

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 QI1.2**, 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 questionnaire

## Pre-testing the questionnaire

**Pre testing of your questionnaire** is required to identify any issues with your questions or process before the implementation of your patient feedback questionnaire.

## Administration of the questionnaire

The following items will assist practices with administering their questionnaire:

- Patient information sheet
  - A patient information sheet will provide patients with information about your patient feedback process. The patient information sheet must explain:
    - the purpose of the questionnaire
    - instructions for completing and returning the questionnaire
    - this is a voluntary activity that will not affect their care received from the practice
    - the questionnaire is anonymous and confidential.
- Staff instruction sheet
  - Staff instructions should be prepared and given to staff to assist them administer the questionnaire.

**Section 3** and Appendices **3** and **4** of the Patient feedback guide provide useful information for using questionnaires.

## Questions

1. Describe how you will collect each of the patient demographics, listed in **Section 1** of the patient Feedback Guide.

Core patient demographics	Toolkit sample question used? (Yes/No)	Core patient demographics	Toolkit sample question used? (Yes/No)
Age		Language spoken at home or country of birth	
Gender		Level of education	
Ethnicity		Health Care Card status	
Aboriginal and/or Torres Strait Islander status		Frequency of visits to the practice	

If you answered 'No' to any of the core demographics outlined above please describe why this has not been included.

2. List your questions in the following boxes. Please note, you must ask at least **three questions** for each patient feedback theme as listed in **Section 1** of the Patient feedback guide

*e.g. Q1. – How long did it take you to get an appointment 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**

**Any other questions specific to your practice (outside of required domains)**

3. Explain how the questions you propose are relevant to your practices' patient population.
  
  
  
  
  
  
  
  
  
  
4. Describe the means by which your patients will receive the questionnaire (eg. hard-copy, electronic, other).

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## Patient selection

5. Please explain how you will select patients to complete the questionnaire and to avoid sampling bias.
  
  
  
  
  
  
  
  
  
  
6. Please describe how many questionnaires you will need patients to complete? Please ensure this is in line with the requirements in **Section 3** of the Patient feedback guide - *'Conducting questionnaires'*.
  
  
  
  
  
  
  
  
  
  
7. Please describe the method you will use to distribute and collect the questionnaire. Please ensure this is in line with the data integrity patient confidentiality and data security requirements outlined in **Section 1** of the Patient feedback guide.

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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. Your data needs to be analysed and reported in a way that highlights areas for improvement in your practice.

8. Please describe how you will report the outcomes of your questionnaire to your practice team and patients, as well as what tools or approach you will use to produce the report of your findings.

**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 address each of the core patient demographics outlined in the guide have been included

Questions adequately address the six quality themes outlined in the Patient feedback guide

The questions in the questionnaire are short, simple and clear

Each question asks one question at a time (no double barrelled questions)

The questions are relevant to your practice

The questions are appropriate for the language and culture of your practice's patient population

The questionnaire was **pre-tested** with a small representative number of patients

Issues were identified in the pre-test and revisions made to the questionnaire

If revisions were made, the questionnaire was pre-tested again

A patient **information sheet/s** has been developed to provide with the questionnaire

Clear **staff instructions** for administering and collecting the practice-specific questionnaire have been developed

Details on the volume of questionnaires has been calculated per GP FTE in your practice as per the **Patient feedback guide** and included in the application form

Administration of the questionnaire protects data integrity and patient confidentiality

A data analysis plan is in place that uses descriptive statistics (frequency, percentage, mean and range) at a minimum

A data report template has been developed that:

Summarises key demographic data

Includes individual question responses in an easy to understand format (eg graphs, pie charts etc.)

Presents the responses to the open-ended 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 practice-specific questionnaire which has been pretested
- A copy of the information sheet/s that will be provided to patients
- A copy of the staff instructions for administering a practice-specific questionnaire
- 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 the patients of the results.