Interpretive guide

For the assessment of non-traditional general practices against the 5th edition Standards

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Contents

1. Purpose of this interpretive guide

The guide is intended to help accreditation agencies and their surveyors interpret aspects of the *Standards for general practices* (5th edition) (the Standards) in the context of assessing non-traditional general practices for accreditation.

Non-traditional general practices considering and preparing for accreditation may also find this guide helpful.

2. Terminology

Definition of a general practice for the purpose of accreditation: The definition is used to reliably identify healthcare organisations that are general practices and that are eligible for accreditation against the Standards.

Non-traditional general practices: The term 'non-traditional' refers to service models that do not conform to the conventions historically applied to practices with a fixed, physical location, often colloquially referred to as 'bricks-and-mortar' general practices. These non-traditional practices encompass services that operate without a dedicated physical premises, including mobile services and those that conduct consultations at multiple locations (with or without a centralised office or headquarters).

Practices without a physical premises at which consultations occur: A practice that only sees patients at independently maintained homes, facilities or sites. Such a practice may operate from an office or headquarters at which patients do not attend.

3. Background

3.1 Updated definition of a general practice for the purpose of accreditation

The definition is used to identify general practices that are eligible for accreditation against the Standards. In 2024, the RACGP updated its definition of a general practice for the purpose of accreditation.

The change in definition was made to ensure all general practices providing comprehensive, patient-centred, whole-person and continuous care are eligible for accreditation against the Standards.

The new definition facilitates the inclusion of genuine and innovative general practice models of care previously excluded from accreditation.

The differences between the previous and new definitions are that an eligible general practice:

- may provide care to a targeted demographic, provided the care is comprehensive (as per the definition in Table 2)
- is not required to have a fixed, physical location.

Newly included non-traditional general practices may include mobile services (such as outreach disability services) or those servicing a specific patient cohort within facilities (eg residential aged care facilities (RACFs) or disability homes). Broadening the definition of a general practice for the purpose of accreditation in this way seeks to achieve greater equity.

As the 5th edition Standards were developed under the original definition, it contains indicators that are not applicable or require a different interpretation when assessing non-traditional general practice models.

4. The definition of a general practice for the purpose of accreditation

A practice or health service must meet the definition in Table 1 before seeking accreditation.

Table 1. Definition of a general practice for the purpose of accreditation

In order for a practice or health service to seek accreditation:

- **it must provide comprehensive, patient-centred, whole-person and continuous care; and**
- **its services must be predominantly* of a general practice nature.**

*** more than 50% of the practice's general practitioners' clinical time (ie collectively), and more than 50% of services for which Medicare benefits are claimed or could be claimed (from that practice) are in general practice.**

The definition exists solely to identify services eligible to be assessed as a general practice against the RACGP *Standards for general practices* (the Standards) by an accreditation agency approved under the Australian Commission on Quality and Safety in Healthcare's National General Practice Accreditation Scheme (the Scheme).

This definition is for the assessment of the environment and systems of quality and safety. It should be noted that in expanding the definition of a general practice for the purposes of accreditation, there will be some services that are eligible to be accredited against the Standards but that may not be appropriate as training practice locations or eligible for entry into a training program.

The general practice, once acknowledged as meeting the definition, must still meet all mandatory indicators in the Standards to be accredited.

Table 2. Glossary terms accompanying the definition (in the Standards for general practices)

Term	Definition
Comprehensive care/ Comprehensiveness	Comprehensive care is the coordinated delivery of the total health care required or requested by a patient. The scope of clinical practice is challenging, spanning prevention, health promotion, early intervention for those at risk, and the management of acute, chronic and complex conditions within the practice population whether in the home, practice, health service, outreach clinic, hospital or community. Comprehensiveness ensures services are not limited by body system, disease process or service site. This use of 'comprehensiveness' in this definition is not intended to change the requirements for general practice as a speciality or for training purposes. This definition is to be used for practice accreditation. For training and achieving Fellowship, the definition of Comprehensive Australian general practice must be used.
Continuous care/ Continuity of care	When a patient experiences a series of discrete healthcare events and/or services that are coherent, connected and consistent with their medical needs and personal circumstances.
Whole-person care	Holistic care is reflected in the interplay between bio-psycho-social contributors to health, and which leads to a deep understanding of the whole person, and the ability to manage complex conditions and circumstances. A general practitioner (GP) functions as a physician, counsellor, advocate and agent of change for individuals, families and their communities.
Patient centredness	Patient-centeredness places the patient's needs, values and preferences at the forefront of medical decision-making, empowering patients to take an active role in their own healthcare. Patient-centeredness is demonstrated by a general practice team's understanding that health, illness and disease are ultimately personal experiences, and that the role of the team is to collaborate with patients to support their healthcare.

