

General Practice Patient Charter: A guide for implementation

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Introduction

About the General Practice Patient Charter

The Royal Australian College of General Practitioners (RACGP) General Practice Patient Charter (the Charter) is an instrument to help improve patients' experiences of using general practice services, and to enable them to become more involved in their health and decisions about their healthcare. It supports the RACGP's principle of a person-centred health system, with mutually beneficial partnerships between patients, their families and general practitioners (GPs).

As the peak body for GPs, one of the RACGP's key responsibilities is to support quality improvement in the general practice setting. The Charter aims to provide GPs with a set of principles that support high-quality patient care, through the promotion of mutual understanding of the roles and responsibilities of both the GP and the patient.

The purpose of the Charter is to:

- contribute to a productive patient-GP partnership, supporting high-quality patient care
- promote mutual understanding of the roles and responsibilities of the patient and GP
- · provide guidance to patients on what they can expect when seeking or receiving care
- support patients to become more involved in their healthcare
- allow patients, families, carers and providers to share an understanding of the rights of people when receiving general practice services.

Why do we need the Charter?

The Charter is important for a number of reasons. It:

- · reinforces protections included in Australian legislation
- increases public awareness of healthcare rights within the general practice setting
- · ensures that GPs take healthcare rights into account when delivering services
- is a statement of values and principles for the general practice community.

Development of the Charter

The Charter was first developed by the RACGP via its National Standing Committee – General Practice Advocacy and Support. To aid the development of the Charter, the RACGP consulted extensively with health consumer groups, state and territory health services commissioners, medical indemnity organisations, health professional bodies and members of the RACGP. The Charter was released in 2015.

The RACGP revised the Charter in 2019, to align with the second edition of the Australian Charter of Healthcare Rights and the fifth edition of the RACGP *Standards* for general practices.

Using the Charter in your practice

One of the key goals of the Charter is to inform patients of their rights within the general practice setting. These guidelines discuss the seven rights in the Charter and guide GPs and practice staff about ways they can ensure the rights are promoted in their practices.

The Charter is not a mandatory requirement for general practices and participation is voluntary.

Right, and meaning	Why is it important?	What is my role as a GP?	Related RACGF standards
Access			
'Access to healthcare' refers to the ease with which an individual can obtain required services that meet their	Timely access to health services is an important contributor to health and wellbeing.	Facilitating access involves assisting people to receive appropriate services and resources to maintain or improve their health.	Criterion C2.3 Accessibility of services
individual healthcare needs. The concept of access to care goes beyond	Access to healthcare impacts: • overall physical, social, and mental health status	Practices should strive to create an environment that enables patients to access and benefit from their services.	
the notion of physical	 health promotion and prevention efforts quality of life. 	Improving access to care	
accessibility of services. It also encompasses non-discrimination, affordability and information accessibility. An individual's right to access healthcare may be limited by their location, availability of services and financial capability. 1-3		Clinical level Simplify written communication and avoid relying on too many written materials when communicating important information Use visual aids and analogies to communicate health information Assist patients to navigate the healthcare system by leading care coordination among health providers, tracking referrals to ensure they are completed, and helping patients understand healthcare benefits and services offered	
		Organisational level Create an environment that is welcoming and stigma-free Provide training to practice staff to improve communication techniques Maintain a user-friendly patient communication system Accommodate for different abilities and needs by using varied communication formats, facilitating physical access to your practice building and providing flexible practice hours Facilitate navigation within your practice by using easily understood language and symbols on signage, and have signage in commonly spoken languages	

