Standards for after-hours and medical deputising services

5th edition
Standards for after-hours and medical deputising services. 5th edition

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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.
Standards for after-hours and medical deputising services

5th edition
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Introduction to the Standards for after-hours and medical deputising services (5th edition)

The purpose of the Standards for after-hours and medical deputising services (5th edition) is to protect patients from harm by improving the quality and safety of health services. The Standards also help services to identify and address any gaps in their systems and processes.

Refer to the ‘Types of after-hours and medical deputising services’ table for a full list of service types to which the Standards apply.

Development of the Standards

The Royal Australian College of General Practitioners (RACGP) developed a draft of the Standards in consultation with after-hours and medical deputising services, general practitioners (GPs), practice managers, nurses, consumers, technical experts, and many other stakeholders.

Revised structure

These Standards have the same modular structure as the RACGP’s Standards for general practices (5th edition).

The Standards for after-hours and medical deputising services (5th edition) has three modules:

- Core (slightly modified version for the after-hours context)
- Quality improvement (slightly modified)
- After-hours and medical deputising services (AHS), which is specific to after-hours and medical deputising services.

Figure 1 (on the following page) illustrates this modular approach.

After-hours and medical deputising services seeking accreditation against the Standards must meet the requirements of all three modules:

- Core
- Quality improvement
- After-hours and medical deputising services.
Figure 1: Modular structure of the Standards

The numbering system works as explained below:

- The Standards in each module are numbered separately (Standards 1–8 in the Core module, Standards 1–3 in the Quality improvement module, and Standards 1–4 in the After-hours and medical deputising services module).

- The Criteria for each Standard have a code indicating the module (C for Core, QI for Quality improvement and AHS for After-hours and medical deputising services), followed by sequential numbering that indicates the Standard and Criterion. For example, C1.1 is the first Criterion for the first Standard in the Core module; C1.2 is the second Criterion for the first Standard in the Core module; AHS1.1 is the first Criterion for the first Standard in the After-hours and medical deputising services module).

- Each module starts with Standard 1: therefore, there is Criteria C1.1 and QI1.1 and AHS1.1.

- Each Criterion has one or more Indicators, labelled alphabetically (A, B, C, etc).

<table>
<thead>
<tr>
<th>Numbering in the Standards for general practices (4th edition)</th>
<th>Numbering in the Standards for after-hours and medical deputising services (5th edition)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 5: Physical factors</td>
<td>Module: After-hours and medical deputising services module</td>
</tr>
<tr>
<td>Standard 5.3: Clinical support processes</td>
<td>Standard 4: Reducing the risk of infection</td>
</tr>
<tr>
<td>Criterion 5.3.3 – Healthcare associated infection</td>
<td>Criterion AHS4.1 – Infection prevention and control, including sterilisation</td>
</tr>
</tbody>
</table>

Indicator: ►B. Our practice has a written, practice-specific policy that outlines our infection control processes.

Indicator: ►B Our service has a written, service-specific policy that outlines our infection control processes.
Indicators that focus on outcomes and patients

The Indicators in these Standards have, where appropriate, been written with a focus on outcomes and patients, instead of prescribed processes or what your service does.

By focusing on outcomes, your service can develop systems and processes that reflect your preferred ways of working and choose how to demonstrate that you meet the intent of each Indicator. You must provide evidence that you meet the Indicator, either through inspection or interview. Focusing on outcomes will give your service greater ownership of your practices and systems, making your team members more likely to follow them not only during accreditation, but also before and after.

Restructured explanatory notes

The explanatory notes for each Criterion now have three sections.

• Why this is important
  This section explains why the Indicators are important from a quality and safety perspective.

• Meeting this Criterion
  This section sets out ways that your service can choose to demonstrate that you meet the Criterion and/or its Indicators.

• Meeting each Indicator
  This section contains a list of any mandatory activities your service must do to meet the Indicator, and/or a list of optional ways your practice can choose to meet the Indicator.

This change was made as a direct result of feedback collected from stakeholders during the consultation phases of the Standards for general practices (5th edition).

Use of ‘could’ and ‘must’

In the explanatory notes, the words ‘could’ and ‘must’ are used as follows:

• ‘Could’ is used to indicate that something is optional.

• ‘Must’ is used to indicate that something is mandatory.

Plain English

In response to feedback from stakeholders, this edition is written in plain English, with less ambiguity and less technical language.

Reduced citation of federal, state or territory legislation

Legislation has been cited only where it is especially important to a particular aspect of service provision (eg in the Core module, Criterion C6.3 ‘Confidentiality and privacy of health and other information’). Therefore, most of the relevant federal, state or territory legislation has not been cited in this document.

As federal, state or territory, and local legislation overrides any non-legislative standards, including those in this document, your service is responsible for ensuring that you comply with relevant legislation.

If your service is accredited against the Standards, you will have met some of your legislative requirements, but this does not mean that you have automatically met all of them, as the Standards do not address all of the relevant state and territory legislation.
Evidence-based standards

The Standards are based on the best available evidence of how services can provide safe and quality healthcare to their patients.

This evidence is based on two sources:

- Relevant studies
- Level IV evidence (where studies are not available). Level IV evidence is also known as evidence from a panel of experts. To ensure that this Level IV evidence is as robust as possible, the Standards have been tested by Australian after-hours and medical deputising services and consumers, overseen by an expert committee consisting of GPs, academic GPs and nurses, practice managers, and consumer representatives.

Accreditation

If you want your service to be accredited against the Standards, it must be formally assessed by an accrediting agency approved under the National General Practice Accreditation Scheme (the Scheme), which commenced on 1 January 2017.

If you want your service to be accredited as an Approved Medical Deputising Services (AMDS) under the AMDS Program, your service must be formally assessed by an accreditation body nominated by the Australian Government. For further details, please check the Department of Health’s AMDS website at www.health.gov.au/internet/main/publishing.nsf/Content/approved-medical-deputising-service

Services that can be accredited

For your service to be accredited against the Standards, it must:

- accept appointments and provide patient care only within and for the entire after-hours period as defined by Medicare, OR
- be a medical deputising service that operates 24 hours a day and provides after-hours services only within and for the whole after-hours period as defined by Medicare, AND
- provide after-hours services that are predominantly single episodes of care that are non-continuing, non-routine and predominantly of a general practice nature, AND
- meet all of the mandatory Indicators in the Core, Quality improvement and After-hours and medical deputising services modules (except where specifically exempted).

The accreditation cycle

The accreditation cycle is three years. This means that if your service achieves accreditation against these Standards, the accreditation is valid for the remainder of the three-year cycle in which you achieved accreditation. To maintain your accreditation, you must be successfully reassessed for the next accreditation cycle.

The assessment process

If you want your service to be accredited, you must select an approved accreditation agency from the agencies listed at www.safetyandquality.gov.au/our-work/general-practice-accreditation/#Approved-accrediting-agencies

Each accreditation agency has surveyors who are trained to conduct assessments. The agency you select will:

- work with your service to help you prepare for the accreditation process
- appoint a team of surveyors to visit each location where your practice operates and assess your practice against the Standards.
Surveyor teams

Surveyor teams must include at least two surveyors, one of whom must be an appropriately qualified, trained and approved GP surveyor, and one of whom must be an appropriately qualified nurse, practice manager, allied health professional or Aboriginal and Torres Strait Islander health worker/practitioner with relevant experience in after-hours and/or medical deputising services. Surveyor teams may include a third person, such as a non–health practitioner or consumer who has received appropriate training in the Standards.

Fair and independent assessments

Accreditation assessments are based on common sense: the accreditation agencies will not seek to penalise or exclude a practice from accreditation due to technicalities.

The RACGP considers that an independent review of your service that includes two or more surveyors (one GP and one or more non-GP surveyors) will foster genuine collaboration and sharing of expertise among peers.

Requirements for accreditation agencies and surveyors

The RACGP has developed the following requirements that accrediting agencies and surveyors must meet in order to assess after-hours and medical deputising services.

By ensuring that bodies have appropriate systems, processes and commitment, and that surveyors have the appropriate skills, qualifications and experience, the accreditation process has the required rigour and level of accountability.

Accreditation agencies

In order to assess services against the Standards, accrediting agencies must demonstrate to the RACGP:

- an in-depth understanding of
  - the Standards
  - the nature of after-hours and medical deputising services in Australia
  - requirements for training and vocational registration of GPs
- an accreditation assessment framework that includes a requirement to conduct a single onsite assessment once every three years at each location from which a service operates
- the capacity to efficiently assess after-hours and medical deputising services across Australia
- a governance and advisory structure that includes GPs who have considerable experience in after-hours and medical deputising services
- a commitment not to refuse an application for accreditation from a service that meets the RACGP definition of an after-hours or medical deputising service, regardless of location or size
- a commitment to not financially or otherwise discriminate against a service because of location or size.

All surveyors

Surveyors must:

- demonstrate a good understanding of confidentiality issues relating to after-hours and medical deputising services, personal health information and patient privacy
• meet requirements relating to their previous and recent experience
• complete ongoing surveyor training as required by the Scheme to maintain their competence and knowledge of the Standards.

GP surveyors

GP surveyors must:
• be vocationally registered under the Health Insurance (Vocational Registration of General Practitioners) Regulations 1989
• hold Fellowship of the RACGP (FRACGP) or Fellowship of the Australian College of Rural and Remote Medicine (ACRRM) if appointed after 31 October 2017
• have at least five years’ full-time or equivalent part-time experience as a vocationally registered GP, and
  – be working at least two sessions a week in face-to-face patient contact in an accredited general practice, after-hours or medical deputising service, and have done so for the last two years
  or
  – have worked at least two sessions a week in face-to-face patient contact in an accredited general practice, after-hours or medical deputising service for at least two years, and not more than two years ago
• satisfy their college’s requirements for their continuing professional development (CPD) program.

Non-GP surveyors

Non-GP surveyors can be an appropriately qualified nurse, practice manager, allied health professional, or Aboriginal and Torres Strait Islander health worker/practitioner.

They must:
• have at least five years’ full time equivalent experience, and
• be working at least 16 hours a week for an accredited general practice, after-hours or medical deputising service, and have done so for the last two years
  or
• have worked at least 16 hours a week in an accredited general practice, after-hours or medical deputising service for at least two years, and not more than two years ago.

Mandatory ➤ and aspirational Indicators

Indicators marked with this symbol ➤ are mandatory, which means that your service must demonstrate that you meet this Indicator in order to achieve accreditation against the Standards.

Indicators that are not marked with the mandatory symbol are aspirational. The RACGP encourages you to meet the aspirational Indicators, but they are not essential to achieve accreditation.

Demonstrating compliance

Previous editions of the Standards for general practices dictated how services must demonstrate compliance with the Standards (e.g. by interview, document review, observation).

However, because the Standards is outcomes-focused (rather than process-focused), your service can choose how to demonstrate that you meet the intent of each Indicator, and the evidence that you choose to support this. The accreditation agency must be satisfied that you meet the intent of each Indicator, and that you can provide appropriate evidence.
This approach gives you greater scope to set up systems and processes that reflect your working arrangements, which means the systems and processes will be more meaningful and relevant to your service.

In the explanatory notes of each Criterion, a section titled ‘Meeting each Indicator’ sets out the mandatory requirements of that specific Indicator, and includes some examples of what you could do to meet it. While you may find some or all of these examples useful, it is not an exhaustive list and we encourage you to develop methods that best suit the needs of your service.

**Types of after-hours and medical deputising services**

The table below describes types of services the RACGP considers to be after-hours or medical deputising services, broadly defined as a service provided by another entity when the patient’s regular GP is not available.

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Type of operations</th>
<th>Modules applicable for accreditation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>After-hours service with a physical facility</td>
<td>Operates only in the after-hours period</td>
<td>• Core</td>
</tr>
<tr>
<td></td>
<td>Also offers home and other visits</td>
<td>• Quality improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• After-hours and medical deputising services</td>
</tr>
<tr>
<td>After-hours service that has a physical facility used only to:</td>
<td>Offers only home and other visits</td>
<td>• Core</td>
</tr>
<tr>
<td>• undertake administrative functions</td>
<td></td>
<td>• Quality improvement</td>
</tr>
<tr>
<td>• triage patients by phone</td>
<td></td>
<td>• After-hours and medical deputising services</td>
</tr>
<tr>
<td>• store medical supplies</td>
<td></td>
<td>Some Indicators will not be applicable, as identified in the Criterion</td>
</tr>
<tr>
<td>Medical deputising service</td>
<td>Provides general practice services for and on behalf of a patient’s regular practice</td>
<td>• Core</td>
</tr>
<tr>
<td></td>
<td>Operates out of hours, including the unsociable hours</td>
<td>• Quality improvement</td>
</tr>
<tr>
<td></td>
<td>Can operate in normal hours</td>
<td>• After-hours and medical deputising services</td>
</tr>
<tr>
<td>Other models such as:</td>
<td>Clinics that provide after-hours primary healthcare and are located within a public facility, or a public hospital near or adjacent to its emergency department</td>
<td>• Core</td>
</tr>
<tr>
<td>• co-located services</td>
<td></td>
<td>• Quality improvement</td>
</tr>
<tr>
<td>• services managed by regional primary care healthcare organisations or state services</td>
<td></td>
<td>• After-hours and medical deputising services</td>
</tr>
</tbody>
</table>

*If the service meets the RACGP's definition of after-hours service or medical deputising service.

**Resource guide**

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Communication and patient participation

Our service provides timely and accurate communications that are patient-centred.

Communication with patients includes:

- communication that occurs before the consultation, during the consultation, and after the consultation
- verbal and written communication, and the use of interpreters, including sign language interpreters
- communication between the
  - patient and the practitioner
  - patient and your service team
  - patient and other clinicians in your service team
  - practitioner and the patient’s regular GP.

Communication must be patient-centred. This means that your service team considers the patient’s values, needs and preferences, gives the patient time to provide input and actively participate in decisions regarding their healthcare, and provides patients with the appropriate information they need to manage their condition.

Your service must also consider the communication needs of carers and other relevant parties, with consent from the patient where they have capacity.

Core Standard 1
Criterion C1.1 – Service information

Indicator

**C1.1** Patients can access up-to-date information about our service. At a minimum, this information contains:

- our service’s contact information
- our consulting hours
- our billing principles
- our communication policy, including receiving and returning telephone calls and electronic communication
- our policy for managing patient health information (or its principles and how to obtain full details from us)
- the process we use to follow up on results, and inform the patient’s regular GP
- how to provide feedback or make a complaint to us.

Why this is important

Information about your service is important to all patients because patients have the right to:

- be informed about aspects of your service that affect them, including the cost of services
- make informed decisions about their use of your service
- feel confident that your service is handling their health information appropriately.

Meeting this Criterion

**Format of the information about your service**

You can provide this information in many formats, such as printed information sheets and online information available on your website. Pictures and simple language versions help patients who would otherwise be unable to read or understand the information. You must update this information as soon as it changes.

If your service provides care for specific ethnic communities, offer access to written information in the languages most commonly used by your patients. You could also display the languages spoken by your service team on your website, and in reception if you have a physical facility.

**Advertisements in your service information**

If any of the material providing information about your service contains local advertisements, include a disclaimer stating that by including these advertisements your service is not endorsing those advertised services or products.
Meeting each Indicator

C1.1 A Patients can access up-to-date information about our service.

You must:

• make information about your service available to patients
• update information about your service when it changes.

You could:

• create and maintain an up-to-date information sheet that contains all the required information in clear, simple language
• create and maintain an up-to-date website that contains all of the required information about your service in clear, simple language
• use alternative ways to provide the information to patients who have low levels of literacy or whose first language is not English (include pictures and provide versions in languages other than English)
• provide brochures and/or digital displays in the waiting room (if applicable), written in English and languages other than English, explaining:
  – your service's policy regarding the collection, storage, use, and disclosure of personal and health information
  – the costs and fees of your service
  – the services that are available
• display a list of names of the team members on duty
• make contact details of interpreters available
• train service team members so they can use the interpreter service.
Criterion C1.2 – Telephone and electronic communications

Indicator

C1.2 Our service manages telephone calls, telephone messages, and/or electronic messages from patients.

Why this is important

Effective communication with patients via telephone and electronic means (eg emails and text messages) ensures that:

- patients can contact your service when they need
- patients can make appointments in a timely fashion
- urgent enquiries are dealt with in a timely and medically appropriate way.

Meeting this Criterion

Communicating by telephone

Before putting a caller on hold, reception staff must first ask if the matter is an emergency.

When a team member provides information to a patient via telephone, they must make sure the patient is correctly identified so confidentiality is not compromised. To do this, they must obtain at least three of the following approved patient identifiers (items of information that are accepted for use to identify a patient):

- family name and given names
- date of birth
- gender (as identified by the patient)
- address
- patient health record number (where it exists).

A Medicare number is not an approved identifier. Medicare numbers are not unique and some people have more than one because they are members of more than one family and are listed on multiple cards. Also, some Australian residents and visitors may not have a Medicare number.

Communicating by electronic means

If you choose to communicate with patients electronically (eg via email, secure communications or text message), you must:

- adhere to the Australian Privacy Principles (APPs), the Privacy Act 1988 and any state-specific legislation
- clearly state what content your service team can and cannot send using electronic communication (eg your service might require that sensitive information only be communicated face-to-face by a medical practitioner or other appropriate health professional, unless there are exceptional circumstances)
- inform patients that there are risks associated with some methods of electronic communications, and that their privacy and confidentiality may be compromised.
• obtain consent from the patient before sending health information electronically
• check that information is correct and you are sending it to the correct email address, phone number, or person, before sending.

**Informing the clinical team of communications**

All messages from patients, to patients or about patients must be added to the patient’s health record, as must any actions taken in response to any of these messages.

Develop and document the following procedures:

• How messages are communicated (internal electronic messaging systems are useful for this process)
• How messages are recorded (eg for privacy reasons, it may be unacceptable to record them on a sticky note)
• How to ensure that a message is given to the intended recipient and what to do if the intended recipient is absent
• How to ensure that your practitioners can respond to messages in a timely manner

**Communicating with patients with special needs**

If patients need to use other forms of communication (eg those with disability or those not fluent in English), consider using appropriate services, such as the:

• National Relay Service (NRS) for patients who are deaf ([www.relayservice.com.au](http://www.relayservice.com.au))
• Translation and Interpreter Service (TIS) for patients from a non–English speaking background ([www.tisnational.gov.au](http://www.tisnational.gov.au)).

**Meeting each Indicator**

**C1.2** A Our service manages telephone calls, telephone messages, and/or electronic messages from patients.

**You must:**

• use three approved forms of identification to identify patients over the phone so that information is given to the right person
• document in each patient’s health record
  – when team members have contacted the patient or attempted to (eg left a phone message)
  – the reason a patient contacted your service, and the advice and information the patient was given
• have a recorded phone message (which may be an introductory message or an ‘on hold’ message) that tells patients to call 000 if they have an emergency.

**You could:**

• have a policy, procedure, or flow chart that shows how to manage messages from patients
• document what information and advice your service team can and cannot give to patients over the phone or electronically
• educate reception staff about which messages must be transferred to the clinical team.
**Criterion C1.3 – Informed patient decisions**

**Indicators**

- **C1.3A** Patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.
- **C1.3B** Patients receive information to support the diagnosis, treatment, and management of their conditions.

**Why this is important**

Patients have the right to make informed decisions about their health, medical treatments, referrals and procedures.