5. Self-assessment against the definition of a general practice for the purpose of accreditation

Before seeking accreditation, a practice or health service must assess itself against the definition of a general practice for the purpose of accreditation. The onus is on the practice to demonstrate to an accrediting agency that it meets all components of the definition. Once the practice has completed its self-assessment, they should contact an accrediting agency to discuss the evidence required to support its application for accreditation.

The Australian Commission on Safety and Quality in Health Care (the Commission) has produced a fact sheet, *Guidance on determining eligibility against the RACGP definition of a general practice,* to support practices in assessing their eligibility.

When undertaking a self-assessment, practices should consider whether they can demonstrate:

- that their service model meets the definition of a general practice (see Table 1)
- appropriate GP leadership, governance and workforce arrangements
- systems that support the delivery of comprehensive, continuous and coordinated care, including clinical information systems
- clearly defined roles, responsibilities and processes that support clinical safety, quality and continuous improvement
- the facilities, equipment and resources necessary to operate as an independent general practice, where relevant to the service model.

Practices should also refer to Section 7, which provides examples of services that do not meet the definition and are therefore not eligible for accreditation.

Seeking advice from RACGP

If a practice is uncertain whether it meets the definition, the RACGP Standards team can be contacted at standards@racgp.org.au for further advice.

The RACGP Standards team will:

- review the practice's service model and scope of care (eg by reviewing the service's website and any additional information provided to the RACGP)
- where required, consult with the Australian Commission on Safety and Quality in Health Care
- provide advice to clarify eligibility and any areas of uncertainty.

This process is intended to assist practices to make informed decisions before committing to accreditation processes and associated costs. If, following RACGP advice, a practice chooses to proceed with accreditation, an accreditation agency will independently assess whether the practice meets the definition as part of its accreditation processes. **Please note that final determination of eligibility rests with the accreditation agency under the Scheme.**

6. Agencies assessing whether a practice meets the definition

Accreditation agencies can assess whether a practice meets the definition using existing processes to determine whether it provides comprehensive, patient-centred, whole-person and continuous care, and whether its services are predominantly of a general practice nature.

The differences between the previous and new definitions are that an eligible general practice:

- can provide care to a specific patient cohort, if care is comprehensive (as per the definition in Table 2)
- is not required to have a fixed, physical location.

7. Service models excluded from general practice accreditation

The definition of a general practice for the purpose of accreditation was updated to capture non-traditional general practices previously excluded from accreditation. These non-traditional general practices are generally providing general practice care to targeted populations (eg residents of aged care facilities, Aboriginal and Torres Strait Islander communities, and rural and remote populations). Regardless of the patient cohort or service delivery model, the care provided must remain comprehensive and continuous. As such, services that provide limited and/or non-continuous care are not eligible for accreditation.

The entity seeking accreditation must also be able to demonstrate that it operates as an independent general practice and meets the Standards in its own right. It cannot rely on another organisation's accreditation, governance arrangements or systems to demonstrate compliance with the Standards.

Examples of services that are generally not eligible include, but not limited to:

Telehealth-only services (including on-demand telehealth services)
Services that operate exclusively via telehealth. They are unable to provide or coordinate the full scope of general practice care that a patient might reasonably expect, particularly physical examination or procedural care.

Single-focus or disease-specific clinics
Services that focus primarily on a specific body system, condition or procedure (eg skin cancer clinics, reproductive health-only services, mental health-only clinics), where the scope of care is limited and not comprehensive.

A women's health service that provides the full scope of generalist services to women may meet the definition; however, a service that only provides specific reproductive or procedural services would not.

