how the information obtained from the interviews will be recorded.

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## Data reporting

The purpose of collecting feedback from your patients is to obtain meaningful data that can be used to drive quality improvement initiatives at your practice. That means data needs to be analysed and reported in a manner that readily highlights areas for improvement.

7. Please describe the manner in which you will report the outcomes of your interviews to your practice team and patients, as well as what tools or approach you will use to produce the report.

**This is the last question. If you have completed all fields you are ready to submit your application.**

## Applicant self-assessment checklist to meet patient feedback requirements

Questions have been included to address each of the core patient demographics outlined in the Patient feedback guide

The interview questions address all six of the patient feedback themes detailed on page 5 of the Patient feedback guide

The interview questions have been pre-tested with a few patients to ensure they understand the questions and you have amended any issues arising

The volume of interviews has been calculated per GP FTE in your practice as per Section 5 of the **Patient feedback guide**

A representative sample of patients of your wider patient group have been selected and invited to participate in an interview

A skilled interviewer has been selected to conduct the interviews

A method of how you want to record the interviews has been identified (eg audio recording or note taking)

Patients consent of the recording method will be recorded

A patient **information sheet/s** has been developed to provide at the interview that details how patient privacy will be maintained

A data report template has been developed that:

Summarises key demographic data

Presents the responses to the individual interview questions

Has a summary of what works well in the practice

Has a summary of areas where improvement is necessary

### Required documentation for practice-specific questionnaire application

- A completed application form
- A copy of the interview guide which has been pretested
- A copy of the information sheet/s that will be provided to patients
- A copy of the staff instructions for recruiting patients for interview
- A copy of the interviewer instructions for administering the interview
- A template report (or sample report) to demonstrate how patient experience data will be summarised in a format that enables the practice to identify areas for quality improvement and informs patients of the results.