Services have a duty to provide information that the patient can understand, and that is tailored to the patient’s individual needs.

**Meeting this Criterion**

**Providing appropriate and sufficient information**

Practitioners in after-hours and medical deputising services do not routinely initiate investigations and referrals. However, when this does occur, practitioners can verbally provide information to patients during a consultation. The practitioner must also let the patient know how to obtain any test results they would normally receive from their regular GP, unless it is an emergency. When explaining proposed investigations, referrals and treatments to patients, the practitioner must deliver the information in an appropriate language and format. This means using simple language, minimising jargon and complicated terms, and using clear diagrams.

When delivering information to a patient, consider:

- the patient’s physical, visual and cognitive capacities that may affect their ability to understand the information, make decisions, or provide consent
- the most appropriate way to communicate potentially sensitive information (eg about sexually transmitted infections, blood-borne viruses, and pregnancy results)
- the patient’s cultural and linguistic background (eg you may need to use an interpreter to check that the patient understands everything you have told them)
- the patient’s family members who are involved in their care (with the patient’s consent if the patient has capacity)
- the patient’s level of health literacy and ability to understand the information
- limiting the amount of information patients are given to avoid overwhelming them.

If you need to give the information to a carer, consider the carer’s ability to understand the information, make decisions, or provide consent, along with their cultural and linguistic background.

You can provide the patient with further information via paper-based or electronic resources (eg leaflets, brochures, and links to reputable websites).

It is appropriate to discuss with patients the option of no treatment. Practitioners can explain the advantages and disadvantages of different treatment approaches in conversation with patients.

Unnecessary tests and treatments can be painful and dangerous, carrying a risk of complication that can affect quality of life or, in extreme cases, trigger a life-threatening problem.
Information about interventions

Receiving information about tests and treatments (including medicines and medicine safety) may help each patient to make informed decisions about their care. For this reason, practitioners must:

- check the patient’s understanding about the intervention
- if the patient relies upon a carer, check the carer’s understanding of the intervention
- offer to discuss anything about the patient’s condition, proposed treatment and medicines that could be confusing
- direct the patient to reliable health and medicine websites where they can find further information
- recommend the patient seek further advice about their medicines from their pharmacist.

Health literacy

Individual health literacy is defined by the Australian Commission on Safety and Quality in Health Care (ACSQHC) as ‘the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and healthcare and take appropriate action’.3

Health literacy plays an important role in building effective partnerships between practitioners and patients. For partnerships to work, everyone involved needs to be able to give, receive, interpret and act on information, such as treatment options and plans.

Assessing a patient’s health literacy and providing information based on that assessment means the patient is more likely to be fully aware of and understand their diagnosis, condition, treatment options, and possible risks or side effects of medications and treatments.

Practitioners can build a patient’s health literacy by:

- recognising the patient’s needs and preferences and tailoring communication accordingly
- assuming that most people will have difficulty understanding and applying complex health information and concepts
- providing health information in an unrushed manner, using words the patient is likely to understand
- using multiple communication strategies to confirm information has been delivered and received effectively
- providing access to targeted information, such as leaflets, websites and online support groups
- encouraging the patient, carer and other relevant parties to ask questions if they do not understand the information provided
- using proven methods of communicating information about the risks of treatment options.

Meeting each Indicator

C1.3 A Patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.

You must:

- have a process to ensure patients receive information in an accessible way.
You could:

- use diagrams in consultations to help explain health matters to patients
- use tools (eg flowcharts and models) that help the practitioner and patient to share the decision-making
- provide patients with the written information they need in order to understand and manage their health, such as paper copies of information sheets and names of reputable websites.

**C1.3**  
**B** Patients receive information to support the diagnosis, treatment, and management of their conditions.

You must:

- document in the patient’s health record the treatment options, which may include not having treatment, and associated risks and side effects that you have explained and discussed with the patient
- document in the patient’s health record the patient’s refusal to obtain or follow any practitioner’s advice.

You could:

- provide patients with information sheets and instructions about relevant health conditions, treatments and medicines
- have information relating to culturally specific health matters (eg Aboriginal and Torres Strait Islander health) in the waiting room and consultation rooms (if applicable)
- display information about specific diseases (eg diabetes and influenza).
Criterion C1.4 – Interpreter and other communication services

Indicators

C1.4A Our service endeavours to use an interpreter with patients who do not speak the primary language of our service team.

C1.4B Our service endeavours to use appropriate communication services to communicate with patients who have a communication impairment.

C1.4C Patients can access resources that are culturally appropriate, translated, and/or in plain English.

Why this is important

It is important that patients understand the information and recommendations they receive from their practitioners.\(^4\)

Practitioners have a professional obligation to communicate effectively and to understand their patients’ health concerns.

Meeting this Criterion

Using qualified medical interpreters for patients who do not speak the primary language of our service team

Whenever possible, use appropriately qualified medical interpreters. Private medical practitioners (defined as ‘general practitioners’ and ‘medical specialists’\(^)\) providing Medicare-rebatable services can access these interpreters free of charge. Reception staff can arrange appointments with them and provide results of medical tests. This free service is available through the TIS National. Visit www.tisnational.gov.au for more information.

Using a patient’s friends or family members as interpreters

Unless specifically requested by the patient, avoid using a family member or friend of the patient as an interpreter because:

- information about the patient’s diagnosis may not be translated effectively, which might result in harm to the patient. For example, a Medical Board complaint alleged that a patient’s death was caused because the practitioner used the patient’s daughter to translate instead of using an interpreter\(^5\)
- it might create unreasonable responsibility and stress for these individuals, particularly children and young people
- it might upset the friendship dynamics and family relationships.\(^6\)

If a non-professional translator or interpreter (such as a family member or friend of the patient) is used during the consultation, this must be documented in the patient health record.

Policy for communicating with patients with low or no English proficiency

Consider developing a policy that explains how your service team can communicate with patients who have low or no English proficiency.
The policy could include:

- how to identify that a patient requires an interpreter or communication service (e.g., placing a specific note in the patient health record)
- how to use your service’s telephones when using interpreting services (e.g., setting up a three-way conversation or using speaker phones)
- displaying information about the national interpreting service in the reception area (if your service has a reception area) where patients can easily see it
- what information (such as the need for an interpreter, the patient’s preferred language, and gender and cultural sensitivities) is to be recorded on a patient’s health record and referral letters
- training your service team in the use of interpreters.

Although Aboriginal and Torres Strait Islander people may appear comfortable with English, they may still benefit from being offered an appropriate interpreting service.

Communication with patients who have a communication impairment

Your service team must consider the needs of patients who require assistance with communication due to hearing, speech or vision impairment, disability or cognitive impairment.

When communicating with a patient with a communication impairment, practitioners could:

- ask the patient about the best way to communicate if you are unsure
- speak directly to the patient, even if they are accompanied by someone without disability
- confirm that you understand the reason for their visit, their symptoms and other issues, and that the patient understands the information you have given them.

Your service must know how to access the NRS for patients who are deaf or have a hearing or speech impairment. More information is available at [www.relayservice.com.au](http://www.relayservice.com.au).

Further information about how to communicate with patients who have communication impairments is available at Communication Rights Australia ([www.caus.com.au](http://www.caus.com.au)) and at Novita Children’s Services ([www.novita.org.au](http://www.novita.org.au)).

Translated or plain English resources

Consider having a directory of resources, services, online tools and websites that will help you provide information translated into languages other than English.

The Health Translations Directory provides health practitioners with access to translated health information if they are working with culturally and linguistically diverse communities. Further information is available at [www.healthtranslations.vic.gov.au](http://www.healthtranslations.vic.gov.au).

Meeting each Indicator

C1.4 Our service endeavours to use an interpreter with patients who do not speak the primary language of our service team.

You must:

- provide evidence that your service endeavours to use interpreters with patients who do not speak the primary language of your service team
- document details of any translation services used for a patient in the patient’s health record
- document any non-professional translator or interpreter (e.g., family member or friend of patient) used in a consultation.
You could:

- have a policy related to the use of interpreter and communication services
- register all of your practitioners with TIS National
- use appropriately qualified interpreters whenever possible
- make sure all team members can access a contact list of interpreting and other communication services.

C1.4B Our service endeavours to use appropriate communication services to communicate with patients who have a communication impairment.

You must:

- provide evidence that your service endeavours to use appropriate communication services to communicate with patients who have a communication impairment
- document in the patient’s health record details of any communication services and options used.

You could:

- educate service team members so they know how to contact and use services such as Auslan interpreting services for patients who have a hearing impairment.

C1.4C Patients can access resources that are culturally appropriate, translated, and/or in plain English.

You could:

- maintain a list of websites and services from which patients can access translated resources
- display information in the common languages of the patient population in the consultation spaces.
Criterion C1.5 – Costs associated with care initiated by your service

Indicators

C1.5➤A Patients are informed about out-of-pocket costs for healthcare they receive at our service.

C1.5➤B Patients are informed that there are potential out-of-pocket costs for referred services.

Why this is important

Costs can be a barrier for some patients accessing care. In advance of receiving care, patients need to have an understanding of any potential costs they will incur in order to help them make an informed decision about their own healthcare.

Meeting this Criterion

Costs for your services

Inform patients of any costs for accessing your service that they will or might incur, including any potential out-of-pocket-costs in addition to consultation fees.

Costs for referred services

Although after-hours and medical deputising services do not routinely refer patients for investigations, when it does occur your service must inform patients of the possible cost of additional treatments or procedures before beginning the treatment or procedure. To make sure that patients understand, consider their communication abilities and needs (e.g., they may need an interpreter or materials that are in their preferred language or in plain English).

You do not need to know or provide the exact costs of referred and investigative services, but inform the patient that these services could attract an out-of-pocket cost before you make a referral or a request for investigation. This means explaining the extent to which the service will be covered by Medicare and whether the patient can expect to pay a gap payment or private fee. If the patient indicates that the costs of a suggested referral pose a barrier, discuss alternatives with them, such as referral to public services.

If a patient asks for exact information about the costs of such services, encourage them to contact the service provider.

Meeting each Indicator

C1.5➤A Patients are informed about out-of-pocket costs for healthcare they receive at our service.

You must:

- inform patients about out-of-pocket costs for healthcare they receive from your service.

You could:

- place information about your service’s billing policy on your website
- display billing information in waiting areas (if your service has a waiting area)
- explain the billing policy in person to patients.
C1.5B Patients are informed that there are potential out-of-pocket costs for referred services.

You must:

• let the patient know when you are making a referral or requesting investigations that there may be a cost for the service. You do not need to know the exact cost.

You could:

• provide the contact details of the referred service provider so the patient can find out about the costs for that service

• develop a contact list of local service providers that you can give to patients so they can find out about costs and select the service provider of their choice.
Core Standard 2

Rights and needs of patients

Our service respects the rights and needs of patients.

The ACSQHC’s Australian charter of healthcare rights aims to create a common understanding of the rights of people receiving healthcare. Access or download this charter at www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights

The RACGP’s General practice patient charter (available at www.racgp.org.au/gppatientcharter) is aligned to the ACSQHC Australian charter of healthcare rights and describes the responsibilities of patients.

Some states and territories have patient charters that are unique to that state or territory and developed specifically for Aboriginal and Torres Strait Islander peoples.
Criterion C2.1 – Respectful and culturally appropriate care

Indicators

C2.1▶A Our service, in providing patient healthcare, considers patients’ rights, beliefs, and their religious and cultural backgrounds.

C2.1▶B Patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice, or procedure.

C2.1▶C Our service acknowledges a patient’s right to seek other clinical opinions.

C2.1▶D Distressed patients are provided with privacy.

C2.1▶E Our clinical team considers ethical dilemmas.

Why this is important

The ideal patient–practitioner partnership is a collaboration based on mutual respect and mutual responsibility for the patient’s health. The clinician’s duty of care includes clearly explaining the benefits and potential harm of specific medical treatments and the consequences of not following a recommended management plan.

Understanding what respectful and culturally appropriate care is

Respectful and culturally appropriate care is based on cultural awareness and sensitivity, which begins with learning about other cultures and cultural beliefs. The Centre for Cultural Diversity in Ageing defines cultural awareness as:

An understanding of how a person’s culture may inform their values, behaviours, beliefs and basic assumptions ... [t] recognises that we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves and relate to other people.8

Cultural safety, defined in Binan Goonji: Bridging cultures in Aboriginal health as, ‘an outcome of health practice and education that enables safe service to be defined by those who receive the service’9 is the consequence of behavioural changes that come about after there is cultural awareness.10 Culturally safe policies aim to create an environment that is, ‘safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need,’ and where there is ‘shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening’.11

Patients’ rights

Patients have the right to respectful care that considers their religion and cultural beliefs, displays an acceptance of diversity, and promotes their dignity, privacy and safety. Respect for a patient extends to recording, storing, using and disclosing health and other information about them.

You need to understand the demographics and cultural backgrounds of your patient population so you can provide the most appropriate care. When service team members ask patients about their cultural identity and beliefs in order to update the patient’s details, it is a good idea to explain the fact this helps your service to provide culturally sensitive care.

All members of your service team need to have interpersonal skills that allow them to successfully interact with patients and colleagues.
When dealing with patients, your service team must also comply with federal and any relevant state or territory anti-discrimination laws.

**Rights to refuse treatment and obtain second opinions**

Although refusal of recommended treatments will rarely occur in the after-hours period, where it does occur, it is important practitioners understand that patients with decision-making capacity have the right to refuse a recommended treatment or advice, and have the right to seek clinical opinions from other healthcare providers. If a patient exercises this right, the practitioner could advise them to seek a second opinion from their regular GP or, if the situation is urgent, from another after-hours practitioner or the nearest hospital emergency department.

**Ethical dilemmas**

Practitioners often need to manage ethical issues and dilemmas in many different primary healthcare situations. These can range from receiving gifts from patients to bioethical dilemmas (including end-of-life care and pregnancy termination).

**Meeting this Criterion**

**Respectful and culturally appropriate care**

You could consider factors that may affect the provision of respectful and culturally appropriate care, including:

- the patient’s preference for a clinician of a specific gender
- the role of the patient’s family
- the impact that the patient’s culture has on their health beliefs
- history of traumatic events including, but not limited to, those associated with forced migration.

Practitioners have a professional obligation to take reasonable care when taking a history from a patient. This includes:

- clearly and effectively communicating with the patient so they can effectively manage the patient’s healthcare
- confirming that the patient understands the discussion and proposed treatment. This may require the use of translating services.

If a carer has an ongoing role in the day-to-day care of a patient, it is generally advisable to include the carer in the practitioner–patient relationship with the permission of the patient (if the patient is able to give such consent).

Patients will feel respected if call-centre staff are positive, friendly, attentive, empathetic and helpful at the point of contact.

**Refusal of treatment or advice**

Patients have the right to refuse a practitioner’s recommended course of action, including advice, procedure, treatment or referral to other care providers. When this happens, your service may manage any associated risks by recording information in the patient’s health record, including:

- the refusal
- any action taken
- any other relevant information, such as an indication that the patient intends to seek another clinical opinion.
Dealing with distressed patients

After-hours services based in a clinic may develop a plan to respectfully treat patients and other relevant people who are distressed. For example, you can provide a private area (such as an unused room or the staff room) where they can wait before seeing a practitioner.

When making a home or other visit, practitioners could identify a private area for the patient in the premises.

Ethical dilemmas

Situations that might create ethical dilemmas in a service include:

- patient–practitioner relationships and boundaries
- professional differences
- patients giving gifts
- emotionally charged clinical situations, such as a patient’s unwanted pregnancy, terminal illness and issues relating to euthanasia
- the decision to treat a friend, colleague or family member
- a patient’s request for a medical certificate if the patient’s condition would not normally merit such a certificate.

You need a system to document situations that present ethical dilemmas, the actions that were taken, and actions to be taken (eg you could document what to do when a patient offers a gift to a practitioner). Practitioners could discuss the ethical dilemmas with a colleague or with their medical defence organisation. Documentation of a discussion about an ethical dilemma with a medical defence organisation must be kept separate from the patient health record, ideally in a separate medico-legal file.

You could also provide ongoing training to help practitioners deal with ethical dilemmas, and encourage your service team to participate in reflective discussions about situations that present ethical dilemmas.

Where a practitioner is presented with an ethical dilemma, the practitioner could inform the patient of the dilemma and refer them to back to their regular GP or, if the situation is urgent, to another service or the nearest hospital emergency department.

Meeting each Indicator

C2.1 A Our service, in providing patient healthcare, considers patients’ rights, beliefs, and their religious and cultural backgrounds.

You must:

- demonstrate that you have considered patients’ rights, beliefs, and religious and cultural backgrounds when providing healthcare.

You could:

- maintain appropriate policies, such as:
  - a cultural safety policy so your service team knows they are required to provide care that respects a person’s culture and beliefs, and is free from discrimination
  - a policy about patients’ rights and responsibilities
  - a policy about ceasing a patient’s care
- policies and processes relating to patient health records
- an anti-discrimination policy

- provide appropriate cultural awareness and cultural safety training so the practice team knows how to help patients feel culturally safe in your service
- keep records of the training in your service’s training register
- meet a patient’s request for a practitioner of a specific gender, if possible
- hold meetings for the clinical team to discuss and identify the unique health needs of lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA) patients
- use a clinical audit tool to identify cultural groups in your population
- display signs acknowledging the traditional custodians of the land
- display Aboriginal and/or Torres Strait Islander art and flags
- display organisational cultural protocols within the office, waiting areas and consultation rooms
- provide resources appropriate to the health literacy and cultural needs of your patients.

**C2.1** Patients receive information from the clinical team about the potential risks resulting from refusing a specific treatment, advice, or procedure.

You must:

- keep appropriate documentation in the patient’s health record
- develop a process outlining what the clinical team must do when a patient refuses treatment, advice or a procedure.

You could:

- establish and follow a process for dealing with suggestions and complaints.

**C2.1** Our service acknowledges a patient’s right to seek other clinical opinions.

You must:

- refer back to the patient’s regular GP or, if the situation is urgent, to another service or the nearest hospital emergency department
- keep documentation of a patient’s decision to seek another clinical opinion in the patient’s health record
- keep appropriate documentation in the patient’s health record.

You could:

- include information on factsheets about a patient’s right to refuse treatment and advice, and the action the service will take if they exercise that right
- develop a policy or procedure that explains how the clinical team must manage patients seeking another clinical opinion.

**C2.1** Distressed patients are provided with privacy.

You must:

- provide a room or area where distressed patients can have privacy.

You could:

- use a spare consulting room to provide privacy for patients who are in distress
- allocate a staff member to check on the welfare of patients in distress.
Our clinical team considers ethical dilemmas.

You must:

- systematically document any ethical dilemmas that have been considered and the outcome or solution.

You could:

- develop a policy or procedure that explains how the clinical team must manage ethical dilemmas
- discuss ethical dilemmas at clinical team meetings
- provide a buddy or mentoring system where specific ethical dilemmas can be discussed
- use a clinical intranet or group email to pose common ethical dilemmas and solutions for the clinical team to consider and discuss
- display a notice in the waiting room listing ethical dilemmas that practitioners sometimes encounter, and how they generally deal with them (e.g., politely refusing all offers of gifts) if you have a clinic-based service.
Criterion C2.2 – Presence of a third party during a consultation

Indicator

C2.2 A Our service obtains and documents the prior consent of a patient when our service introduces a third party to the consultation.