The seven patient rights in the Charter Right, and meaning Why is it important? **Related RACGP** What is my role as a GP? standards Safety Safety in healthcare aims to Ensuring patient safety is Practices should develop and implement Criterion minimise the incidence and at the core of providing strategies that reduce the risk of harmful QI1.1 Quality impact of adverse events. healthcare services. A events to patients. improvement failure to ensure patient activities Healthcare and healthcare Improving safety safety is a failure to provide Criterion QI3.1 needs have become more Clinical level high-quality healthcare. Managing clinical complex, with increased • Regularly update the clinical records Patients who feel safe comorbidities and greater risks and treatment plans of all patients use of technologies, are more likely to develop • Communicate with team members to medicines and treatments. trusting partnerships with ensure continuity of information and their GP. This results in This complexity creates more optimise patient care and safety better health outcomes and possibilities for error and • Use self-awareness and self-reflection higher patient satisfaction.4 system failure. Some of these to assess potential external and General practice can involve failures may be familiar or internal hazards predictable, but the system many procedures, from • Encourage an active safety promotion may also malfunction in seemingly simple actions role for patients, who can at times help unpredictable ways. Therefore such as immunisation, to detect errors and adverse events it is important to keep safety more complex tasks such Consider adopting a Brown Bag at the front of mind, and as skin excisions and flap Review to assist with medication safety remain alert to any risks. repairs. If any of these procedures are subject to Organisational level Patients have a right to feel error, they may result in • Promote a culture of safety and quality safe when coming to your patient harm. • Use risk management systems to practice. This includes feeling ensure practice errors are identified respected by staff at the and processes improved to reduce the practice, and confident in the likelihood of recurrence quality of care provided. • Ensure appropriate infrastructure is available, coupled with policies and procedures to guide staff should safety

be compromised

clinical systems

• Ensure all practice staff understand

The seven patient rights in the Charter

Right, and meaning

Why is it important?

What is my role as a GP?

Related RACGP standards

Respect

All patients have a right to be treated with respect and not be discriminated against on the basis of age, disability, race, gender or sexual orientation.

Cultural competence is critical to reducing health inequalities and improving access to healthcare.
Cultural competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable work effectively in crosscultural situations.

In this context, culture involves thoughts, communications, actions, customs and beliefs of a racial, ethnic, religious or social group, while competence is the ability to effectively understand different cultural backgrounds.^{5–7}

When sociocultural differences are misinterpreted, they can adversely affect the GP–patient interaction, ranging from mild discomfort to lack of trust.

Cultural competence enables systems, agencies and professionals to effectively understand the needs of groups accessing health information and services. It can break down barriers to access and support better health outcomes for patients.

Practices should demonstrate behaviours, attitudes, policies and structures that enable the provision of services cross-culturally.

Promoting cultural competence

Clinical level

- View patient behaviour within a cultural context
- Learn how culture and values can impact on the therapeutic relationship
- Be aware of how your personal and cultural beliefs/attitudes affect the way you manage patients from culturally and linguistically diverse backgrounds

Organisational level

- Ensure practice services are accessible and appropriate for individuals from culturally and linguistically diverse populations
- Promote cultural competence training for all staff

Criterion C2.1
Respectful
and culturally
appropriate care

Partnership

Shared decision making is an important aspect of patient-centred care. It enables clinicians and patients to jointly make health decisions. As a result, the patient's values, preferences and circumstances are integrated with the best available evidence about treatment risk and benefits.⁸⁻¹⁰

Patient participation increases with:

- patient satisfaction –
 patients who are invited to
 partner in their healthcare
 decisions report greater
 satisfaction
- patient knowledge

 when patients can discuss treatment options, they have more accurate expectations of possible benefits and harms, and make better-quality decisions and less costly choices about their treatment.

Patient participation reduces with:

- decisional conflict the difficulty patients have when comparing pros and cons of options
- inappropriate use of tests and treatments
- patients' feeling of being uniformed
- · passivity in decision making.

An essential part of achieving good health outcomes is helping patients understand that their role in healthcare is important.

Promoting partnerships with patients Clinical level

- Obtain patient (including family members/support person if relevant) input regarding care planning and treatment, as appropriate
- Encourage question-asking and check that all questions have been satisfactorily answered
- Use techniques that encourage questions, such as Ask me 3 and Teach-back
- Use simple visual aids to facilitate discussion about the benefits and potential side effects of a treatment
- Use tools to facilitate shared decision making, such as decision aids, decision/fact boxes, option grids, question prompt lists and evidence summaries

Organisational level

- Engage with the community to gain valuable insight about their needs
- Provide opportunities for consumers to provide feedback

Criterion C1.3 Informed patient decisions

Criterion QI3.2 Open disclosure

(illustrations, draw pictures, show on

• Ensure practice staff receive training in cross-cultural communication • Pilot-test resources prior to use, to ensure their effectiveness and cultural