Services that are not predominantly general practice in nature
Services where less than 50% of GP clinical time or Medicare billing relates to general practice, or where the model is not GP-led.

Episodic or non-continuous care models
Services that provide ad hoc, short-term or one-off consultations without systems to ensure continuity, coordination and ongoing responsibility for patient care.

Aged care facilities
For general practices who provide services within residential aged care facilities, eligibility may be demonstrated where the practice maintains an ongoing therapeutic relationship with patients, provides comprehensive and continuous care, retains clinical responsibility for patient care, and maintains appropriate patient health records within its clinical information system. By contrast, services are less likely to meet the definition where GP involvement is limited to episodic or task-based consultations, there is no ongoing responsibility for patient care, patient records are maintained solely by an external facility, or the scope of care is otherwise limited.

In determining eligibility, consideration may be given to whether the service is GP-led, provides comprehensive and continuous care, and has sufficient GP involvement in clinical governance, decision-making and service delivery.

8. Application of Standards to non-traditional general practices

8.1 Indicators addressed in this guide

GP5.1►A Our practice facilities are fit for purpose.

GP5.1►F Our practice is visibly clean.

GP5.1►B Our practice ensures that all patient consultations take place in a dedicated consultation or examination space.

GP5.1►C Our consultation spaces permit patient privacy and confidentiality.

GP5.1►D Our practice has a waiting area that accommodates the usual number of patients and other people who would be waiting at any given time.

GP5.1►E Our practice has accessible toilets and hand-cleaning facilities.

GP5.2►A Our practice has equipment for comprehensive primary care and emergency resuscitation.

GP5.2►C Our practice has one or more height-adjustable beds.

GP5.2►D Our practice has timely access to a spirometer.

GP5.2►E Our practice has a defibrillator.

GP5.2►B Our practice maintains our clinical equipment in accordance with each manufacturer's recommendations.

C2.3►A Our patients with disabilities or impairment can access our services.

GP4.1►A Our practice has at least one clinical team member who has primary responsibility for:

- coordinating prevention and control of infection
- coordinating the provision of an adequate range of sterile equipment (reprocessed or disposable)
- where relevant, having procedures for reprocessing (sterilising) instruments onsite or offsite, and ensuring there is documented evidence that this reprocessing is monitored and has been validated
- safe storage and stock rotation of sterile products
- waste management.

GP4.1►C Our practice has a clinical team member who has primary responsibility for educating the practice team about infection prevention and control.

GP6.1►A Our practice has a team member who has primary responsibility for cold chain management in the practice.

GP6.1►B The team member who has primary responsibility for cold chain management ensures that the process used complies with the current edition of the National Vaccine Storage Guidelines.

GP6.1►C The team member who has primary responsibility for cold chain management reviews the following processes to ensure potency of our vaccine stock:

- ordering and stock rotation protocols
- maintenance of equipment
- annual audit of our vaccine storage procedures
- continuity of the cold chain, including the handover process between designated members of the practice team
- accuracy of our digital vaccine refrigerator thermometer.

QI1.2►A Our practice collects feedback from patients, carers and other relevant parties in accordance with the RACGP's *Patient feedback guide*.

There are no changes to the assessment of all the other indicators in the Standards, which are applicable to all general practices seeking accreditation, regardless of their service type.

For those indicators listed above, a common-sense approach regarding the intent of each indicator can be applied by accreditation agencies and surveyors, bearing in mind the safety and quality intentions of each indicator. Accreditation is an opportunity to foster genuine collaboration and sharing of expertise among peers.

8.2 Practice facilities

Relevant indicators:

GP5.1►A Our practice facilities are fit for purpose.

GP5.1►F Our practice is visibly clean.

These indicators apply where a practice provides consultations from a physical location, such as a general practice premises or a mobile service (eg a van), for which the practice is responsible for maintaining its facilities.

Practices without a physical consultation premise are not responsible for maintaining the facilities of the external sites that they visit. For example, if a general practice operates from a home office and visits external sites, there is no 'facility' as such to assess against GP5.1►A. These indicators are therefore not applicable for general practices that solely service external sites that are independently maintained.