Why this is important

Obtaining prior consent for the presence of a third party during a consultation means your service is complying with privacy legislation and the patient’s confidentiality rights.

When the presence of a third party is instigated by your service, documenting this in the patient health record also means there is an accurate record of who was present during the consultation.

Meeting this Criterion

Who are third parties?

Third parties can be:

- relatives, friends or carers of the patient
- interpreters
- medical, allied health or nursing students on placement
- registrars
- chaperones or observers.

Prior consent to the presence of a third party introduced by your service

Before the consultation commences, your service must ask the patient if they consent to having a third party present during the consultation. If a patient has previously given prior consent to have a third party present, you must still check that the consent remains valid at the beginning of the consultation.

If a student, nurse, or other health professional is to be present during the consultation (whether they are going to observe, interview or examine), you must seek the patient’s permission when the patient makes an appointment or, failing that, when they arrive at reception (if you have a reception area), or for home and other visits, then the practitioner arrives on the premises.

It is not acceptable to ask permission in the consulting room, as some patients may feel uncomfortable in refusing consent in the presence of the third party, and therefore agree even if they would prefer not to. Practitioners must record in the consultation notes that the patient has consented to the presence of a third party.

Recording details of the third party

It may be necessary for others to subsequently identify third parties who were present during a consultation. For this reason, the details recorded in the consultation notes about the third party must provide enough information so the third party can be linked back to the specific consultation and subsequently identified if required. For example, you could identify the third party by referring to their role (eg nurse, medical student) or including their initials. Your medical defence organisation can provide advice about how to develop an appropriate system for recording the presence of third parties in your service’s consultations.
Chaperones and observers

There are a number of situations where a practitioner or a patient may wish, or need, to have a chaperone or observer present during a consultation. If the practitioner requests the presence of a chaperone or observer, they must obtain and document prior consent from the patient. The practitioner must record in the patient’s health record:

- who made the request
- the reason for the request
- that the patient gave prior consent (if the presence is initiated by the practitioner)
- enough information so the chaperone/observer can be linked back to the specific consultation and subsequently identified if required.

It is recommended that you document an offer of a chaperone or observer that the patient declines.

Patients unable to provide consent

If a patient is unable to provide consent (e.g., because they have an intellectual disability), you must seek consent from a legal guardian or advocate who has been appointed to oversee the interests of the patient.

Third parties who accompany the patient

When a third party accompanies a patient during the consultation (e.g., a family member or carer), it is appropriate to record the presence of the third party in the consultation notes.

In some circumstances, a patient might give consent to the presence of a third party during a consultation, but it might not always be given freely (e.g., when a patient is in a violent relationship). The practitioner needs to consider whether it is appropriate for the third party to remain present for the consultation.

Meeting each Indicator

C2.2 A Our service obtains and documents the prior consent of a patient when our service introduces a third party to the consultation.

You must:

- document in their health record a patient’s consent to the presence of a third party your service has requested.

You could:

- maintain a policy about the presence of a third party during a consultation
- include information about the third-party policy in the induction manual for your service team
- document the identity of the third party.
Criterion C2.3 – Accessibility of services

Indicator

C2.3 A Patients with disabilities or special needs can access our services.

Why this is important

In order to comply with the federal Disability Discrimination Act 1992 (amended 2009), you need to ensure that people with disability or special needs can access your service in ways that maintain their dignity.

Meeting this Criterion

This Criterion applies only when you have physical premises that patients attend. When your service is conducting home or other visits, your service meets the intent of this Criterion.

Access is important

You need to ensure that all patients, including those with disability or other special needs, have easy and safe physical access. This can be achieved by:

- providing wheelchair-friendly pathways, hallways, consultation areas and toilets
- having a wheelchair that patients can use while they are at your service
- installing appropriate ramps and railings
- using pictures, signs and other sources of information to help patients who have an intellectual disability, vision impairment, or low levels of English literacy.

Accessible parking

Where possible, patients with disability need to be able to park their vehicles within a reasonable distance of your service. Parking bays that are specifically marked for the use of patients with disability parking entitlement must be large enough to accommodate the loading and unloading of wheelchairs and other aids (eg walking frames).

Assistance animals

Some patients may have an assistance animal that they want to have with them during a visit to your service. These are specifically trained disability support animals that enable a person with disability to safely participate in personal and public life activities. As such, these animals are not pets. Under the Disability Discrimination Act 1992 (amended 2009), an animal is an assistance animal if it meets one or more of these criteria:

- It is accredited under a state or territory law to assist a person with a disability to alleviate the effects of disability.
- It is accredited by an animal training organisation prescribed in the regulations.
- It is trained to assist a person with disability to alleviate the effects of a disability and meets standards of hygiene and behaviour that are appropriate for an animal in a public place.
Assistance animals may support patients who:

- are blind or have low vision
- are deaf or hard of hearing
- require physical support for mobility or other functional tasks
- experience episodic and serious medical crisis (e.g., epilepsy, changes in blood pressure or blood sugar)
- experience psychiatric disorders such as post-traumatic stress disorder, anxiety, hallucinations, panic attacks, or suicidal ideation.12


**Meeting each Indicator**

**C2.3** Patients with disabilities or special needs can access our services.

You must:

- have physical infrastructure or processes that enable patients with disability or special needs to access your services
- provide access to disability parking if you are a service with a physical location.

You could:

- use pictures on signs to help patients with an intellectual disability or visual impairment
- provide a transport service to help patients who cannot otherwise get to your service
- provide home and other visits for patients who are unable to leave their home.
Core Standard 3

Service governance and management

Our service has integrated governance and management systems that maintain and improve the quality of care provided to patients.

Service governance relates to the principles, methods and processes that clinicians and health service managers follow in order to support patient safety and quality care. It also helps you set, measure and achieve your social, fiscal, legal and human resources objectives.

The ACSQHC notes that good service governance is:

- participatory
- consensus-oriented
- accountable
- transparent
- responsive
- effective and efficient
- equitable and inclusive
- compliant with all relevant laws.\(^\text{13}\)

Good management and leadership foster a culture that is based on mutual respect. When you have this, the entire service team will be supported to achieve excellence in all areas of your service and participate in just and open discussions about how your service can improve.
Criterion C3.1 – Business operation systems

Indicators

C3.1A Our service plans and sets goals aimed at improving our services.

C3.1B Our service evaluates its progress towards achieving its goals.

C3.1C Our service has a business risk management system that identifies, monitors, and mitigates risks in our service.

C3.1D Our service has a complaints resolution process.

Why this is important

Planning, setting and evaluating goals

A business needs to operate successfully to create an environment where quality clinical care can be delivered. To operate a business successfully, strategic thinking and business planning is as important as financial budgeting and reporting. A documented business plan (that is linked to your strategy and includes how it will be implemented) is an effective way of measuring your progress and increases the likelihood of achieving your service’s objectives.

Having a plan helps the team to work towards a common goal and evaluate its progress. It also helps your service to achieve consistency and quality in its operations, and conduct continuous quality improvement.

It is the responsibility of your service to define its governance structures according to its requirements, because governance arrangements and structure will vary depending on the size and complexity of each service. In smaller services, there may be a merging of governance and management responsibilities. Some services may be part of a wider corporate group and have either public or private shareholders. Others may be government bodies or not-for-profit community-based organisations. Having a clear understanding of ownership and governance arrangements will help you develop appropriate policies and performance measures.

Managing business risks

Managing safety and risk is part of quality assurance, and therefore a significant part of service management. While it is obvious that clinical risks need to be managed, so too do business risks, because if the business fails, your service will not be able to provide clinical care. Developing and implementing a risk management process helps you to consistently identify, document and manage business risks.

Managing complaints

Patient complaints are a valuable source of information. Open discussions about patients’ needs and their concerns about the quality of care they receive will help your service understand potential problems and identify how you can improve your service.14
Meeting this Criterion

Planning, setting and evaluating goals

You could develop a strategic plan that documents your service’s direction and objectives. The strategic plan could include:

- your service’s mission, vision, ethics (or code of behaviour) and values
- how you plan to make efficient use of resources, including the level of staffing and the mix of skills you require
- environmental factors
- financial factors
- human resource management, including effective recruitment, selection, appointment, management, retention, separation and support systems.

If you have a smaller service (eg with fewer than 10 staff members), you could have an action plan that sets out the goals and progress, instead of a strategic plan.

You can evaluate your service’s progress against its strategy and goals in a number of ways. For example:

- including it as an agenda item in team meetings
- scheduling strategy planning and evaluation meetings at defined intervals
- reviewing your service’s patient population data
- seeking patient feedback
- having a team planning meeting.

Business risk management

Mitigating business risk means your service can operate more successfully, allowing you to focus more on providing quality patient care.

You could develop a business risk management strategy that identifies, analyses and evaluates risks, and explains how you have managed them.

Risks that might be identified in your practice’s business risk management strategy include:

- workplace health and safety incidents as a result of equipment that is not maintained in accordance with the manufacturer’s recommendations
- poor record-keeping
- conflicts of interest
- lack of documentation of the consent process
- inadequate systems for updating patient contact details
- inadequate number of service staff on during busy times
- workforce planning
- unexpected sick leave
- IT system failures
- updates to or breaches of the IT security system
- emergencies (eg environmental disasters).
Creating a risk register is a good way of identifying and recording potential risks so you can take action to reduce the likelihood of each risk occurring and reduce the severity of the impact if a risk becomes a reality.

The risk register could also include a risk matrix to help you define the level of each identified risk (e.g., low, moderate, high, extreme), based on a combination of the:

- likelihood of an event
- severity of an event's impact if it was to occur.

You could schedule regular risk management meetings and/or include risk management as a standing agenda item for team meetings so identified risks are regularly reviewed, updated, and minimised.

If you fail to keep your risk register up to date, your risk mitigation strategies may not be adequate and you might not identify new risks. This can potentially have adverse impacts on your service's operations and the quality of healthcare it provides.

Managing complaints

You must have a receptive attitude to patient feedback and complaints. If you receive a patient complaint, try to resolve the issue within your service team. If your service team cannot resolve the complaint, contact your medical defence organisation for advice before any further action is taken.

Develop a system to record, review and manage complaints, and include how you will advise patients of the progress and outcome of their complaint. Consider displaying notices at the physical premises, or online, that state your service will always try to resolve complaints directly.

Refer to Section 3 of the Medical Board of Australia’s Good medical practice: A code of conduct for doctors in Australia, which contains advice about managing complaints at the service level (available at www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx).

Basic actions that you can take include:

- acknowledging the patient's right to complain
- working with the patient to resolve the issue, where possible
- providing a prompt, open, and constructive response, including an explanation and, if appropriate, an apology
- ensuring the complaint does not adversely affect the patient's care (in some cases, it may be advisable to refer the patient to another practitioner or to another service)
- complying with laws, policies and procedures relating to complaints.

If the matter cannot be resolved, the patient can contact their state's health complaints commissioner for advice and possible mediation. You could ensure that patients have access to information about how to make a complaint in their state or territory.

During the complaint process, consider the patient's cultural and/or language needs, particularly if the matter cannot be resolved between the patient and your service. It may be that the patient could benefit from an interpreter service or a legal representative.
Meeting each Indicator

**C3.1A** Our service plans and sets goals aimed at improving our services.

*You must:*
- plan and set business goals.

*You could:*
- write a statement of your service’s ethics and values
- maintain a business strategy
- maintain an action plan.

**C3.1B** Our service evaluates its progress towards achieving its goals.

*You could:*
- regularly report on the progress towards achieving the business strategy or action plan
- create a strategy for continuous quality improvement
- implement initiatives to improve the quality of the services you provide.

**C3.1C** Our service has a business risk management system that identifies, monitors, and mitigates risks in our service.

*You must:*
- maintain a documented risk management process
- develop procedures to mitigate risks.

*You could:*
- maintain a risk register
- keep a record of meetings where risks have been identified and actions agreed on to manage those risks.

**C3.1D** Our service has a complaints resolution process.

*You must:*
- maintain a complaints resolution process.

*You could:*
- keep a log or ledger of complaints
- have a patient feedback system in the waiting room and regularly review suggestions (if your service has a waiting room)
- provide an online or printed feedback form for patients visited in their home
- establish and follow a process for dealing with suggestions and complaints.
Criterion C3.2 – Accountability and responsibility

Indicators

C3.2A All members of our service team understand their role in our service.

C3.2B Our service undertakes performance discussions with each team member.

C3.2C Our service inducts new members of our service team and familiarises them with our systems and processes.

C3.2D Our service has at least one team member who has the primary responsibility for leading risk management systems and processes.

C3.2E Our service has at least one team member who coordinates the resolution of administrative and/or other complaints.

Why this is important

Roles and responsibilities

Having clear lines of accountability and responsibility is part of good governance. It encourages continuous improvement in safety and patient care.

When specific roles and responsibilities are agreed to and documented (e.g. in position descriptions):

- your service can monitor each team member’s performance against their role’s requirements, and determine whether any support and training is required
- each team member knows to whom they are reporting for each duty or responsibility
- each team member knows who is responsible for each aspect of your service’s operations.

Performance monitoring

The objectives of performance monitoring are to:

- assess the performance of an individual
- determine how your service team would benefit from further training and development.

Induction program

An induction program must be a routine part of employment, so all new practitioners and other service team members understand:

- the principles and policies under which your service operates
- the day-to-day operations of your service
- significant work health and safety issues
- the processes for maintaining the privacy and confidentiality of patients’ health information
- the systems used to identify and manage emergency patients.
Meeting this Criterion

Roles and responsibilities

For each role, you could create a position description that includes the title of the role and the responsibilities and duties of the person in that role. This can then form the basis of:

- recruiting for the role
- training and development
- setting lines of accountability
- monitoring performance
- managing remuneration
- succession planning.

Each person could sign their position description to indicate that they understand their role and responsibilities.

Position descriptions could be reviewed regularly (eg once a year) to keep them up to date and to make sure each person understands their role and responsibilities.

Your service must also appoint:

- one team member who has responsibility for risk management
- one team member who has responsibility for complaints resolution.

The same person could be responsible for both areas.

The responsibilities of each role must be documented, and members of your service team must understand the responsibility of each role, and who holds each role.

Performance monitoring

Performance discussions provide the opportunity for a balanced conversation between a manager and a team member. These discussions are not intended to be disciplinary in nature.

One way managers can monitor a team member’s performance is to have regular meetings, where issues can be raised and addressed quickly. This is particularly useful in smaller services, where informal processes generally work better than formal processes.

If you decide to introduce formal performance discussions (eg every six months), consult with your service team to ensure the process is practical and fair. Many organisations that have successfully implemented performance discussions spent a substantial amount of time training the managers and service team about the process.

The performance monitoring system could cover:

- setting standards for performance
- assessing performance against the standards
- providing and receiving feedback about job performance
- agreeing on actions to further improve performance.

Whether you use formal or informal processes, managers need to document the performance discussions, agreed actions, and ongoing development needs.

Practitioners in your service team could choose to undertake performance discussions with other practitioners, rather than with other service staff, such as your service manager.
Induction program

You could include the following information in your induction program:

- an overview of your service’s systems and processes
- the local health and cultural environment in which your service operates (e.g., if your service is located in an area that has a high level of illicit drug use, your service team needs to understand your service’s policy on the management of Schedule 8 medicine prescribing)
- key public health regulations (such as reporting requirements for communicable diseases and child abuse)
- local health and community services, including pathology, hospital, and other healthcare providers to which your service team is likely to refer patients.

Meeting each Indicator

C3.2A All members of our service team understand their role in our service.

You must:

- educate members of your service team about their role when they start working at your service
- educate and manage members of your service team so that they work within the scope of their role.

You could:

- create position descriptions
- create an organisational chart
- maintain an after-hours service policy document
- show records of contracts or letters of agreement with external providers.

C3.2B Our service undertakes performance discussions with each team member.

You must:

- regularly monitor the performance of each member of your service team.

You could:

- implement a formalised performance monitoring process
- have regular catch-ups between managers and their service team members
- establish development goals for members of your service team.

C3.2C Our service inducts new members of our service team and familiarises them with our systems and processes.

You must:

- have a system to induct members of your service team.

You could:

- keep an accurate and up-to-date employment file on each member of your service team
- maintain a human resources policy and procedure manual
- create templates and checklists for inducting new team members
- maintain accurate documentation of the induction process.
C3.2D Our service has at least one team member who has the primary responsibility for leading risk management systems and processes.

You must:
- appoint and educate the team member responsible for risk management so that they understand their role.

You could:
- maintain a human resources policy and procedure manual
- create position description(s) that include the responsibility for risk management.

C3.2E Our service has at least one team member who coordinates the resolution of administrative and/or other complaints.

You must:
- maintain a record of how complaints have been managed.

You could:
- maintain a complaints register
- create position description(s) that include the responsibility for complaint resolution
- keep minutes or notes of meetings that show patients’ complaints have been considered and discussed in those meetings.
Criterion C3.3 – Emergency response plan

Indicator

C3.3 A Our service has an emergency response plan for unexpected events, such as natural disasters, pandemic diseases, or an unplanned absence of clinical team members.

Why this is important

The demand for healthcare services generally increases in an emergency, especially a pandemic, so it is crucial that your service can continue to provide services during this time, if appropriate.

If your service is prepared for an emergency, you are more likely to provide effective continuity of care for your patients, and continue operating your business as smoothly as possible.

As unplanned absence of clinical team members can affect your service’s ability to provide quality patient care, your service could consider succession planning, or encourage service staff to share their skills and knowledge among your service team.

Meeting this Criterion

In an emergency, your service may experience issues in the following areas:

- Patients
  - Increased demand for services
  - Disruption to the normal health system functioning (eg inability to transfer patients to hospital)
- Infrastructure and systems
  - Minor or significant damage to your service’s infrastructure
  - Loss of access to vital information
  - Loss of access to essential systems, networks, and communication
  - Reduced capacity or loss of key service staff
  - Service closure
- Supplies and services
  - Loss of critical equipment and supplies
  - Loss of or disruption to power supply
  - Loss or contamination of water supply

To help reduce the impact of an emergency, you need to complete appropriate emergency planning and preparation, and frequently identify, review and update the actions that need to be completed before and during an emergency. These actions may include:

- having a documented emergency response plan
- appointing an emergency management coordinator
- undertaking research to identify key information (eg local emergency services, local geography, previous events that have affected the community)
- providing your service team members with education and training that will help them effectively prepare for and respond to emergencies
- testing components of the emergency response plan (eg evacuation drills) once a year
• reviewing, monitoring and updating the emergency response plan every three months
• keeping the emergency kit fully stocked.

The emergency response plan could address the following issues:

• Communication
  – How to communicate with patients and other services
  – Contact details of all members of your service team
  – Contact details for response agencies and other health services

• Clinical procedures
  – How your service will triage and run clinical sessions during an emergency
  – Your service’s policy on infection control
  – Details of equipment needed to manage an emergency

• Accessing information
  – Details about your service, such as accounts, service providers (e.g. insurance, lawyers, telephone, internet, utilities), insurance policy numbers
  – Your service’s policy on the management of patients’ health information, including computer and paper-based systems

• Maintaining and recovery of operations
  – How to manage unplanned absenteeism of multiple service team members, including succession planning
  – A recovery plan that details what your service team could do to re-establish your service’s operations, when appropriate, if your service needs to close during an emergency

Meeting each Indicator

C3.3 Our service has an emergency response plan for unexpected events, such as natural disasters, pandemic diseases, or an unplanned absence of clinical team members.