• Consider different modes of health information delivery to reach a wider

computer screen) Organisational level

appropriateness

audience

The seven patient rights in the Charter						
Right, and meaning	Why is it important?	What is my role as a GP?	Related RACGP standards			
Information						
A GP's ability to explain, listen and empathise can greatly affect patient health outcomes as well as their experience of health services.	A caring attitude to the patient's psychosocial/ emotional needs is an important aspect of the patient experience.	Communicating effectively with patients is important to ensure patient safety, patient self-management and efficient use of time. Our capacity to make decisions and take actions in relation to our healthcare	Criterion C1.1 Information about your practice Criterion C1.2			
Good communication is the foundation for high-quality,	In healthcare settings, risk to patients may arise when	is influenced by our knowledge and the environments in which decisions are taken.	Telephone and electronic			
patient-centred care. When	there is poor information	Promoting effective communication	communications			
a patient feels connected with their GP, they show greater participation, adherence to treatment, and better self-management. A patient-centred care model highlights the importance of communication skills as a way to respond to the unique needs and preferences of patients. 11-14	exchange. When there is a communication breakdown between GP and patient, diagnostic accuracy may be compromised, leading to preventable medical errors. Continuity of care, including continuity of information, personal relationships and clinical management, is associated with improved patient satisfaction, greater medication adherence and lower hospitalisation. 15-17	Clinical level Use health literacy precautions: assume that most patients will have difficulty understanding health information, and present it in the simplest terms Identify areas for improving knowledge, skills and attitudes for communicating effectively with your patients Empower patients to maintain the continuity of their own care by making sure they have enough information and understanding of their treatment Confirm that patients understand what they need to know and do, by using techniques such as Teach-back and	Criterion C1.3 Informed patient decisions Criterion C1.4 Interpreter and other communication services			
		Chunk and check Reasonably limit content: prioritise what needs to be discussed in the consultation and limit information to three to five key points Do not assume written materials will be read – use them in conjunction with spoken instructions and visual aids				

The seven patient rights in the Charter

Right, and meaning

Why is it important?

What is my role as a GP?

Related RACGP standards

Privacy

Privacy is the right to control access to oneself and includes physical privacy such as ensuring curtains are closed during physical examinations. It also relates to information about oneself, with privacy laws regulating the handling of personal information.

The legal duty of confidentiality obliges GPs to protect their patients against inappropriate disclosure of personal health information. *The Privacy Act 1988* (Cwlth) provides exceptions to privacy where use or disclosure of information is required by law.

It is important to maintain privacy and confidentiality because:

- patients may be concerned about stigma or discrimination in relation to their condition
- patients are more open about their healthcare if they feel comfortable, respected and secure
- it promotes public trust in healthcare services.

Promoting patient privacy

Clinical level

- Only collect information about patients with their consent
- Ensure that record keeping is thorough and accurate
- At time of collection, advise patients how their information will be used
- Use discretion to allow patients to maintain their privacy and dignity

Organisational level

- Ensure that security measures are in place to prevent unauthorised access to records
- Ensure facilities are fit for purpose, with design and layout that enable auditory and visual privacy and confidentiality

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

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

Criterion C6.4 Information security

Criterion GP5.1
Practice facilities

Give feedback

By asking patients for feedback, practices are able to measure the quality of services provided and improvements needed.

Patient feedback is an important aspect of two primary healthcare strategies: participation and evaluation.

Patient feedback helps services ensure they are accessible and relevant to the community they serve, and is part of ongoing quality monitoring. 14,18,19 Patient feedback processes can help patients feel more valued and understood. It has a role in:

- improving rapport between patient and GP
- addressing patient needs and improving treatment adherence
- improving services in your practice.

The way people experience health services is an important component of improving quality of care.

Promoting feedback mechanisms

Clinical level

- Support and encourage patients (including family members/support person if relevant) to make their views and experiences known
- Engage in reflective practice: review feedback in relation to the quality of care provided and identify where improvements can be made

Organisational level

 Routinely collect data to measure success in service delivery and identify areas for improvement Criterion QI1.2 Patient feedback

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