A general practice's office, where no clinical services are provided, is not subject to assessment as part of accreditation. However, the practice remains accountable for meeting all other applicable Standards. For instance, staff communications, meetings, management of ethical dilemmas, and other governance activities may be assessed by a surveyor without necessarily visiting the general practice's office or headquarters (eg through remote review of policy and documents, or by face-to-face or video interview).

8.3 Privacy and dedicated spaces

Relevant indicators:

GP5.1►B Our practice ensures that all patient consultations take place in a dedicated consultation or examination space.

GP5.1►C Our consultation spaces permit patient privacy and confidentiality.

Practices that do not have physical premises at which consultations occur are not required to have a dedicated consultation or examination space.

A consultation or examination space itself may not be able to guarantee complete audible privacy, but reasonable steps must be taken to ensure privacy is maintained during patient consultations. Practices without physical premises or dedicated consultation rooms must provide a policy that describes their process for optimising patient privacy during consultations. Surveyors can apply a common-sense approach for the requirement of the policy based on the service model of the general practice.

8.4 Waiting area for patients

Relevant indicator:

GP5.1►D Our practice has a waiting area that accommodates the usual number of patients and other people who would be waiting at any given time.

Practices without physical premises at which consultations occur are not required to have a waiting area. Surveyors can apply a common-sense approach for the applicability of GP5.1►D based on the service model of the general practice.

8.5 Toilets and hand-cleaning facilities

Relevant indicator:

GP5.1►E Our practice has accessible toilets and hand-cleaning facilities.

As per the RACGP and APNA *Infection prevention and control guidelines* (IPC guidelines): *the use of alcohol-based handrub is now recommended for routine hand hygiene for dry, visibly clean hands, except after using the toilet, before handling or eating food/drink, or when norovirus or Clostridioides difficile is present or suspected – antimicrobial soap is recommended in these instances.*

A mobile practice may not have the capacity to include a toilet in its physical facilities but must demonstrate its capacity for clinical functions that require patient access to a toilet (eg capacity to collect a urine sample, for dipstick or pregnancy testing, STI testing, CST self-collection). For example, a mobile practice may refer patients to a pathology lab to conduct these functions.

A practice must demonstrate that their staff and members of the clinical team have timely access to toilets and hand-cleaning facilities.

8.6 Practice equipment

Relevant indicators:

GP5.2►A Our practice has equipment for comprehensive primary care and emergency resuscitation.

GP5.2►C Our practice has one or more height-adjustable beds.

GP5.2►D Our practice has timely access to a spirometer.

GP5.2►E Our practice has a defibrillator.

A practice must demonstrate that it has all required equipment as per the Standards, or that the sites visited have the equipment required by the patients at those locations.

The intent of GP5.2►C requiring a height-adjustable bed, and all equipment requirements in the Standards, is to ensure patient and staff safety. Surveyors can apply a common-sense approach for the requirement of a height-adjustable bed at a given site visited by the general practice, based on the patient demographic and service requirements of the site.

8.7 Maintaining practice equipment

Relevant indicator:

GP5.2►B Our practice maintains our clinical equipment in accordance with each manufacturer's recommendations.

Practices can demonstrate evidence that equipment is maintained, regardless of who maintains it. If a practice owns clinical equipment, the practice team must maintain it as indicator GP5.2►B is worded. If an external site owns and maintains the equipment, the general practice being accredited needs to be able to confirm the site is doing so.

For example, a defibrillator is a mandatory piece of equipment (as required at GP5.2►E) that practices must have or demonstrate that the sites they are visiting have. If a GP visits external sites, those sites own and maintain their defibrillator/s, but the practice must be able to confirm such maintenance by the site.

For general practices providing care in RACFs, where equipment is owned and maintained by the RACF, evidence of the RACF's accreditation against the Aged Care Quality and Safety Commission Standards may be used to demonstrate that appropriate equipment maintenance arrangements are in place.

8.8 Infrastructure for patients with disabilities or impairment

Relevant indicator:

C2.3►A Our patients with disabilities or impairment can access our services.

Providing access to disability parking is not required for practices without physical premises or where disability parking is not appropriate for the service model.