You must:
• maintain an emergency response plan that is reviewed and updated as necessary, or at least annually
• create a position description for a team member responsible for maintaining the emergency response plan.

You could:
• educate your service team members so that they understand the emergency response plan
• create mock scenarios to test emergency procedures
• discuss and review emergency processes at team meetings, particularly your service’s evacuation process
• establish succession planning for key service staff
• encourage service team members to share their skills and knowledge.
Criterion C3.4 – Communication and teamwork in your service

**Indicators**

**C3.4A** Our service team has the opportunity to discuss administrative matters with the principal practitioners, service directors, service management, or owners when necessary.

**C3.4B** Our service encourages involvement and input from all members of our service team.

**C3.4C** Our clinical team discusses our service’s clinical issues and support systems.

**Why this is important**

Research in Australia and the USA confirms that effective teamwork helps organisations to successfully implement safety initiatives, and that bullying and harassment can be a significant threat to quality care and patient safety. Therefore, your service needs to not only cultivate a just, open and supportive culture that preserves and values individual accountability and integrity, it also needs to foster a whole-of-team approach to quality patient care. For example, regular discussions where all members of your service team are encouraged to contribute their ideas and observations can help to build a high-performing team and a positive workplace culture that effectively deals with bullying and harassment.

Having clinical guidelines and appropriate support systems that facilitate discussions will help to identify and address clinical issues and deliver consistent and quality care.

**Meeting this Criterion**

**Teamwork**

The most common way for services to build teamwork is to schedule regular meetings in which all members of your service team are encouraged to contribute to discussions. For small services, this can be an informal discussion at regular intervals (eg weekly).

You must document the decisions made at team meetings and who is responsible for completing related actions.

Where relevant, all members of your service team are encouraged to discuss administrative issues with the directors and/or owners when necessary. If the owner is not a member of your service, your service team could develop systems for discussing administrative matters with the owner. Although these discussions do not necessarily need to occur as a formal meeting, formal meetings are recommended, particularly for medium and large services.

**Communication**

Good communication between the manager/employer and your service team will help to create an efficient and productive workplace where there are positive working relationships. This will result in long-term benefits for your service, your service team, and the patients.

Good communication between members of the clinical team can be achieved with face-to-face meetings, while communication tools such as message systems and notice boards can be used to record clinical issues and ideas that people have. The clinical team must have access to up-to-date resources on a range of clinical issues in order to improve the quality of healthcare they deliver, and for their own professional development.
Meeting each Indicator

C3.4\textup{A} Our service team has the opportunity to discuss administrative matters with the principal practitioners, service directors, service management, or owners when necessary.

You must:
\begin{itemize}
  \item develop a process for your service team to escalate issues
  \item provide evidence that your service team has had opportunities to discuss administrative matters.
\end{itemize}

You could:
\begin{itemize}
  \item keep a record of meetings.
\end{itemize}

C3.4\textup{B} Our service encourages involvement and input from all members of our service team.

You must:
\begin{itemize}
  \item make your service team aware of your service’s communication channels they can use to provide input
  \item develop a process for your service team to escalate issues.
\end{itemize}

You could:
\begin{itemize}
  \item encourage all service team members to attend team meetings
  \item keep a record of meetings
  \item inform prospective and current members of your service team during recruitment interviews and inductions that they are encouraged to provide input and feedback about how to improve business operations.
\end{itemize}

C3.4\textup{C} Our clinical team discusses our service’s clinical issues and support systems.

You must:
\begin{itemize}
  \item make the clinical team aware of your service’s clinical communication processes.
\end{itemize}

You could:
\begin{itemize}
  \item keep a record of clinical team meetings
  \item create and document a buddy system
  \item use your service’s intranet or email to facilitate discussions.
Criterion C3.5 – Work health and safety

Indicators

C3.5A Our service supports the safety, health, and wellbeing of our service team.

C3.5B Our service team is encouraged to obtain and record immunisations recommended by the current edition of the *Australian immunisation handbook* based on their duties and immunisation status.

C3.5C Our service provides GPS tracking to support the safety of practitioners who are driving to and attending home or other visits.

Why this is important

Each service owner/manager is responsible for providing a safe working environment. This includes being genuinely committed to the health, safety and wellbeing of the whole service team, and adhering to relevant state or territory and workplace health and safety (WHS) laws.

Inappropriate and disruptive behaviour within the clinical team can risk patient safety. Although such behaviour might not be an obvious WHS or bullying issue, it can undermine both the culture of the setting and the clinical care being provided.  

Encouraging members of your service team to be immunised will help to protect them from being infected with vaccine-preventable infectious diseases and from transmitting such infections to patients. The exact immunisation requirements will depend on the risk of infection presented by the type of service and each service team member’s duties.

Meeting this Criterion

Safety of your service team

Having an adequate number of service team members on duty during the after-hours period, based on the size of your service, contributes to the safety and wellbeing of your service team. In addition, it means that telephone calls will be answered promptly, appointments will be made accurately and according to urgency, and medical emergencies will be managed appropriately.

When operating during the after-hours period, there are additional factors to consider, such as those listed below, that will help to protect the safety and security of team members, especially if they are on their own:

- Is there sufficient lighting in the car park?
- Who must be contacted if there is an emergency?
- Is a duress alarm required?
- Are safety cameras needed?

The layout of the facility must comply with WHS requirements, and each desk must be configured so service team members have the full range of movement required to do their job, and can move without strain or injury. One way to achieve this is to have a professional conduct an ergonomic assessment of each desk and workspace.
Health and wellbeing of your service team

These are some ways in which you can support the health and wellbeing of your team:

- Provide regular breaks for practitioners during consulting time to prevent or reduce fatigue, as well as enhance the quality of patient care. Fatigue and related factors (sometimes called ‘human factors’) are associated with increased risks of harm to patients.
- Establish a plan for re-allocating patient appointments if a practitioner is unexpectedly absent from your service to minimise the burden on the other practitioners.
- Make information about support services available to your service team to help them identify and deal with pressures and stressors. This is particularly important in geographical areas where there are small service teams.

Dealing with violence

Patient aggression and patient-initiated violence in healthcare settings continues to be an issue, whether consultations are being conducted in your clinic or patients’ homes. Your risk management strategy (refer to Criterion C3.1 – Business operation systems) could identify patient-initiated violence as a risk so that you consider its likelihood, the possible impacts, and how to mitigate this risk.

The safety of practitioners undertaking home and other visits is of particular importance. While it may be impractical to have an accompanying chaperone/observer attend all after-hours consultations, their presence is an additional safety precaution that you could consider.

Typically, risk management strategies include:

- a zero-tolerance policy towards violence
- displaying signs on your premises and/or on your service’s website that inform people of the zero-tolerance policy
- installing a duress alarm system that your service team can use if a patient is threatening or violent, and having a response plan if the alarm is triggered
- setting up a duress alarm system for practitioners undertaking home and other visits that alerts their driver, chaperone/observer, or your service’s call centre
- establishing clear steps for team members to deal with violence, including contacting the police if necessary.

A practitioner has the right to discontinue the care of a patient who has behaved, or is behaving, in a violent or threatening manner (except in an emergency). This includes the practitioner ending the professional relationship during a consultation, or by letter or telephone, depending on safety considerations. Keep a record of the process, and of any subsequent contact that the patient has with your service.

Service team immunisation

Refer to the Australian immunisation handbook to identify recommended vaccinations for healthcare workers. Access or download this handbook at www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home

Offer and encourage practitioners and other members of the practice team to:

- have immunisations recommended by the current edition of the Australian immunisation handbook
- undergo testing of their natural immunity to vaccine-preventable disease or their immunisation status.
These services can be undertaken by your service team member’s own GP or by your service if appropriate.

Consider the wellbeing of service team members who are not immunised if there is an outbreak of disease. For example, during a disease outbreak, your service may need to suspend non-immunised team members to reduce the likelihood of them:

• contracting the disease
• transmitting the disease to patients who cannot be immunised for medical reasons.

Your service must document if a member of your service team declines the offer of a vaccination or does not provide consent to have their immunisation status recorded.

Meeting each Indicator

C3.5➤A Our service supports the safety, health, and wellbeing of our service team.

You must:

• include work health and safety requirements when inducting new employees.

You could:

• maintain a WHS policy and procedure
• maintain a policy and procedure manual that includes WHS requirements
• develop and adhere to appropriate service staff rosters
• include WHS as a standing agenda item on team meetings
• maintain an appointment book that shows scheduled breaks
• create appropriate designs and layouts for your service’s building, workstations and desks
• give your service team access to support services.

C3.5➤B Our service team is encouraged to obtain and record immunisations recommended by the current edition of the Australian immunisation handbook based on their duties and immunisation status.

You must:

• record the natural immunity to vaccine-preventable diseases or immunisation status of service team members if known (with their consent)
• offer staff members immunisations recommended in the Australian immunisation handbook as appropriate to their duties
• document if a member of your service team declines the offer of a vaccination or does not consent to the recording of their immunisation status.

You could:

• offer your service team testing of their natural immunity to vaccine-preventable diseases or their immunisation status.

C3.5C Our service provides GPS tracking to support the safety of practitioners who are driving to and attending home or other visits.

You could:

• provide GPS tracking to support the safety of practitioners who are travelling to and from, and attending, home or other visits.
Criterion C3.6 – Research

**Indicators**

**C3.6A** Our service ensures that all research is approved by an ethics committee and indemnified.

**C3.6B** Our service only transfers identified patient health information to a third party for quality improvement or professional development activities after we have obtained the patient’s consent.

If your service does not conduct any research, this Criterion is not applicable.

**Why this is important**

The National Health and Medical Research Council (NHMRC) has developed the *Australian code for the responsible conduct of research* (the Code), which promotes integrity of research and provides guidance about responsible research practices. View or download the Code at [www.nhmrc.gov.au/guidelines-publications/r39](http://www.nhmrc.gov.au/guidelines-publications/r39)

The Australian Institute of Aboriginal and Torres Strait Islander Studies has produced *Guidelines for ethical research in Australian Indigenous studies*. You could refer to these guidelines if your patient sample includes Aboriginal and/or Torres Strait Islander peoples. View or download these guidelines at [http://aiatsis.gov.au/research/ethical-research/guidelines-ethical-research-australian-indigenous-studies](http://aiatsis.gov.au/research/ethical-research/guidelines-ethical-research-australian-indigenous-studies)

When conducting research, you must ensure that the collection, use and disclosure of data comply with privacy laws. Even if your service is using de-identified patient health information, there are still some situations where you must obtain informed patient consent.

Human research ethics committees (HRECs) review research proposals to ensure they are ethically acceptable and in accordance with relevant standards and guidelines. Your HREC will decide on the necessary patient consent requirements for your research project.

There are many HRECs operating in institutions and organisations across Australia. A list of HRECs registered with the NHMRC is available at [www.nhmrc.gov.au/_files_nhmrc/file/health_ethics/human/att_2_20180301_list_of_registered_hreces.pdf](http://www.nhmrc.gov.au/_files_nhmrc/file/health_ethics/human/att_2_20180301_list_of_registered_hreces.pdf)


The Code and consent requirements apply to all research situations. For example, they apply even if a member of the service team is not conducting research themselves, but is contributing to someone else’s research.

**Meeting this Criterion**

The NHMRC’s Code defines ‘research’ as follows:

> ... includes work of direct relevance to the needs of commerce, industry, and to the public and voluntary sectors; scholarship; the invention and generation of ideas, images, performances, artefacts including design, where these lead to new or substantially improved insights; and the use of existing knowledge in experimental development to produce new or substantially improved materials, devices, products and processes, including design and construction.
It excludes routine testing and routine analysis of materials, components and processes such as for the maintenance of national standards, as distinct from the development of new analytical techniques. It also excludes the development of teaching materials that do not embody original research.

Your service team must be familiar with the NHMRC's Code when participating in research.

In addition, you may wish to develop a policy that includes information about:

- selecting a specific group of patients (e.g., patients with depression, Aboriginal and Torres Strait Islander patients) to be involved in the research
- the process and documentation of ethics approval
- the use of a specific room in which to conduct the research
- data storage, record keeping and compliance with privacy laws
- relevant training for your service team
- information provided to patients.

Research indemnity

You must ensure that appropriate insurance is in place to indemnify your service for research. If your service is involved in a clinical trial, your service will usually be indemnified by the sponsor (e.g., pharmaceutical company), but you need to make sure that the indemnity covers your liabilities. If it does not, you will need to get a separate insurance policy or indemnity.

If the research is not a clinical trial, you must have your own insurance that covers the research.

In all cases, individual practitioners in your service need to ensure their medical indemnity insurance covers their research activities.

Quality improvement activities, ethics and consent

Usually, the purpose of a service's quality improvement or clinical audit activities is to improve the delivery of a particular treatment or service, neither of which, according to the APPs, is the primary reason for the collection of patient health information. Therefore, you need to seek specific consent from patients before transferring health information collected during this process to a third party.

The RACGP encourages you to include information about quality improvement activities and clinical audits in your service's policy that addresses the management of health information. You could seek patient consent by including this information in new patient registration forms and asking patients to indicate if they consent to this use of their health information and to its transfer.

You must make patients aware that declining to participate in research will not affect the care they receive from your service.

Ethics approval is not required for internal quality improvement activities where the primary purpose is to monitor, evaluate or improve the quality of healthcare delivered by your service.

Meeting each Indicator

C3.6 Our service ensures that all research is approved by an ethics committee and indemnified.

You must:

- keep evidence of ethics approval and indemnity for research activities
- maintain records of any research activity that has gone through the ethics approval process
- retain documentation of patients’ consent for the required period.
You could:

- maintain a policy about participating in research that complies with the NHMRC guidelines
- consider the ethical needs of Aboriginal and Torres Strait Islander peoples.

**C3.6** Our service only transfers identified patient health information to a third party for quality improvement or professional development activities after we have obtained the patient’s consent.

**You must:**

- document in the patient’s health record the patient’s consent for you to transfer their health information to a third party to conduct quality improvement activities
- inform patients that declining to participate in research will not affect the care they receive from your service
- maintain a privacy policy.

**You could:**

- maintain a policy addressing the management of patients’ health information.
Core Standard 4

Health promotion and preventive activities

Our service provides health promotion and preventive services that are based on patients’ needs and best available evidence.

Health promotion is the process of enabling people to increase control over their health and improve their health. In addition to activities that might influence a person’s behaviour, health promotion also encompasses a wide range of social and environmental interventions, such as education programs and changes to laws and policies.

Health promotion is distinct from the education and information that practitioners use to support their diagnosis and choice of treatment.

Health professionals can deliver health promotion and reinforce the message in various ways. For example, health promotion messages could be included in written materials and in your service’s ‘on-hold’ telephone messages.

Preventive healthcare consists of measures taken to prevent diseases (as opposed to treating them) and to detect them in their early and often asymptomatic stages, based on relevant current clinical and other guidelines. According to 2013 data from the Australian Institute of Health and Welfare (AIHW), the leading cause of preventable deaths in Australia is coronary heart disease, making it an area in which preventive healthcare could improve patient health outcomes.

In the after-hours setting, health promotion and preventive care is generally delivered in an ad hoc way, when the opportunity arises, and when practitioners feel it is appropriate to inform patients about relevant health promotion, illness prevention and preventive care. If the patient identifies as an Aboriginal and/or Torres Strait Islander person, the practitioner may need to give special consideration to individual circumstances.
Criterion C4.1 – Health promotion and preventive care

Indicator

C4.1 Patients using our service receive relevant appropriately tailored information on health promotion, illness prevention, and preventive care.

Why this is important

Health promotion focuses on:

- prevention, promotion and protection rather than on treatment
- populations and individuals
- factors and behaviours that cause illness and injury, rather than the illness and injury themselves.25

For after-hours and medical deputising service providers, health promotion and preventive care are opportunistic and ad hoc. Where there is an opportunity, services can play a key role in health promotion, illness prevention and preventive care. After-hours and medical deputising service practitioners can also provide valuable information back to the patient's regular GP.

Meeting this Criterion

Providing information to patients

If an opportunity is identified, practitioners can verbally provide education about health promotion and preventive care during a consultation.

Managing patient information to support preventive care

When you collect information about a patient’s health (eg the patient’s family medical history), record the information in the patient’s event summary and health record. Details of the patient’s presenting issues means you can provide better care and pass appropriate information back to the patient’s regular GP.

There can be instances where establishing the patient’s complete family medical history may be challenging, not readily available or inappropriate. As this information might be sensitive, appropriate consideration and respect must be given.

Meeting each Indicator

C4.1 Patients using our service receive relevant appropriately tailored information on health promotion, illness prevention, and preventive care.

You must:

- document in the patient’s health record relevant discussions or activities related to preventive health.

You could:

- use preventive health guidelines and resources to provide up-to-date information to patients.
Core Standard 5

Clinical management of health issues

Our service provides care that is relevant to the patient and consistent with best available evidence.

Australia’s current primary healthcare systems base their practices on the best available evidence. This recognizes that, in the absence of properly conducted clinical trials or other evidence of equal or greater reliability, peer group consensus may be an accepted level of evidence and may be the best available evidence at the time.

It is important that:

- practitioners can exercise clinical autonomy in decisions that affect clinical care
- you provide practitioners with access to up-to-date clinical information, and have appropriate processes in place that support practitioners to access and use that information.
Criterion C5.1 – Diagnosis and management of health issues

Indicators

**C5.1**A Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage patients.

**C5.1**B Our clinical team supports consistent diagnosis and management of patients.

Why this is important

Because clinical guidelines provide important recommendations for clinical care, your practitioners must be able to access them when providing healthcare so your service can achieve consistent and tailored healthcare based on community and patient demographics.

Consistently applying clinical guidelines helps to:

- ensure consistency in diagnosis and management of health issues
- reduce variation of care between clinicians
- give the patient clear and consistent messages about their health issues and treatment.

In addition, patients value consistency in the quality of treatment and advice they receive from different practitioners in your service.

Meeting this Criterion

Ensure clinical guidelines you make available to practitioners are current, based on best available evidence and accessible, either online or paper-based. Maintain a current version of the clinical software databases that include drugs guides, medical dictionaries, coding classifications and consumer medicine information.

When clinical teams discuss clinical care, they must always compare their discussions with the best available evidence to ensure their clinical care aligns with best practice.

In some instances, ‘best practice’ may involve more than adhering to current clinical guidelines. For example, good communication between members of the clinical team can help to achieve a consistent approach to clinical care. While it is better for the clinical team to have face-to-face meetings, communication tools such as message systems and notice boards can be useful to raise and address clinical issues.

Meeting each Indicator

**C5.1**A Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage patients.

You must:

- have current, best evidence and accurate clinical guidelines available in electronic and/or hard copy for the clinical team to access.

You could:

- have regular team meetings or group emails about clinical topics, and document the topics of discussion and the decisions made
- join local networks, if available, to discuss clinical issues.
C5.1B Our clinical team supports consistent diagnosis and management of patients.

You must:

• have current, best evidence and accurate clinical guidelines available in electronic and/or hard copy for the clinical team to access.

