Standards for general practices (5th edition)

Frequently asked questions

What are the RACGP *Standards for general practices* (5th edition) (the Standards)?

The Standards aim to protect patients from harm by improving the quality and safety of health services. They support general practices in identifying and addressing gaps in their systems and processes. The 5th edition of the Standards was launched at GP17 in October 2017.

How were the Standards developed?

The 5th edition of the Standards was developed over a three-year period in consultation with general practitioners (GPs), practice managers, nurses, consumers, technical experts, government representatives, and many other stakeholders. The process included:

- targeted stakeholder workshops throughout Australia
- three rounds of public consultation
- three rounds of testing and piloting.

All available evidence was reviewed during development of the 5th edition of the Standards. In addition, all comparable national and international standards, as well as the International Society for Quality in Health Care (ISQua) Standards, were considered. The Standards also underwent medico-legal and plain-English reviews.

What is different between the existing Standards (4th edition) and the new Standards (5th edition)?

The 5th edition of the Standards has been developed using a modular format. The new format provides a mechanism for the Standards to be adapted to suit other settings where general practice services take place, such as prisons or immigration detention centers.

Another major change in the new edition is that Indicators have moved from process-focused to outcome-focused and are patient-centered (where applicable). Outcome-focused Indicators encourage practices to set up systems and processes that reflect the unique needs of their practice. As a result, the Standards and the accreditation process will be more meaningful for practices, making it easier for practices to develop and maintain their quality and safety processes.

The Indicators have also been simplified where appropriate.

What else has changed between the editions of the Standards?

There are 14 fewer Indicators in the 5th edition of the Standards. This has been achieved by removing duplication, merging Indicators that shared a similar theme and focusing on outcomes rather than processes. Based on stakeholder feedback, the explanatory notes have been restructured for each Criterion and include:

- why the Criterion is important
- meeting the Criterion
- meeting each Indicator.

The RACGP has developed supplementary guides to the Standards:

- *Patient feedback guide* (5th edition)
- *Resource guide* (5th edition)

New Indicators

New Indicators were included in the 5th edition of the Standards based on feedback from stakeholders, feedback from ISQua (which accredits the Standards), and existing Criterion within the 4th edition of the Standards that did not have Indicators.

Can practices choose whether to seek accreditation against either edition of the Standards?

Practices can choose to be accredited against the 4th edition or 5th edition of the Standards between October 2017 and October 2018. All practices undergoing accreditation will be required to meet the 5th edition of the Standards from 1 November 2018.

The RACGP's Standards Unit can provide additional information on the 5th edition of the Standards and can be contacted by email at **standards@racgp.org.au**

Module	Indicator number	Indicator
Core	1.4 C	Our patients can access resources that are culturally appropriate, translated, and/or in plain English
	1.5►A	Our patients are informed about out-of-pocket costs for healthcare they receive at our practice
	1.5►B	Our patients are informed that there are potential out-of-pocket costs for referred services
	2.1►E	Our clinical team considers ethical dilemmas
	3.1►A	Our practice plans and sets goals aimed at improving our services
	3.1B	Our practice evaluates its progress towards achieving its goals
	3.1►C	Our practice has a business risk management system that identifies, monitors, and mitigates risks in the practice
	4.1►A	Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care
	5.2►A	Our clinical team can exercise autonomy, to the full scope of their practice, skills and knowledge, when making decisions that affect clinical care
	6.4►F	Our practice has a policy about the use of email
	6.4►G	Our practice has a policy about the use of social media
Quality Improvement	1.1►C	Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems
	1.3►B	Our practice uses relevant patient and practice data to improve clinical practice (eg chronic disease management, preventive health)
	3.2A	Our practice follows an open disclosure process that is based on the *Australian open disclosure framework*
General Practice	2.2D	Our practice initiates and manages patient reminders
	2.2►E	High-risk (seriously abnormal and life-threatening) results identified outside normal opening hours are managed by our practice
	3.1►C	Our clinical team is trained to use the practice's equipment that they need to properly perform their role
	3.1►D	Our clinical team is aware of the potential risks associated with the equipment they use
	4.1F	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
	5.2E	Our practice has a defibrillator

Note: Indicators that are marked with ► are mandatory; Indicators that are not are aspirational.

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