8.9 Staff responsibilities

Relevant indicators:

GP4.1►A Our practice has at least one clinical team member who has primary responsibility for:

- coordinating prevention and control of infection
- coordinating the provision of an adequate range of sterile equipment (reprocessed or disposable)
- where relevant, having procedures for reprocessing (sterilising) instruments onsite or offsite, and ensuring there is documented evidence that this reprocessing is monitored and has been validated
- safe storage and stock rotation of sterile products
- waste management.

GP4.1►C Our practice has a clinical team member who has primary responsibility for educating the practice team about infection prevention and control.GP6.1►A Our practice has a team member who has primary responsibility for cold chain management in the practice.

GP6.1►B The team member who has primary responsibility for cold chain management ensures that the process used complies with the current edition of the National Vaccine Storage Guidelines.

GP6.1►C The team member who has primary responsibility for cold chain management reviews the following processes to ensure potency of our vaccine stock:

- ordering and stock rotation protocols
- maintenance of equipment
- annual audit of our vaccine storage procedures
- continuity of the cold chain, including the handover process between designated members of the practice team
- accuracy of our digital vaccine refrigerator thermometer.

As per the Standards, an appropriate team member is responsible for the infection prevention and control and cold chain management of the practice.

If the general practice is performing a procedure at an external home, facility or site, the general practice is responsible for infection control (adherence to the IPC guidelines, sterility, adherence to aseptic technique, etc.). The practice team is not responsible for the site per se, however is responsible for any service the practice provides at the site.

A practice must demonstrate that it has oversight of the adherence by any site it visits to the site's infection prevention and control and cold chain management, so far as those relate to its visits to that site.

Where general practitioners work exclusively in RACFs, and the RACF is responsible for vaccine storage and administration, then indicators GP6.1 A–C *may* be rated as not applicable. In such cases, the practice must provide documented confirmation that it does not store or administer vaccines, and that vaccine responsibilities are entirely managed by the external facility. General practices must work with accreditation agencies to ensure that the evidence provided is satisfactory from their perspective.

8.10 Patient health records

General practices with patients in external facilities, such as residential aged care, may need to use multiple clinical information systems (CIS). In these instances, GPs must ensure the following information is held within the practice's CIS (in addition to the facility's CIS, if applicable):

- health summary
- current medicines list*
- record of consultation
- the complete patient health record must be duplicated into the practice's CIS when the patient's admission to the RACF
- following patient admission, the general practice must have a process to action any clinically related patient notifications it receives from the facility outside of the visit by the GP.

*Where the current medicines list is maintained through the National Residential Medication Chart (NRMC), the GP may access the up-to-date medicines list through the NRMC rather than duplicate it in the practice's CIS.

8.11 Patient feedback requirements

Criterion QI1.2 of the Standards requires practices to collect patient feedback:

> QI1.2►A Our practice collects feedback from patients, carers and other relevant parties in accordance with the RACGP's *Patient feedback guide*.

There are various options for practices to collect feedback about patients' experiences, including using the RACGP's questionnaire, developing a practice-specific tool, or using an approved commercial tool. Whichever method is used by a practice, feedback needs to include a minimum of three topics under each of the six patient feedback themes:

- access and availability
- provision of information
- privacy and confidentiality
- continuity of care
- communication and interpersonal skills of clinical staff
- communication and interpersonal skills of administrative staff.

To be a useful quality improvement tool for a practice, the questions asked of patients need to suit the individual practice. For non-traditional practices, some of the topics included under patient feedback themes throughout the RACGP questionnaire may not be appropriate. If the practice is using this tool, it can remove such questions, provided it maintains a minimum of three questions under each theme (approval for this is not required). A practice may also rephrase questions to better suit their practice context. If changes are made to questions (editing existing questions or adding new ones), the RACGP Standards team can assess the changes.

For practices accredited against the 5th edition Standards, RACGP approval is not required when using an RACGP-approved commercial tool or the RACGP's questionnaire without modification. Where RACGP approval is required, a $150 administration fee applies, with approval timeframes typically around four weeks for RACGP questionnaire modifications and up to one to three months for practice-specific tools.

If a practice wants to use an existing patient feedback tool and has questions about its application in the practice's context, it can enquire with the Standards team via standards@racgp.org.au. Enquiries will be reviewed on a case-by-case basis.

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