You could:

• keep records of clinical team meetings when the use of clinical guidelines was discussed
• educate the clinical team so that they can find and use resources and guidelines
• keep records of the evidence-based resources and guidelines the clinical team uses
• establish and maintain a system that your service team can use to pass on messages to other team members (eg a communication book, internal mail, an email system)
• use relevant clinical guidelines for treating patients who identify as an Aboriginal and/or Torres Strait Islander, and for preventing and managing chronic diseases in these patients.
Criterion C5.2 – Clinical autonomy for practitioners

Indicator

C5.2A Our clinical team can exercise autonomy, to the full scope of their practice, skills and knowledge, when making decisions that affect clinical care.

Why this is important

Professional autonomy and clinical independence are essential components of high-quality care, as clinically appropriate recommendations are in the patient’s best interests.

In the after-hours setting, practitioners are only to refer patients to other specialists and health professionals if urgently required.

Instead of having decisions imposed on them, the practitioner must be free (within their scope of practice) to provide the best level of care for each individual patient, based on current clinical and other guidelines and the practitioner’s clinical judgement.

All members of the clinical team must (within the boundaries of their knowledge, skills and competence) comply with the professional and ethical obligations required by law, their relevant professional organisation, and their after-hours or medical deputising service. Information about relevant codes of conduct is available at the Australian Health Practitioner Regulation Agency (AHPRA) website (www.ahpra.gov.au).

Regular and ongoing professional development helps to maintain a practitioner’s clinical knowledge, skills and competence.

Meeting this Criterion

Practitioners are free, within the parameters of evidence-based care and their credentials, to determine the:

- appropriate clinical care of each patient
- specialists and other health professionals to whom they refer patients
- pathology, diagnostic imaging, or other investigations they order, and the provider they use.

Practitioners must still comply with the policies and procedures of your service.

Meeting each Indicator

C5.2A Our clinical team can exercise autonomy, to the full scope of their practice, skills and knowledge, when making decisions that affect clinical care.

You must:

- give practitioners autonomy in relation to
  - overall clinical care of their patients
  - referrals to other health professionals and services.

You could:

- maintain a policy specifying that practitioners have clinical autonomy to deliver evidence-based care, according to their scope of practice, skills and knowledge.
Criterion C5.3 – Clinical handover

Indicator

C5.3➤A Our service manages the handover of patient care back to the patient’s regular GP.

Why this is important
Clinical handover of patient care back to the patient's regular GP is a critical component of deputised and after-hours care.

The omission of or inadequate transfer of care is a major risk to patient safety and can result in serious adverse patient outcomes. Consequences can include:

- delayed treatment
- delayed follow-up of significant test results
- unnecessary repeats of tests
- medication errors.

It can also result in legal action.

Meeting this Criterion
Clinical handover occurs whenever there is a transfer of care from one provider to another. For example, when:

- a service is referring a patient back to their regular GP
- a practitioner is referring a patient to another healthcare provider
- there is a shared-care arrangement (e.g., a team is caring for a patient with mental health problems)
- there is an emergency (e.g., handover to a hospital or ambulance)
- the patient makes the request (e.g., uploading shared health summaries to the patient’s shared electronic health record).

Whenever your service completes a clinical handover back to a general practice, it is good practice to:

- identify the patient's regular GP
- provide an event summary to the patient's regular GP explaining the care provided to the patient
- be aware of the patient's preferences
- help the patient, carers and other relevant parties to be involved in the clinical handover, in accordance with the wishes of the patient.

Clinical handovers can be completed face to face, via written information, via telephone and by electronic means, such as secure communications or email.

You could consider having a written policy to ensure standard processes are followed during a handover. The policy could include:
• how to use the progress notes in the patient’s health record during a clinical handover
• how to have a secure clinical handover when using electronic health records (eg using healthcare identifiers that uniquely identify the individual patient)
• the process for giving and receiving information relating to home or other visits, after-hours or medical deputising services, hospital discharges and care provided by other healthcare professionals (such as specialists)
• how to record the clinical handover in the consultation notes
• how to report near misses and failures in clinical handover
• the use of a buddy system so a buddy will follow up results and correspondence, or continue the care of the patient when a colleague is not available.

Meeting each Indicator

C5.3 A Our service manages the handover of patient care back to the patient’s regular GP.

You must:
• keep copies of referrals to allied health services, other practitioners, specialists, and ambulance staff in the patient’s health record
• keep copies of event summaries sent to the patient’s regular GP
• have a process for handover of care if the patient’s regular GP is on leave.

You could:
• keep records of any issues with the clinical handover system that were identified and addressed
• have a written policy explaining how to conduct a clinical handover back to the regular GP
• have a standard form to be used for ambulance transfers
• maintain service-level agreements with general practices
• keep a register of handover lapses and mistakes
• create and document a buddy system that will ensure that a buddy will follow up results and correspondence, or continue the care of the patient when the practitioner is not available
• use internal messaging or email so clinical team members can communicate with each other
• use software, such as patient information and management systems, so that you can upload a patient’s shared health summary/record or event summary to the patient’s national shared electronic health record when the patient requests it.
Core Standard 6

Information management

Our service has an effective system for managing patient information.

Information management refers to the management, storage and disposal of records (paper and electronic), and the technology used in the process. You are required to comply with the relevant state or territory and federal laws relating to the collection, storage, use, disclosure and disposal of patients’ health and personal details.
Criterion C6.1 – Patient identification

Indicator

C6.1 Our service uses a minimum of three approved patient identifiers to correctly identify patients and their clinical information.

Why this is important

Verifying a patient’s identity helps to maintain patient safety and confidentiality. Failure to correctly identify a patient can have serious, potentially life-threatening consequences for the patient.

Using three approved patient identifiers reduces the risk of misidentification and ensures practitioners have the correct patient health record for each consultation. Rand Corporation, a non-profit research organisation, provides further information about the importance of correctly identifying patients at www.rand.org/pubs/monographs/MG753.html

Meeting this Criterion

Correct patient identification is a necessary procedure when:

- a patient makes an appointment
- a patient presents to your service for their appointment
- a practitioner conducts a home or other visit
- you communicate with a patient over the telephone or electronically
- a patient health record is accessed
- you collect and manage information (eg test results) about a patient.

Approved patient identifiers are items of information that are acceptable to use to identify a patient. They include the patient’s:

- name (family and given names together are one identifier)
- date of birth
- gender (as identified by the patient)
- address
- patient health record number where it exists.

A patient’s Medicare number is not an approved patient identifier. Some Australian residents and visitors do not have a Medicare number and people in the same family may have the same number.

Asking for patient identifiers

When asking for patient identifiers, service team members must ask the patient to state at least three identifiers (eg their full name, date of birth, address), while respecting privacy and confidentiality issues. Service staff must ask the patient to provide the information, rather than provide the identifying information and then ask the patient to confirm it.

If a patient has reservations about speaking their information aloud, they could supply government-issued photographic documentation (eg drivers licence or passport) to provide information for your records and to subsequently provide one or more identifiers.
If a person contacts the service seeking general information regarding the service’s opening hours or geographic area that it covers, patient identification information does not need to be sought.

**Patients who wish to remain anonymous**

Wherever it is lawful and practicable, patients must be able to remain anonymous when receiving care from your healthcare service. Patients may choose to receive services anonymously if, for example, sensitive issues arise or they feel they may be at risk, such as in situations of family violence or other types of difficult relationships.

**Meeting each Indicator**

**C6.1** Our service uses a minimum of three approved patient identifiers to correctly identify patients and their clinical information.

*You must:*

- use a minimum of three approved patient identifiers to confirm a patient’s identity each time they attend or call the practice.

*You could:*

- keep a prompt sheet at reception or in the call centre to remind staff to ask for approved patient identifiers.
Criterion C6.2 – Patient health record systems

Indicators

**C6.2A** Our service has a system to manage patients’ health information.

**C6.2B** If our service is using a hybrid patient health record system, a note of each consultation/interaction is made in each system, and that record includes where the clinical notes are recorded.

Why this is important

Patient health record systems are generally electronic, paper-based, or a hybrid of both electronic and paper-based systems. Whichever system is used, patient health information is sensitive and needs to be managed securely.

If one or more of your practitioners enters patient information into a paper-based system, and one or more uses an electronic system, your service is using a hybrid patient health record system.

A fully electronic patient health record system is preferable to a paper-based or hybrid system because the clinical notes in an electronic system:

- are more legible
- are more accessible
- reduce duplication
- are more easily protected and backed up, which means your practice is less likely to lose or misplace information as a result of incorrect filing, natural disaster, fire or theft.

In addition, electronic systems can support clinical decision-making (e.g., alerts can be set for patient allergies) and the patient’s detailed medical history can be accessed more easily.

Using a hybrid patient health record system to record patient health information is discouraged, as it can result in some information being recorded on one system (e.g., a medicines list on a computer) and other information being recorded on another system (e.g., past medical history on handwritten notes), or some information not being recorded at all.

Meeting this Criterion

Your service must have a patient health record system that suits the needs of your service, whether it is an electronic, paper-based or hybrid system.

Using a hybrid patient health record system

If you use an active hybrid patient health record system:

- all practitioners in your service must know that your patient health record system is a hybrid
- all practitioners who see a patient must know to look at both systems in order to access all relevant information
- information in both systems must be readily available at all times
- information does not need to be duplicated in both systems, but there must be a clearly visible note in both systems stating that your service uses a hybrid patient health record system and where information is recorded
- you must work towards the electronic recording of known allergies and current medications relevant to the clinical care provided.
Meeting each Indicator

C6.2A Our service has a system to manage patients’ health information.

You must:

- have a system to manage patient health information
- have all patient health information available and accessible when needed.

You could:

- use clinical software to manage patient health information
- conduct audits to identify gaps in patient information
- provide relevant education to your service team when the clinical software is updated.

C6.2B If our service is using a hybrid patient health record system, a note of each consultation/interaction is made in each system, and that record includes where the clinical notes are recorded.

You must:

- keep a record of consultations in both the paper and electronic health record if using a hybrid system
- have all patient health information available and accessible when needed.

You could:

- transition to an electronic patient health information system.
Criterion C6.3 – Confidentiality and privacy of health and other information

**Indicators**

**C6.3A** Patients are informed of how our service manages confidentiality and their personal health information.

**C6.3B** Patients are informed of how they can gain access to their health information we hold.

**C6.3C** In response to valid requests, our service transfers relevant patient health information in a timely, authorised, and secure manner.

**C6.3D** Only authorised team members can access our patient health records, prescription pads and other official documents.

**Why this is important**

You must collect personal health information and safeguard its confidentiality and privacy in accordance with:

- the APPs contained in the *Privacy Act 1988*
- long-standing legal and ethical confidentiality obligations
- other relevant state or territory laws (which may or may not be specific to providing health services).

You are subject to stringent privacy obligations because your service provides health services and holds health information. Health information is a subset of personal information. Personal information is, by definition, sensitive and requires more rigorous protection than non-sensitive information. Personal information can include any information collected in order to provide a health service, such as a person’s:

- name and address
- bank account details
- Medicare number
- health information (such as a medical or personal opinion) relating to their health, disability or health status.

Even if there is no name attached to particular details, some details about a person’s medical history or other information (e.g., details of an appointment) could identify the person. Therefore, this information is still considered health information and must be protected in accordance with the *Privacy Act 1988*.

If unauthorised people have access to prescription pads and/or other official documents, they can misuse these documents, particularly to gain access to medication that has not been prescribed to them.
Meeting this Criterion

Consider and address:

• all privacy requirements
• how to manage the responsibilities of your service team
• the risks associated with keeping health records.

This includes reviewing and developing policies about your service’s use of:

• computer systems and IT security
• systems that automatically generate letters or referrals
• email
• social media
• file sharing applications.

The RACGP’s Privacy and managing health information in general practice (www.racgp.org.au/ehealth/privacy) explains the safeguards and procedures required by healthcare providers in order to meet legal and ethical standards relating to privacy and security. Your medical defence organisation can also provide information and advice about developing relevant strategies.

A privacy policy

Your service must document a privacy policy that addresses the management of patient health information, and must inform patients of the policy. Your privacy policy must be written in plain English, specify a review date, and satisfy certain legal requirements, which includes providing explanations of the areas listed below:

• Information about collecting health records
  – The definition of a patient health record
  – The kinds of personal information that your service collects and holds
  – How your service collects, holds, uses, protects and discloses personal information
  – The purposes for which your service collects, holds, uses and discloses personal information
  – How patients can deal with your service anonymously

• Patients’ interactions about their privacy and health information
  – How patients can access and correct personal information at your service
  – How a patient may complain about a breach of the APPs or a registered APP code, and how your service will deal with such a complaint

• Disclosure of patients’ health information to a third party
  – Obtaining informed patient consent when disclosing health information
  – To whom health information is likely to be disclosed
  – Whether health information is likely to be disclosed overseas and, if so, where and how
  – How your service uses document automation technologies, particularly so only the relevant medical information is included in referral letters
Refer to the RACGP’s privacy policy template available at www.racgp.org.au/your-practice/ehealth/protecting-information/privacy

Visit the Office of the Australian Information Commissioner’s (OAIC’s) website at www.oaic.gov.au for further information about privacy.

Your service must make your privacy policy available to patients. This could be on your website or reception staff could produce a copy when a patient makes a request.

Disclosure of patient health information to a responsible person

The Privacy Act 1988 permits an organisation to disclose necessary health information to a patient’s responsible person (e.g., a carer), if:

- it is reasonably necessary in the context of providing a health service to that patient
- the patient is physically or legally incapable of consenting or communicating that consent.

If a carer is seeking access to a patient’s health information, seek advice from your medical defence organisation before giving the carer access.

Secure transfer of health information

When communicating information about patients to health services and government agencies, always use secure electronic communication.28

When transferring patient health information to others (e.g., patients, other health service providers, third parties who have requested the information), follow the processes in the APPs and all requirements of relevant state or territory laws addressing the transfer of patient health information.

For further advice about what information could be transferred, refer to the RACGP’s Managing external requests for patient information at www.racgp.org.au/your-practice/ehealth/optimus/managing

Contact your insurers if you have any concerns about third-party requests for patient health information.

Familiarity with requirements

Your service team must read and understand the privacy policy and understand the need for confidentiality of patient health information. In addition to being familiar with the APPs, team members need to be familiar with the relevant state or territory privacy and health records legislation. Visit the OAIC website at www.oaic.gov.au/privacy-law/other-privacy-jurisdictions for more information about privacy laws in each jurisdiction.

Appropriate access to patient health records and/or other official documents

Staff have a responsibility to use a patient’s information only for its intended purpose and for the benefit of the patient. Access to patient health records is given to members of your service team so that they can perform their roles and provide efficient service to the patients and other team members.
Meeting each Indicator

C6.3➤A Patients are informed of how our service manages confidentiality and their personal health information.

You must:
- maintain a privacy policy.

You could:
- maintain a patient health information management policy.

C6.3➤B Patients are informed of how they can gain access to their health information we hold.

You must:
- maintain a privacy policy.

You could:
- educate your service team about the need for confidentiality and have each member sign a confidentiality agreement that is stored in their employment file
- maintain a patient health records policy.

C6.3➤C In response to valid requests, our service transfers relevant patient health information in a timely, authorised, and secure manner.

You must:
- maintain a privacy policy.

You could:
- document in the patient’s health record their consent to receive electronic communications from your service
- undertake regular privacy training
- use a secure message system or other method of encryption when communicating electronically with, or about, patients, unless the patient has provided informed consent to their information being sent without such protection.

C6.3➤D Only authorised team members can access our patient health records, prescription pads and other official documents.

You must:
- maintain a privacy policy
- securely store prescription pads, administrative records and templates, such as letterheads, and other official documents.

You could:
- maintain a policy addressing the management of health information.
## Criterion C6.4 – Information security

**Indicators**

- **C6.4A** Our service has a team member who has primary responsibility for the electronic systems and computer security.
- **C6.4B** Our service does not store or temporarily leave the personal health information of patients where members of the public could see or access that information.
- **C6.4C** Our service’s clinical software is accessible only via unique individual passwords that give access to information according to the person’s level of authorisation.
- **C6.4D** Our service has a business continuity and information recovery plan.
- **C6.4E** Our service has appropriate procedures for the storage, retention, and destruction of records.
- **C6.4F** Our service has a policy about the use of email.
- **C6.4G** Our service has a policy about the use of social media.

### Why this is important

Maintaining the privacy and security of health information held by an after-hours or medical deputising service is a legal obligation. This includes maintaining the security of computers and other devices.

As healthcare providers are increasingly using electronic communication with patients and other health professionals, an email policy and a social media policy will help to protect the security of patient information and the reputation of your service.

### Meeting this Criterion

The RACGP’s *Information security in general practice* contains:

- information about security issues
- recommendations to protect against potential loss of sensitive data
- templates you can use to create policies and procedures relating to information security.

You could refer to this document, which is available at [www.racgp.org.au/your-practice/ehealth/protecting-information/information-security](http://www.racgp.org.au/your-practice/ehealth/protecting-information/information-security), to help meet the requirements of this Criterion.

### Designated service team member

Your service must have a designated team member who has the primary responsibility for information and computer security. These responsibilities must include:

- knowing who and when to call for expert advice
- giving relevant service team members the contact details of any external expert that your service has used
• educating your service team about data security and the need to follow security protocols and policies
• monitoring whether team members are following security protocols and policies.

Keeping health information concealed

Computer screens must be positioned so only appropriate members of your service team can see confidential information. Automated privacy protection tools (such as password-protected screen savers) must be used to prevent unauthorised access to computers when they are left unattended (eg when a practitioner leaves the consultation room to collect equipment, medication or information).

Mobile phones, tablets, laptops and other portable devices and the information stored or accessed on them need to be as secure as your service’s desktop computers and network. This is particularly important because these devices are potentially more accessible to people outside your service.

Restricting access to clinical software

If you have given different members of your service team different levels of access to patient health information, you must:
• document who has access to different levels of patient health information data
• make sure service team members understand why they must keep their software passwords private.

Business continuity plan

If your service uses computers to store patient health information, you must have a business continuity plan to protect information in the event of an adverse incident, such as a system crash or power failure.

The business continuity and information recovery plan must include:
• how all critical information relating to your service’s operations (such as appointments, billing and patient health information) will be frequently backed up
• a schedule of regular tests so backups are being correctly created and can be accessed and read as expected
• details of the secure offsite location where the backup information is stored
• standard letters of agreement signed by external IT providers to indicate their commitment to comply with the requirements of Information security in general practice.

Replacing IT equipment

When you need to replace or upgrade IT equipment, refer to Information security in general practice so you do not inadvertently lose or transfer important information. Just deleting records does not actually remove the data from a computer system, which means that people may still be able to recover files that have been deleted but not removed.

Other equipment, such as photocopiers and fax machines, may have hard drives that contain confidential information that must be properly removed before you dispose of them.
Destroying information

If you are considering destroying clinical records of patients who have not been seen for many years or who have outdated results in their records, consult with your medical defence organisation to ensure you understand your legal requirements and manage the risks.

For maximum security, the use of a cross-cut shredder is recommended to destroy paper documents containing sensitive material.

If your service has a policy to destroy these records, you must also have a system that provides timely identification of information that is no longer relevant.

You also need to have processes for the disposal of hard drives and other storage media, including hard drives of other equipment (eg photocopiers).

Email and social media policies

If your service uses email and social media, you must have policies for their use. Your service team must be familiar with these policies, comply with them, and understand the risks associated with using email and social media. These policies must also be made available to patients.

An email policy could include information about:

- maintaining passwords and keeping them secure
- verifying and updating email addresses
- informing patients of possible risks to their privacy if standard unencrypted email is used
- obtaining patient consent to communicate with them via email.


If your service does not use email, have a policy that states this fact.

Practitioners registered with the AHPRA are required to comply with its social media policy.

The RACGP’s Guide for the use of social media in general practice contains guidelines for the safe and professional use of social media in general practice and a template for a social media policy that complies with AHPRA’s policy. You can adapt the guidelines and template to suit your service. This guide is available at www.racgp.org.au/your-practice/ehealth/social-media/guide

Meeting each Indicator

C6.4A Our service has a team member who has primary responsibility for the electronic systems and computer security.

You must:

- have at least one team member who has primary responsibility for the electronic systems and computer security.

You could:

- maintain a policy addressing the management of patient health information
- create a position description outlining the roles and responsibilities relating to computer security.

C6.4B Our service does not store or temporarily leave the personal health information of patients where members of the public could see or access that information.
You must:

- maintain a privacy policy
- implement processes to ensure personal health information is not accessible to the public.

You could:

- maintain a policy addressing the management of patient health information
- have a physical layout (for those services with a physical premises) that means members of the public cannot view patient health information
- use password-protected screensavers
- use a cross-cut shredder and/or have a secure document-shredding agreement with a reputable provider
- remove all information from hard drives and photocopiers before disposing of them.

C6.4>C Our service’s clinical software is accessible only via unique individual passwords that give access to information according to the person’s level of authorisation.

You must:

- maintain the security of the clinical software passwords of each individual service team member
- maintain a privacy policy.

You could:

- maintain an information technology policy
- give only appropriate access to each role, based on position descriptions
- ensure staff members are trained to log out or lock computers and other devices after each use
- maintain a register of who borrows or takes a laptop, mobile phone, or other portable devices
- maintain secure passwords for portable devices
- install current antivirus software on all devices.

C6.4>D Our service has a business continuity and information recovery plan.

You must:

- operate a server backup log
- maintain up-to-date antivirus protection and hardware/software firewalls
- maintain and test a business continuity plan for information recovery
- maintain a privacy policy
- store backups offsite in a secure location.

You could:

- maintain a policy for the management of patient health information
- undertake regular privacy training.

C6.4>E Our service has appropriate procedures for the storage, retention, and destruction of records.

You must:

- maintain and test a business continuity plan for information recovery
- maintain a privacy policy.
You could:
- maintain a policy for the management of patient health information
- maintain an information technology policy
- undertake regular privacy training.

C6.4 F Our service has a policy about the use of email.
You must:
- maintain an email policy.
You could:
- put your email policy on your website
- have an automated response to patients’ emails advising them of when they are likely to receive a direct response.

C6.4 G Our service has a policy about the use of social media.
You must:
- maintain a social media policy.
You could:
- put your social media policy on your website.
Core Standard 7

Content of patient health records

Our patient health records contain an accurate and comprehensive record of all interactions with patients.

Maintaining accurate and comprehensive patient health records is crucial in providing patients with continuity of high-quality and safe care.

The patient health record is information held about a patient, in paper or electronic form.
Criterion C7.1 – Content of patient health records

Indicators

C7.1A Our service has an individual patient health record for each patient, which contains all health information held by our service about that patient.

C7.1B Our patient health records contain, for each patient, their identification details, contact details, demographic, next of kin, and emergency contact information.

C7.1C Our patient health records include records of consultations and clinical-related communications.

C7.1D Our patient health records show the Aboriginal and/or Torres Strait Islander status of patients.

C7.1E Our service records the cultural backgrounds of patients in their patient health record, where relevant.

C7.1F Our patient health records contain, for each patient, lifestyle risk factors, where relevant.

Why this is important

Consultation notes and patient health records are a way of managing risks. Medical defence organisations have identified that failure to follow up issues that patients have previously raised poses a considerable risk to after-hours and medical deputising services and practitioners.

Meeting this Criterion

Content of patient health records

Patient health records must be updated as soon as practicable during or after consultations and visits. The record must identify the person in the clinical team making the entry.

Consultation notes

Consultation notes must contain:

- date of consultation
- who conducted the consultation (eg by initial in the notes, or by audit trail in an electronic record)
- method of communication (eg face to face, email, telephone or other electronic means)
- patient’s reason for consultation
- relevant clinical findings
- diagnosis (if appropriate)
- recommended management plan and, where appropriate, expected review process
- any medicines prescribed for the patient (including those prescribed, stopped or changed)
- patient consent for the presence of a third party brought in by your service (eg chaperones/observers or support staff).
Recording a diagnosis

Use consistent coding of diagnoses when available. Choose the most appropriate diagnosis from a recognised clinical terminology (one of these is supplied with every electronic clinical record package) in the consultation notes, so that continuous improvement of clinical care and patient outcomes can be achieved.

Other information in the patient’s health record

Other information may be included in the patient health record, such as:

- any referrals to other healthcare providers or health services
- emails sent to and by the patient
- complementary and over-the-counter medicines the patient is taking (because many people now take complementary and over-the-counter medicines that may react adversely with conventional medicines, you could document the patient's use of these as you would other medicines, whether prescribed by a member of the clinical team or reported by the patient)
- any relevant preventive care information collected (such as currency of immunisations, blood pressure)
- relevant lifestyle risk factors (such as smoking, nutrition, alcohol, physical activity and recreational drug use)
- allergies
- immunisations
- special advice or other instructions given to the patient.

Storing patient health information

You need to have an effective system to store patients’ health information in a dedicated patient health record. In addition to containing clinical information as listed above, the patient health record may also contain other relevant information, such as details of personal injury insurance claims.

Patient health records in clinical software

Consider updating your service’s medical software frequently, so:

- older files will remain compatible with later versions of the software
- you will be able to run the software on modern hardware and operating systems.

You could consider retaining older hardware and operating systems so you can store and retrieve older records.

Collecting information from patients

You can collect information from a new patient using a generic form, on paper or electronically, or by privately interviewing patients before their first consultation.

You must have a system that ensures patient information (including the contact details of their emergency contact) is updated regularly so it remains accurate.

You need a process to identify patients so the right patient is matched to the right record and is therefore receiving the right treatment.
LGBTQIA patient demographic information

The methods used to collect data about people who identify as LGBTQIA often do not distinguish between the labels people use for themselves and the labels other people might use for them. For example, people who are classified as transgender by others may self-identify simply as female or male. Someone who was assigned male at birth and whose documents list her sex as ‘male’ might select ‘woman’ as her gender and ‘female’ as her sex on a form and not identify as transgender. Similarly, an intersex person might select male or female as their sex rather than nominating themselves as intersex.

To ensure the accuracy of responses when collecting information from LGBTQIA patients, you could:

- clearly explain why you are asking the question and how the answer will be used
- use forms that allow patients to select more than one option
- ask questions that distinguish between identity and descriptors of behaviour, attraction and experience (e.g. ‘male’ and ‘female’ describe identity, whereas ‘gay’ and ‘lesbian’ describe behaviour, attraction and experience).

Identifying patients of Aboriginal and/or Torres Strait Islander origin

Your service must identify and record the Aboriginal and/or Torres Strait Islander status of all patients. This must be done by asking all patients the following question, regardless of the patient’s appearance, country of birth, or whether your service team know of the patient or their family background:

‘Are you of Aboriginal and/or Torres Strait Islander origin?’

All patients have the right to respond to this question as they see fit. The patient’s response must be received without question or comment, and the response must be recorded without any amendments or annotations. If a patient indicates that they do not wish to answer the question, record ‘Not stated/inadequately described’. However, if the patient does not answer this question when filling out a form, you need to follow up immediately in case they missed it by mistake, rather than assume the patient has refused to answer.

Identifying patients of other cultural backgrounds

The RACGP encourages you to identify and record the cultural background of all patients, as this information can be an important indication of clinical risk factors and can help practitioners to provide relevant care.

Information about where patients were born, where they grew up, or where their parents are from may indicate that they are at higher risk of developing certain health conditions.

Collecting information about a patient’s cultural heritage before a consultation (e.g. by asking them to complete a ‘new patient’ form) will help you to provide the most appropriate care.

Meeting each Indicator

C7.1 | A. Our service has an individual patient health record for each patient, which contains all health information held by our service about that patient.

You must:

- maintain individual health records for each patient that include all required information
- ensure handwritten records are legible.
You could:

- maintain a patient health information management policy
- ensure new patient forms ask for all required information
- during inductions, include information about policies and processes relating to patient health records.

**C7.1B** Our patient health records contain, for each patient, their identification details, contact details, demographic, next of kin, and emergency contact information.

**You must:**

- include, for each patient, all of the required information listed in Indicator C7.1B
- maintain a privacy policy.

**You could:**

- maintain a policy addressing the management of patient health information
- use a new patient form that asks for all required information.

**C7.1C** Our patient health records include records of consultations and clinical-related communications.

**You must:**

- ensure consultation notes include all mandatory elements listed under Consultation notes in the section titled ‘Meeting this Criterion’ on page 75.
- include a record of all clinical-related communications (including emails, if applicable) in the patient’s health record.

**You could:**

- maintain a policy addressing the management of patient health information
- after scanning documents that are to be entered into electronic health records, check that the scan is clear and can be easily read, and make appropriate notes if anything is unclear or illegible.

**C7.1D** Our patient health records show the Aboriginal and/or Torres Strait Islander status of patients.

**You must:**

- document the patient’s Aboriginal and/or Torres Strait Islander status in patient health records.

**You could:**

- maintain a policy addressing the management of patient health information.

**C7.1E** Our service records the cultural backgrounds of patients in their patient health record, where relevant.

**You could:**

- maintain a policy addressing the management of patient health information
- ask patients about their cultural background during a consultation, and record this information in your clinical software (in a specific field or in general notes)
- ask patients about their cultural background in ‘new patient’ forms, and enter this information into your clinical software system (in a specific field or in general notes).

**C7.1F** Our patient health records contain, for each patient, lifestyle risk factors where relevant.

**You could:**

- document information such as height, weight, blood pressure, etc in the patient health record
- maintain a policy addressing the management of patient health information.
Core Standard 8

Education and training of your service team

Our service team members are appropriately qualified and trained to perform their role.

This Standard focuses on the systems that your service uses to ensure members of your service team receive continuing education and training that is appropriate for their role.
Criterion C8.1 – Education and training of non-clinical staff

Indicators

C8.1A Our non-clinical staff undertake training appropriate to their role and our patient population.

C8.1B Our non-clinical staff who have direct patient contact complete cardiopulmonary resuscitation (CPR) training at least every three years.

Why this is important

Administrative staff, and chaperones/observers and other support staff accompanying practitioners undertaking home or other visits, have a vital role in the provision of safe and quality care, and therefore require training appropriate to their role.

A service that supports education and training of non-clinical staff fosters continuous improvement and risk management.

Meeting this Criterion

Training relevant to the role

Training may cover areas such as:

- after-hours triage
- service procedures
- use of technology (hardware, systems and software)
- first aid
- medical terminology
- after-hours service reception
- Aboriginal and Torres Strait Islander health
- Aboriginal and Torres Strait Islander cultural awareness
- cross-cultural safety
- communication with patients with special needs
- safe operation of specific equipment.

Practitioners or other members of your service team can deliver in-house or ‘on the job’ training in service-specific areas, such as:

- using the patient health records system
- making appointments
- recognising medical emergencies when patients present in reception at the clinic
- confidentiality requirements
- familiarisation with your service’s policies and procedures.
**CPR training**

As administrative staff with direct patient contact may be present during a medical emergency, they must be trained in CPR so they can help the clinical team. Similarly, a chaperone/observer or support person (eg a driver) who accompanies practitioners to consultations must complete CPR training prior to commencing the role.

CPR training for administrative staff can be conducted by either:

- an accredited training provider
- a member of the clinical team who holds a current CPR instructor's certificate that complies with Australian Resuscitation Council (ARC) guidelines on instructor competencies.

The ARC requires that CPR trainees physically demonstrate their skills at the completion of the CPR course. CPR training that is completed solely online does not meet this requirement.

**Meeting each Indicator**

**C8.1A** Our non-clinical staff undertake training appropriate to their role and our patient population.

**You must:**

- provide non-clinical staff with relevant training.

**You could:**

- record each employee's qualifications in employment files
- specify required qualifications in the job descriptions for each non-clinical role
- keep logs recording training that non-clinical team members have completed
- keep a training and development calendar detailing upcoming opportunities for professional development, as well as training that has been completed
- conduct annual performance reviews that identify learning and development goals
- maintain documents that record training needs and completed training.

**C8.1B** Our non-clinical staff who have direct patient contact complete CPR training at least every three years

**You must:**

- provide evidence that non-clinical staff who have direct patient contact complete CPR training every three years.

**You could:**

- keep logs recording training that non-clinical team members, including chaperones/observers and support people, have completed
- keep a training and development calendar detailing upcoming opportunities for professional development, as well as training completed
- conduct annual performance reviews that identify learning and development goals
- maintain documents that record training needs and completed training.
Quality improvement module

QI Standard 1
Quality improvement 84

QI Standard 2
Clinical indicators 94

QI Standard 3
Clinical risk management 100
The Standards encourage quality improvement and enable services to identify opportunities to make changes that will improve patient safety and care. You can identify and base these changes on:

- regular reviews of your service’s structures, systems and clinical care
- analysis of your service’s information and data collected (eg by seeking feedback from patients and service team members, and conducting audits of clinical data).

All members of your service team need to have opportunities to contribute to your service’s quality improvement activities.

QI Standard 1

Quality improvement

Our service undertakes quality improvement activities to support the quality of care provided to patients.
Criterion QI1.1 – Quality improvement activities

**Indicators**

- **QI1.1A** Our service has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

- **QI1.1B** Our service team internally shares information about quality improvement and patient safety.

- **QI1.1C** Our service seeks feedback from the team about our quality improvement systems and the performance of these systems.

- **QI1.1D** Our service team can describe areas of our service that we have improved in the past three years.

**Why this is important**

Making quality improvements to your service’s structures, systems and clinical care leads to improvements in patient safety and care, particularly when the improvements are based on your service’s information and data.

It is essential that the service team members are actively involved in your service’s safety and quality systems so they understand why the improvements need to be made, and can help to implement them.

**Meeting this Criterion**

**Roles and responsibilities**

Having at least one team member responsible for leading quality improvement in your service establishes clear lines of accountability. The responsibilities of this role must be agreed to and documented (eg in a position description).

**Engaging your service team**

Quality improvement relates to many areas of an after-hours or medical deputising service, so the collaborative effort of the entire service team is necessary if you are to achieve improvements in quality and safety of patients. You could improve engagement by establishing a quality improvement team made up of members from all parts of your service team (eg doctors, nurses and administrative staff).

Actively participating in quality improvement gives all members of your service team an opportunity to come together to share information and consider how your service can improve.

In order to improve engagement and obtain feedback from your service team about quality improvement initiatives and performance, you could:

- establish a quality improvement team made up of members from all parts of your service team (eg doctors, nurses and administrative staff)
- include quality improvement as a standing agenda item at team meetings
• provide a dedicated email inbox where the team can contribute ideas and suggestions
• keep the team up to date with any system or process changes
• conduct short surveys to get the team’s thoughts on initiatives.

Identifying quality improvements

In order to identify what quality improvements could be made:
• examine your service’s structure, systems and clinical care
• collect and examine relevant patient and service data
• audit clinical databases
• analyse near misses and errors.

Quality improvement activities

Quality improvement activities can include:
• making changes to the day-to-day operations of your service, such as
  − scheduling of appointments
  − normal opening hours
  − record-keeping services
  − how patient complaints are handled
  − systems and processes
• responding to feedback or complaints from patients, carers and other relevant parties
• responding to feedback from members of your service team.

Quality improvement plans

Your service could maintain a quality improvement plan and a register of quality improvement activities showing which have been undertaken, and their outcomes.

Using a quality improvement plan and register means, you can:
• track quality improvement efforts
• identify whether improvements were made or if other efforts are required to address the quality issue
• reduce duplication of effort and time
• evaluate the plan and effect of the activities conducted
• use them as a learning tool for team members who are undertaking improvement activities.

Meeting each Indicator

QI1.1A Our service has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

You must:
• appoint and educate the team member with primary responsibility for quality improvement activities in your service about their role.
You could:

- document the responsibilities of this role in the position description
- develop a quality improvement team made up of members of clinical and administrative staff.

**QI1.1>B** Our service team internally shares information about quality improvement and patient safety.

You must:

- have a system to identify quality improvement activities.

You could:

- allocate time in each team meeting to discuss quality improvement systems with your service team
- keep a record of planning meetings where quality improvement activities are discussed.

**QI1.1>C** Our service seeks feedback from the team about our quality improvement systems and the performance of these systems.

You must:

- keep a record of feedback received from your service team about quality improvement systems.

You could:

- have notice boards or suggestion boxes the team can use to contribute their ideas
- conduct short surveys for the team to complete and incorporate the results into a quality improvement plan.

**QI1.1>D** Our service team can describe areas of our service that we have improved in the past three years.

You must:

- keep records of quality improvements that have been made to your service or your service’s systems in response to feedback, complaints or audits.

You could:

- keep minutes of meetings where improvements to your service are discussed
- have a system for developing, mandating, implementing and reviewing policies and procedures
- include quality improvement as a standing agenda item at team meetings.
Criterion Q1.2 – Patient feedback

Indicators

Q1.2.1 A Our service collects feedback from patients, carers and other relevant parties in accordance with the RACGP’s Patient feedback guide.

Q1.2.2 B Our service analyses, considers and responds to feedback.

Q1.2.3 C Our service informs patients, carers and other relevant parties about how we have responded to feedback and used feedback to improve quality.

Why this is important

Collecting and responding to feedback about patients’ experiences can lead to:

- improvements in the quality of healthcare provided by your service
- improvements in other aspects of your service (e.g., call-centre services)
- opportunities to provide constructive feedback to your service team
- opportunities to show that you value your patients’ views and needs.

Patients appreciate knowing that their feedback is taken seriously and acted on where possible.

Meeting this Criterion

Ways of collecting feedback

You can collect feedback using any method that meets the requirements of the RACGP’s Patient feedback guide. When deciding how you want to collect feedback from your patients, consider the:

- kind of information you are seeking, i.e., broad, specific or in-depth
- time required to conduct patient feedback and analyse the results
- demographics of your patients, including their education level and the languages they speak at home.

You can use any of the following methods to collect patient feedback:

- An RACGP-approved questionnaire developed by a commercial company
- A questionnaire developed in accordance with the RACGP’s Patient feedback guide
- A focus group developed in accordance with the RACGP’s Patient feedback guide
- Interviews developed in accordance with the RACGP’s Patient feedback guide
- A specific method that your service decides on that meets the requirements of the RACGP’s Patient feedback guide and is approved by the RACGP.

When to collect feedback

You can choose to collect feedback from patients either:

- at one period during the three-year accreditation cycle
- on an ongoing basis throughout the three years.

Collecting feedback all at once

If you choose to collect feedback all at once, you must do so at least once every three years.

Collecting feedback on an ongoing basis

If you choose to seek feedback from patients on an ongoing basis over a three-year period instead of collecting it all at once, you could:

- conduct short questionnaires, each one focusing on a specific area of interest (e.g., a new service) that patients could complete on paper, using electronic tablets available at your service, or online at your service’s website or a survey website/online tool
- send a text message asking for feedback on a specific area of interest to patients who have consented to receiving text messages from your service
- have an electronic tablet at your clinic’s door so patients could quickly rate an aspect of their visit to your service (e.g., give it a score out of five).

If you choose to collect ongoing patient feedback, you need to ensure that every aspect of the process meets the requirements of the RACGP’s Patient feedback guide.

The RACGP’s Patient feedback guide provides more detail about how to collect ongoing feedback from your patients.

Collecting feedback from carers and other relevant parties

In addition to meeting your patient feedback requirements, your service could collect feedback from carers and other relevant parties. For example, you could offer carers and other relevant parties feedback forms.

Using feedback

Regardless of the method you choose to collect patient feedback, you must analyse the feedback you receive and use it to improve the quality of your care.

Some suggestions made by patients will not be practical or feasible for your service, so it is up to your service to decide what feedback will be used and to prioritise activities based on the feedback.

After collecting and analysing patient feedback, identify significant issues and create a quality improvement plan. To do this, you could:

- convene a team meeting dedicated to this activity
- seek team members’ opinions on the priority of the activities that will address patient feedback
- send each team member a summary of the feedback and ask them for their thoughts on what quality improvement activities could be implemented
- identify which feedback aligns with your service’s strategic objectives
- appoint a quality improvement dedicated staff member who has the responsibility of creating a quality improvement plan.
Because patients want to know that their feedback has been respectfully considered, and implemented where possible, inform patients of the quality improvement activities that you are going to implement. For example, you could display relevant information on your service’s website.

Meeting each Indicator

QI1.2➤A Our service collects feedback from patients, carers and other relevant parties in accordance with the RACGP’s Patient feedback guide.

You must:
- collect feedback from patients in line with the requirements of the RACGP’s Patient feedback guide.

You could:
- use the RACGP Patient feedback guide to develop your own patient feedback process
- use a commercially available survey that is approved by the RACGP
- conduct face-to-face patient feedback sessions, such as focus groups or interviews
- seek feedback from patients about specific areas of your service.

QI1.2➤B Our service analyses, considers and responds to feedback.

You must:
- keep records that show you considered and discussed issues raised by patients, and have made improvements in response to their feedback.

You could:
- discuss patient feedback responses at team meetings
- create specific action plans to address issues raised by patients
- share the results and outcome reports about activities that were based on patient feedback with your service team
- incorporate improvements into relevant policies and procedures.

QI1.2➤C Our service informs patients, carers and other relevant parties about how we have responded to feedback and used feedback to improve quality.

You must:
- inform patients about how your service has responded to feedback received.

You could:
- advise patients about how your service has responded to patient feedback by placing information on your service’s website, in service newsletters and in notices in waiting rooms.
Criterion QI1.3 – Improving clinical care

Indicators

QI1.3A Our service team uses a nationally recognised medical vocabulary for coding.

QI1.3B Our service uses relevant patient and service data to make improvements to clinical services.

Why this is important

Using a nationally recognised medical vocabulary helps you to collect structured data that can be used to review and improve clinical practices in order to improve quality and safety.

Collecting structured clinical data can help improve patient care because you can use it when you are:

- carrying out quality improvement activities, such as practice audits and plan, do, study, act (PDSA) cycles
- implementing processes that identify patients with particular medical conditions.

Meeting this Criterion

Standardised clinical terminology

Using a nationally recognised medical vocabulary means:

- key details of a consultation (e.g., why a patient attended your service, the problems managed during a consultation, and referrals and requested investigations, if appropriate) are recorded in a standardised way
- data can be more easily retrieved for auditing, quality improvement and continuity of care
- analysis of your service’s data is more accurate and reliable
- there will be less ambiguity than when free text descriptions are used
- because your data is recorded consistently it can be used for multiple purposes, such as quality improvement activities and population health research.

Nationally recognised medical vocabularies, such as World Health Organization’s (WHO’s) International Classification of Primary Care (ICPC) and SNOMED CT, help to ensure that data is recorded consistently and can be used for multiple purposes, such as quality improvement activities and population health research.

Most clinical software systems in Australia use a recognised medical vocabulary (e.g., DOCLE, PYEFINCH, SNOMED CT, ICPC and ICPC2+).

If you are using a software system that does not use a nationally recognised medical vocabulary, you might consider how you could include one in your patient health records.

You do not necessarily need to re-code information previously recorded as free text, particularly if there are important details in a patient’s medical history that are difficult to formally code. You could, however, add some standardised vocabulary to make the information more useful.

You could also develop a policy and process to implement a recognised medical vocabulary to ensure consistency in newly created records and when updating records.
Improving clinical practice

Quality improvement is an essential part of healthcare and involves making changes that will increase patients’ quality of care and safety.

Quality improvement activities can aim to specifically improve clinical care or the health of the entire service population. Activities can include changes to:

- practices regarding prescribing of antibiotics (an activity aimed at improving the clinical care and health of the entire service population)
- clinical handovers to patients’ regular GPs
- triage training
- service response times.

Improving clinical practice by conducting clinical audits

You can undertake a clinical audit in order to improve your clinical practice. A clinical audit is a planned medical education activity designed to help practitioners systematically review aspects of their own clinical performance against best practice guidelines. The two main parts of a clinical audit are:

- an evaluation of the care that a service and the individual practitioners provide
- a quality improvement process.

Research indicates that the audit and feedback process is widely used to improve professional practice. Whether it is conducted as part of a multifaceted quality improvement intervention or on its own, the audit and feedback process can often lead to small but potentially important improvements in practice.31

Improving clinical practice using PDSA cycles

You could also choose to complete a PDSA cycle to improve your clinical practice. PDSA cycles encourage each individual practitioner or your service team to implement a planned improvement by breaking it down into small manageable stages. Each stage is completed one at a time, and small changes achieved at each stage are tested to make sure that improvement has occurred without wasted effort, before moving to the next stage.

PDSA cycles emphasise starting on a small scale and reflecting and building on the learning that occurs during each stage. PDSA cycles can be used to quickly and easily test suggested improvements, based on existing ideas and research, or implement practical ideas that have been proven to work elsewhere.

It is a cyclical model because the benefit for which you planned is not always achieved after one PDSA cycle. Therefore, the first PDSA can be refined and the cycle repeated as you work towards the desired benefit.

A PDSA cycle can be undertaken by an individual practitioner, a group of health professionals, and/or part or all of a multidisciplinary team. For example, an individual practitioner can complete a PDSA cycle to improve their individual clinical knowledge and skills.

Meeting each Indicator

QI1.3A Our service team uses a nationally recognised medical vocabulary for coding.

You could:
- use patient management software to code patient health information.

QI1.3B Our service uses relevant patient and service data to make improvements to clinical services.

You must:
- show evidence that you have conducted a quality improvement activity.

You could:
- participate in an audit on antibiotic prescribing
- use coded patient health information to audit patient health records and compare clinical practice
- maintain a continuous improvement register
- maintain a clinical audit based on a quality improvement plan completed by your service team
- conduct a PDSA cycle or clinical audit at least once every three years.
**QI Standard 2**

**Clinical indicators**

Our service records and uses patient data to support quality improvement activities.

Having accurate and up-to-date information about patients helps your service provide safe, high-quality care, and ensure that other healthcare providers to whom you refer a patient also provide a suitable standard of care.
Criterion QI2.1 – Event summaries

Indicators

QI2.1A Patient event summaries contain a record of known allergies.

QI2.1B Patient event summaries include, where relevant:

- adverse drug reactions
- current medicines list
- current health problems
- past health history
- immunisations
- family history
- health risk factors (eg smoking, nutrition, alcohol, physical activity)
- social history, including cultural background.

Why this is important

Providers of after-hours and medical deputising services provide current health information in the event summary, which is sent to the patient’s regular GP. An event summary can be used by healthcare providers who are not the patient’s regular provider.

An event summary outlines the consultation your service provided and includes:

- significant health information
- an overview of the patient’s presenting concern
- a diagnosis (if possible)
- details of advice given or action taken by the practitioner.

The event summary must be shared with the patient’s regular GP in order to ensure continued provision of safe and effective care of the patient.

Maintaining clear and accurate patient health records is essential if your service is to provide high-quality care. If prescribing occurs during the consultation, practitioners need to record any known allergies and adverse drug reactions.

Event summaries:

- are standalone documents that capture significant health information and form part of the patient health record
- reduce the risk of inappropriate management, including medicine interactions and side effects (particularly when allergies are recorded)
- provide an overview of social circumstances and family history that is vital to whole-patient care
- highlight lifestyle problems and risk factors (eg smoking, nutrition, alcohol, physical activity) that can help the patient’s regular GP with health promotion
- help prevent disease by tracking immunisation and other preventive measures.
Meeting this Criterion

An event summary must give the patient’s regular GP enough information that they can safely and effectively provide continuing care for the patient. In addition to including information detailed in QI2.1►A and QI2.1►B, you may also record:

- aspects of a patient’s social history that might increase their risk of health issues. For example, a patient’s refugee status, sexuality, and gender identity, and where they live (ie urban, rural, remote)
- recent events in a patient’s life that could affect preferences, values and the care they require (eg changes in accommodation, family structure, employment).

It is good practice to ask patients if they are taking any medicines not prescribed by their regular GP or having complementary therapies, and to record this information in the event summary.

Meeting each Indicator

QI2.1►A Patient event summaries contain a record of known allergies.

You must:

- include records of known allergies in the patient event summary.

QI2.1►B Patient event summaries include, where relevant:

- adverse drug reactions
- current medicines list
- current health problems
- past health history
- immunisations
- family history
- health risk factors (eg smoking, nutrition, alcohol, physical activity)
- social history, including cultural background.

You must:

- keep an event summary in each patient’s health record that contains the relevant information listed in QI2.1►B.

You could:

- conduct a regular audit of patient health records.
Criterion QI2.2 – Safe and quality use of medicines

**Indicators**

**QI2.2A** Patients are informed about the purpose, importance, benefits, and risks of their medicines and treatments.

**QI2.2B** Patients are made aware of their role in their own treatment.

**QI2.2C** Our clinical team ensures that medicines, samples and medical consumables are acquired, stored, administered, supplied and disposed of in accordance with manufacturers’ directions and relevant laws.

**Why this is important**

If patients understand the reason for taking medications, and the benefits and risks associated with particular medicines, they can make informed decisions about their treatment and will be more likely to follow the recommended treatment plan.

If practitioners have access to current information about medicines, they can implement best practice prescribing. Antimicrobial resistance is a significant and growing global health issue that must be addressed in a unified and strategic manner. By including an antimicrobial stewardship program in your service, you can help to maintain the effectiveness of antibiotics. Antimicrobial stewardship can help prevent the emergence of antimicrobial resistance and decrease preventable healthcare-associated infection.

Patients must not be given or use medicines, samples or medical consumables that have been prescribed for other patients or have passed their expiry dates.

**Meeting this Criterion**

**Medication purpose, options, benefits, risks**

Consumer Medicines Information (CMI) ([www.tga.gov.au/consumer-medicines-information-cmi](http://www.tga.gov.au/consumer-medicines-information-cmi)) can help patients to understand the purpose, options, benefits and risks of their medicines. It is particularly important that patients understand the difference between generic drugs and trade-named drugs in order to avoid dosage problems. If a patient has a low level of literacy or the information is not available in the patient’s preferred language, it may be appropriate to use pictures and diagrams, or translators.

**The patient’s role in their own treatment**

Providing patients with education improves their knowledge and makes them more likely to follow treatment plans. Practitioners could share decision-making with patients during consultations by discussing the likely benefits, harms and risks of antibiotics. Patient-centred discussions could include:

- why antibiotics may not be appropriate
- antibiotic resistance
- advice on self-management of conditions.
Your service could display posters, or provide leaflets or website details with information on antimicrobial resistance and the appropriate prescribing of antibiotics. You could also tell patients about online resources so they can find out more about their medications and the purpose of their treatments. These include:


**Using and reviewing best practice treatment**

Your service could use other resources to ensure quality use of medicines, including:

- the *Australian medicines handbook* (jointly owned by the RACGP, the Pharmaceutical Society of Australia, and the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists [ASCEPT]) ([https://shop.amh.net.au](https://shop.amh.net.au))
- Therapeutic Guidelines ([www.tg.org.au](http://www.tg.org.au))
- *Therapeutic Guidelines: Antibiotic* ([www.tg.org.au](http://www.tg.org.au)) to promote and support informed prescribing of antibiotics
- Department of Veterans’ Affairs (DVA) Medicines Advice and Therapeutics Education Services (Veterans’ MATES) ([www.veteransmates.net.au](http://www.veteransmates.net.au)).

When talking to patients, you could reinforce key messages about appropriate use of antibiotics and actions they can take to reduce antibiotic resistance.

Your service could also make other resources available to help all health professionals reinforce to patients the important messages about appropriate antibiotic use and actions that can be taken to reduce antimicrobial resistance.

It is important that your team’s antibiotic prescribing is in accordance with relevant national standards. Your service could provide education to the service team on your antimicrobial stewardship (AMS) program, including policies and procedures and how to find information on appropriate antibiotic prescribing.

**Quality improvement activities/audits**

Your service may wish to involve its practitioners in quality improvement activities that will improve clinical practice. Practitioners could also conduct a clinical audit to identify their patterns of antibiotic prescribing and monitor compliance with the service’s policies on antibiotic prescribing.

**Storage of medicines**

To ensure patients’ safe use of medicines, vaccines and other healthcare products, store these products appropriately and securely, and do not use or distribute them after their expiry dates. You could appoint a designated person to have primary responsibility for the proper storage and security of medicines, vaccines and other healthcare products.

Requirements relating to the acquisition, use, storage and disposal of Schedule 4 and Schedule 8 medicines are contained in legislation, and services need to comply with these laws.
Meeting each Indicator

QI2.2-A Patients are informed about the purpose, importance, benefits, and risks of their medicines and treatments.

You must:
- document patient discussions you have about medicines and treatments in the patient’s health record.

You could:
- use online resources and websites to inform patients about medicines.

QI2.2-B Patients are made aware of their role in their own treatment.

You must:
- document that clinical team members have discussed the patient’s role in their own treatment.

You could:
- provide patients with consumer medicine information
- provide patients with a written action plan.

QI2.2-C Our clinical team ensures that medicines, samples, and medical consumables are acquired, stored, administered, supplied, and disposed of in accordance with manufacturers’ directions and relevant laws.

You must:
- acquire, store, administer, supply and dispose of medicines, samples and medical consumables according to manufacturers’ directions and relevant laws.

You could:
- maintain a Schedule 8 medicines register in accordance with relevant state legislation.
Clinical risk management

Clinical risk management is the process of improving the quality and safety of healthcare services by:

- identifying the circumstances and opportunities that put patients at risk of harm
- acting to prevent or control those risks.33

Services need to foster a just, open and supportive culture in order to minimise and respond to near misses and adverse events.

Adverse events and near misses are events or circumstances that could have resulted, or did result, in unnecessary harm to a patient.34 These are valuable learning opportunities that can provide insights into how to improve healthcare and preserve life and health.

While individual accountability and integrity is an essential component of clinical risk management, blaming individual practitioners is not necessarily going to help identify problems in systems and processes. It is far more effective to be thoughtful and supportive.

Members of your service team must know the process they need to follow in order to report a near miss, adverse event or unanticipated patient outcome.

The clinical governance of your service gives you management and organisational structure for continuously improving the quality of your services and patient care.35 It needs to create an environment in which all team members accept responsibility for your services and the care your service provides,13,36 which will result in excellence in clinical care.

QI Standard 3

Our service has clinical risk management systems to improve the safety and quality of our patient care.
Criterion QI3.1 – Managing clinical risks

Indicators

QI3.1●A Our service monitors, identifies, and reports near misses and adverse events in clinical care.

QI3.1●B Our service team makes improvements to our clinical risk management systems in order to prevent near misses and adverse events in clinical care.

Why this is important

Patient safety incidents in clinical care occur in all health settings, including incidents that cause harm (referred to as ‘adverse events’),10 and incidents that had the potential to cause harm, but did not (referred to as ‘near misses’).

If your service does not make improvements after a near miss or an adverse event, patients may experience preventable adverse events, and your service and its team members may increase the risk of medico-legal action being taken against them.

If you use systems to identify and analyse near misses and adverse events, you can identify, implement and test solutions to prevent them happening again.

Meeting this Criterion

Most services already manage clinical risk on a daily basis and you may have informal and ad hoc methods aimed at preventing near misses and adverse events.

To reduce near misses and adverse events, you could:

- establish a system so practitioners talk to trusted peers or supervisors for advice
- use a more formal process that includes conducting discussions about what went wrong and how to reduce the likelihood of it happening again
- use structured techniques to analyse the causes of near misses and adverse events and reduce the likelihood of recurrence
- establish a system so members of your service team know how to report a near miss or unanticipated adverse event, and know they can do so without fear of recrimination
- keep copies of your service’s risk or critical incident register
- implement a clinical governance framework to help achieve a balance of ‘find it’, ‘fix it’ and ‘confirm it’ functions in relation to improving the quality and safety of care
  - Find it: use tools such as clinical audits and performance indicators to identify issues where quality improvement programs could improve the quality of care delivered and patient health outcomes
  - Fix it: implement strategies to address these issues
  - Confirm it: measure the improvement using an effective evaluation process.

You may want to have your medical defence organisation check and approve your process for recording and acting on near misses and adverse events.

Practitioners are increasingly referred to as ‘second victims’ of adverse events as they may feel that they have failed the patient.38 This can lead to practitioners second-guessing their clinical judgement and knowledge. You could consider how your service supports practitioners after an adverse event has occurred.
Meeting each Indicator

QI3.1►A Our service monitors, identifies, and reports near misses and adverse events in clinical care.

You must:

- implement and maintain an incident or event register.

You could:

- implement and maintain a clinical risk-management policy
- conduct clinical audits and make appropriate changes to clinical care to reduce the risk of near misses and adverse events
- keep a record of team and planning meetings where risks are discussed.

QI3.1►B Our service team makes improvements to our clinical risk management systems in order to prevent near misses and adverse events in clinical care.

You must:

- record the actions taken in response to events recorded on the incident or event register.

You could:

- record revisions to policies and procedures that have been shown to reduce risk.
Criterion QI3.2 – Open disclosure

Indicator

QI3.2A Our service follows an open disclosure process based on the Australian open disclosure framework.

Why this is important

Open disclosure is defined in the Australian open disclosure framework as ‘an open discussion with a patient about one or more incidents that resulted in harm to the patient while they were receiving healthcare’.

The RACGP has endorsed the Australian open disclosure framework, which was developed by the ACSQHC.


Health professionals have an obligation to:

• respectfully explain to patients when things go wrong
• offer an expression of regret or genuine apology (if warranted)
• explain what steps have been taken to ensure the mistake is not repeated.

Communicating openly and honestly is important so patients can:

• move on
• have better relationships with clinicians
• be more involved in their care.

Health professionals are advised to discuss any situation beyond normal practice with their medical defence organisation.

Meeting this Criterion

The Australian open disclosure framework states that open disclosure includes:

• acknowledging to the patient that something has gone wrong, either in response to their enquiry or initiated by the service
• apologising or expressing regret (including the word ‘sorry’)
• providing a factual explanation of what happened
• giving the patient an opportunity to relate their experience
• explaining the steps being taken to manage the event and prevent recurrence.

Open disclosure is a discussion and exchange of information that may take place over several meetings. To meet this Criterion, team members need to listen to what the patient says in response to your service’s open disclosure and demonstrate that your service has learnt from the
Incident. Incidents and near misses can be recorded in the patient’s record, as explained in the *Australian open disclosure framework*.

Disclosure after an incident that caused harm to the patient benefits the patient and your service. Disclosure may also be appropriate even if no harm appears to have been caused, especially if there is reasonable likelihood of harm resulting in the future because of the incident.

Contact your medical defence organisation and insurers for further guidance and advice about when you may need to participate in open disclosure, and what kind of documentation they require for risk management initiatives.

**Meeting each Indicator**

**QI3.2A** Our service follows an open disclosure process based on the *Australian open disclosure framework*.

You could:

- maintain an open disclosure process and encourage all members of your service team to follow the process
- develop and implement policies and guidelines that align with the *Australian open disclosure framework*
- keep a record of any discussions and apologies
- implement quality improvement initiatives (e.g., develop a brochure to give patients more information about a particular issue)
- record any near misses or adverse events that involved a patient in the patient’s record
- educate practitioners about the *Australian open disclosure framework* so they understand when they might need to undertake open disclosure
- discuss open disclosure at service team meetings
- discuss open disclosure during induction.
After-hours and medical deputising services module

AHS Standard 1
Providing patient care in the after-hours period 106
- Criterion AHS1.1 – Arrangements with practices 107
- Criterion AHS1.2 – Responsive system for patient care 110
- Criterion AHS1.3 – Safety of your service team 113
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- Criterion AHS1.6 – Follow-up systems 119
- Criterion AHS1.7 – Engaging with other services 122

AHS Standard 2
Qualifications of our clinical team 125
- Criterion AHS2.1 – Qualifications, education and training of healthcare practitioners 126

AHS Standard 3
Facilities in our service 130
- Criterion AHS3.1 – Service facilities 131
- Criterion AHS3.2 – Service equipment and doctor’s bag 135

AHS Standard 4
Reducing the risk of infection 142
- Criterion AHS4.1 – Infection prevention and control, including sterilisation 143
Medical deputising and after-hours services provide patient care when general practices are not providing patient services, and operate outside of normal hours during the ‘after-hours period’. These services provide patients with access to medical care for conditions that are not life-threatening, but require urgent medical attention during the after-hours period. These conditions may include:

- respiratory infections
- migraines
- gastroenteritis
- ear infections
- urinary tract infections
- injuries from falls.

Medical deputising and after-hours services do not undertake routine care of patients, as these services are provided during normal opening hours by the patient’s regular GP or practice. Therefore, services must not routinely provide the following services unless clinically required:

- Prescription repeats
- Medication reviews
- Routine immunisations
- Referrals
- Health checks
- Management of chronic and complex conditions

This Standard includes criteria that relate to:

- providing care in the after-hours service period, covering
  - scheduling of after-hours care
  - the triage of patients so the most appropriate care is provided
  - conducting home and other visits and care in the after-hours period
- the coordination of care outside of your service
- the system your service uses for following up tests and results.
Criterion AHS1.1 – Arrangements with practices

Indicators

AHS1.1►A Our service has formal agreement(s) in place to provide after-hours and medical deputising services to patients on behalf of their nominated general practice(s).

For after-hours services that do not operate as medical deputising services, Indicator AHS1.1►A is desirable but not mandatory.

AHS1.1►B Our service seeks to obtain feedback from practices for which we provide after-hours services and uses practice feedback for quality improvement activities.

AHS1.1►C Our service collects details of the patient’s regular GP/practice.

AHS1.1►D Our service provides timely reporting of the care provided to a patient back to their regular GP/practice.

Why this is important

Formal agreements between services and practices:

• are required for medical deputising services
• strengthen the networks between services and daytime practices in local areas
• ensure that patients can access care 24 hours a day
• help maintain continuity of care for patients.

Although it is not mandatory, it is desirable for after-hours services to have a formal agreement in place with general practices. When a service is affiliated with a general practice through a formal agreement, the service can maintain continuity of care for that patient. A medical deputising service must not offer to provide services for a practice with which they do not have a formal agreement, although the absence of a formal agreement does not prevent services from providing care to a patient requiring urgent care in the after-hours period.

When your service collects the details of the patient’s regular GP, your service must send a timely event summary detailing the care provided back to the patient’s regular GP.

Meeting this Criterion

Formal agreements between your service and practices

At a minimum, any formal agreement must detail how your service will:

• remind all patients that your service is a supplementary service and it is important the patient has their own regular GP for ongoing and comprehensive care
• send a summary detailing the clinical management of the patient to the patient’s regular GP by the next business morning (with the patient’s consent and preferably via secure communications).

Formal agreements between your service and practices generally include:

• methods of communication between the services
• the geographical area of operation
times of operation

information required from each party that will be providing patient care.

Formal agreements need to consider the APPs and the Privacy Act 1988, particularly the requirements relating to transferring health information outside Australia, as some countries have few or no privacy standards.

Feedback from practices

Your service needs to obtain feedback from practices with which you have arrangements, so you can use this information to identify and implement continuous quality improvement initiatives. For example, you could gather feedback from the practice on the quality and timeliness of the care you provide to their patients, and respond to this feedback appropriately.

Details of the patient’s regular GP

Before or during the consultation, your service must obtain details of the patient’s regular GP/practice so that you can provide the GP/practice with a timely event summary of the care you provided. If your service is aware of patients who do not have a regular GP/practice and are using your service for routine care, you:

- need to tell the patient your service does not provide routine care
- could explain the benefits of having a regular GP/practice and provide the patient with a list of general practices in their area.

Communication with the patient’s regular GP

Your service must provide the patient’s nominated GP with a timely event summary of the care you provided to their patient. This event summary must be provided the next day and include all necessary information (as listed in Criterion QI2.1 – Event summaries) relating to the consultation (e.g., the medical condition, treatment provided, medications prescribed).

Meeting each Indicator

AHS1.1A Our service has formal agreement(s) in place to provide after-hours and/or medical deputising services to patients on behalf of the nominated practice(s).

For after-hours services that do not operate as a medical deputising service, Indicator AHS1.1A is desirable but not mandatory.

You must:

- maintain formal agreements with all the practices for which you provide after-hours and/or medical deputising services
- use appropriate communication methods with the agreed practices
- maintain a list of after-hours contact details of the GPs in the practices with which your service has a formal agreement.

You could:

- provide the practice with a list of contact details for the practitioners that your service will have on call during the after-hours period.
AHS1.1B Our service seeks to obtain feedback from practices for which we provide after-hours services and uses practice feedback for quality improvement activities.

You must:
- demonstrate established methods to seek and obtain feedback (where possible) from the practices for which you provide after-hours services
- keep records that show you considered and discussed issues raised by practices and have made improvements in response to their feedback.

AHS1.1C Our service collects details of the patient’s regular GP/practice.

You must:
- include the details of the patient’s regular GP/practice in the patient’s health record.

You could:
- provide patients with information regarding the benefits of having a regular GP/practice.

AHS1.1D Our service provides timely reporting of the care provided to a patient to their regular practice/GP.

You must:
- establish processes to send the patient’s nominated GP/practice an event summary of the care provided by the next day.

You could:
- develop a policy that describes how and when to send an event summary to the patient’s regular GP/practice.
Criterion AHS1.2 – Responsive system for patient care

**Indicators**

AHS1.2A Our service has the flexibility to provide longer consultations, if required.

AHS1.2B Our service has a triage system.

AHS1.2C Our recorded phone message advises patients to call 000 in case of a life‑threatening emergency.

**Why this is important**

After-hours and medical deputising services are designed to treat acute, episodic illnesses and injuries that require urgent medical attention but are not life-threatening. To accommodate the needs of patients in the after-hours period, your service must provide different consultation types; however, this does not include non-urgent conditions or routine care. If patients attempt to use your service for these situations, you must tell them to visit their regular practice during normal opening hours instead of using an after-hours service.

Your service needs to be able to identify each patient’s needs and provide care accordingly so patients receive appropriate and timely care. To identify the patient’s needs, triage needs to be performed by suitably qualified staff such as GPs, registered nurses or trained staff using appropriate triage protocols.

If a person calls your service because of a life-threatening emergency, direct them to call 000 or, if necessary, arrange an ambulance on their behalf. Do not put them on hold.

**Meeting this Criterion**

**Consultations**

Patients must be able to access care that is flexible and accommodates different patient needs. Therefore, your service needs to have the operational flexibility to meet various demands and provide different consultation types, if required.

In order to manage patient demand, your service needs to maintain a system in which you can arrange and record consultation bookings and/or appointments.

In addition to having practitioners available for consultations, medical deputising services need to have a call centre that is staffed 24 hours a day in order to provide administrative functions.

**Triage**

Your service needs to have triage protocols to follow when patients contact the service so staff who triage calls can determine the patient’s needs, document the needs clearly and arrange a consultation according to the urgency of the situation, or refer the patient to the nearest emergency department. If the situation is not urgent, the staff member could refer the patient back to their regular GP.

For patients who call your service within normal hours, you must have a recorded message that details the hours of your service and advises callers to call 000 in the case of a life-threatening emergency.
To ensure patients are appropriately triaged, you must employ GPs, registered nurses or staff with suitable training, or provide training on triage protocols in the after-hours setting. Staff who perform triage do not necessarily need to be clinicians, but they do need to:

- understand how emergency conditions are defined
- follow a process to identify patients who need to be referred to an emergency department
- identify patients attempting to use your service for routine care.

Your service’s triage process could include:

- a triage flowchart so that staff quickly and appropriately refer emergencies to 000
- questions that trained staff know to ask patients about their condition, including their symptoms, duration of condition, severity, pain level and self-management
- appropriate triage of patients based on answers to questions, followed by
  - advising patients with non-urgent or routine general practice matters to call their regular GP during normal business hours
  - allocating other patients to the doctor on duty (either in the after-hours clinic or on the road), who will then perform a medical phone triage and determine the order in which patients will be seen.

Preventing cross-infection through triage

Because some patients will have contagious diseases, your service needs to reduce the risks of spreading infection to your service team and other patients. Your staff need to be familiar with your service’s infection control procedures, including the use of standard and special precautions, spills management and environmental cleaning.

Effective telephone triage can identify the risk of infection before patients use your service. When a patient known or suspected to be infected with a highly transmissible infection (eg influenza) wants to use your service, you can take the following transmission-based precautions to minimise exposure to other patients and staff:

- implement effective triage and appointment scheduling
- use personal protective equipment (PPE) such as masks
- implement distancing techniques
- space patients in the waiting room at least one metre apart (if you conduct consultations in physical facilities)
- place appropriate material (eg posters or digital displays) at the clinic requesting that patients notify staff if they have certain symptoms or conditions
- isolate the infected patient in a separate room (if in a physical facility)
- strictly adhere to hand hygiene measures
- conduct a home or other visit.

Meeting each Indicator

AHS1.2 Our service has the flexibility to provide longer consultations, if required.

You must:

- demonstrate that the service provides different consultation types to accommodate patient needs.
You could:

- keep an appointment system (paper or electronic) showing a variety of appointment types, including
  - long appointments
  - short appointments
  - home and other visits
- demonstrate that your service offers patients technology-based consultations, where appropriate.

**AHS1.2B** Our service has a triage system.

You must:

- demonstrate there is a triage system
- demonstrate that staff who perform triage have appropriate qualifications or training.

You could:

- provide evidence that triage guidelines are available at reception and/or on your service’s website
- provide reception and clinical staff with a triage flowchart
- display a sign in the waiting area and/or on your service’s website asking patients with high-risk or condition-deteriorating symptoms to tell reception staff
- establish a system to advise patients of the approximate wait time for medical treatment.

**AHS1.2C** Our recorded phone message advises patients to call 000 in case of a life-threatening emergency.

You must:

- have a recorded phone message (which may be an introductory message or ‘on hold’ message) that advises patients to call 000 if they have a life-threatening emergency.

You could:

- display information on your service’s website to advise patients to call 000 if they have a life-threatening emergency.
Criterion AHS1.3 – Safety of your service team

Indicator

AHS1.3 A Our service provides a safe environment for all team members in the after-hours period.

Why this is important

Because practitioners are more likely to experience violence in an after-hours clinic or when conducting home or other visits in the after-hours period, after-hours work is considered more dangerous than work during normal hours.39 All service staff are particularly vulnerable in the after-hours period. There are unique safety risks when making home and other visits in the after-hours period, particularly if unaccompanied, and team members working in an after-hours clinic or call centre are generally more isolated due to low staffing levels.

To mitigate these safety risks, your service must have systems that ensure the safety and security of your staff.

Meeting this Criterion

Safe working environment

Your service needs to maintain a safe work environment for your service team, by:

• meeting the requirements of Criterion C3.5 – Work health and safety, in the Core module of this document

• adhering to relevant state or territory and federal WHS laws

• addressing any other particular WHS considerations that may be specific to the service you provide. For example, if your home-visiting practitioners carry drugs of dependence, your service will need to consider how to ensure the practitioners’ security and safety.

Reducing risk to service staff

The RACGP’s General practice – A safe place outlines strategies your service can use to mitigate safety risks to your staff.40 For example, your service could:

• routinely offer all staff an appropriate chaperone/observer for home or other visits

• keep a database of all patients who have special management instructions, and divert all patients who are flagged to receive alternative after-hours care

• flag patient files so staff know they may be unwelcome at the patient’s home, or that the patient (or their family) has a history of violence

• keep a record of the registration number, make, model and colour of each staff member’s car

• provide personal duress alarms to staff

• develop procedures to be followed if staff cannot be contacted or do not return/check in as expected

• direct practitioners who elect to carry drugs of dependence that they must leave those medications locked and out of sight in the car and only brought into a home when necessary, and only in the quantity required.
Meeting each Indicator

**AHS1.3A** Our service provides a safe environment for all team members in the after-hours period.

You must:
- develop risk mitigation strategies for service staff working in the after-hours period
- include safety procedures in your staff induction program.

You could:
- educate staff on self-defence (physical and non-physical)
- develop policies and procedures for staff working in the after-hours period
- ask staff how your service can improve their safety
- provide sufficient lighting and security at the service.
Criterion AHS1.4 – Home and other visits

**Indicator**

AHS1.4 A Patients can access home and other visits, when safe and reasonable.

**Why this is important**

Patients need to be able to access care as required, even when they are not able to physically attend an after-hours service.

To meet this Criterion, medical deputising services must offer home visits, including within the after-hours period. Some medical deputising services and after-hours services only provide home or other visits, and do not have a physical practice that patients can attend. Services that only provide visit-based care are not meant to be used by patients for the sake of convenience, but must only be used in circumstances in which:

- a patient’s regular GP or practice is not available
- the patient has an urgent health concern that cannot be delayed until the next day.

Although services often perform home and other visits on behalf of a general practice, neither the practitioner nor the patient must consider these visits as an alternative to the care provided by the patient’s regular GP.

**Meeting this Criterion**

**Who can perform home and other visits?**

Only a member of the clinical team can perform home and other visits. A practitioner is required in some situations, while another member of the team (eg a practice nurse working within their scope of practice) is able to perform the required duties in other situations. At times, an appropriately qualified clinician (eg a nurse or Aboriginal health worker) could attend home and other visits as part of a GP-led team accompanied by a chaperone/observer, or under the supervision of a suitably qualified practitioner.

**Process for offering home and other visits**

Home and other visits can be offered when:

- the patient is confined due to illness or disability
- urgent treatment can be given more quickly by visiting
- the risk of infection is minimised if the patient is seen at home or in another setting
- there may be an adverse outcome if the patient is not seen promptly
- a medical deputising service is engaged to act on behalf of a practice and it is outside the practice’s normal hours.

To determine the circumstances under which a home and other visit is offered, your service could have policies that specify:

- factors your service considers to make home and other visits safe and reasonable
- geographical limits for home and other visits
- personal circumstances and health concerns that necessitate a home or other visit
• the support your service provides to practitioners who make home and other visits
• alternative arrangements that are available to the patient if a home or other visit is not made.

All members of your service team must understand the conditions under which a home or other visit is deemed appropriate based on your service’s policy.

Defining ‘safe and reasonable’ in the local context

Your service needs to decide what is ‘safe and reasonable’ in your local context and considering your service’s location and patient population.

‘Reasonable’ means it is clinically appropriate to conduct a home or other visit instead of making the patient attend a physical after-hours service.

One way of deciding if a home or other visit is safe and reasonable is to consider what your peers, particularly those in the same area, would agree is safe and reasonable.

Access to alternative sources of care

If a home or other visit is neither safe nor reasonable, but the patient cannot attend a physical after-hours service, you need to be able to offer an alternative system of care to the patient. Depending of the severity and urgency of the patient’s condition, you could suggest that the patient attend a hospital’s emergency department, call an ambulance, or use a telephone advice line.

Your service could offer video or telephone consultations as an alternative to face-to-face consultations. To decide if your service wants to offer this type of consultation, consider the:
• safety of the patient and your service team
• patient’s clinical needs
• clinical effectiveness of video or telephone consultation
• patient’s preference
• location of your service
• availability of technology-based facilities for you and the patient
• conditions of your professional indemnity insurance.

Meeting each Indicator

AHS1.4 A Patients can access home and other visits, when safe and reasonable.

You must:
• demonstrate how your service provides home and other visits to patients, when safe and reasonable
• demonstrate that all members of the service team understand the conditions under which a home or other visit is deemed appropriate based on the service’s policy.

You could:
• maintain a policy detailing circumstances when home or other visits are deemed safe and reasonable
• keep records of home and other visits made by your team members, including the time they occurred
• keep records of Medicare billings showing home and other visits that your service has conducted
• demonstrate that patients are advised of how they can access care when home or other visits are not considered safe or reasonable.
Criterion AHS1.5 – Continuity of care

**Indicators**

- **AHS1.5➤A** Our service encourages continuity of care with the patient’s regular GP.
- **AHS1.5➤B** Our service facilitates the transfer of care of a patient when it is not appropriate for that patient to use our service.

**Why this is important**

Continuity of care is the degree to which a patient experiences healthcare events as coherent, connected and consistent with their medical needs and personal circumstances. Continuity of care is distinguished from other attributes of care based on two key characteristics: care that takes place over time, and that focuses on individual patients.

Continuity of care:

- supports the provision of high-quality patient care
- reduces the use of emergency departments and preventable hospital admissions
- contributes to an overall lowering of health costs, increased patient satisfaction, and greater efficiency of the health system.

Because your service plays a key role in supporting continuity of care, you need to establish strong methods of communication and information exchange between your service and the patient’s regular practice.

You need to have a system so a patient can still access care in the after-hours period if you identify that it is not appropriate for the patient to use your service.

**Meeting this Criterion**

**Continuity of care**

To ensure proper clinical handover of care to the patient’s regular GP, your service must send an event summary to the patient’s regular GP so they receive it on the next consulting day. Ideally, your service will explain the importance of this to the patient and ask for and receive their consent to pass on the information.

Appropriate patient confidentiality must be maintained when using any form of communication.

Your service must encourage patients to see their regular GP or practice for non-urgent and routine care, and to only use an after-hours or medical deputising service when their regular GP or practice or other alternatives are not available.

**Facilitating the transfer of care of a patient**

For times when you identify that it is not appropriate for a patient to use your service (eg the patient needs to attend an emergency department or has been identified as violent), you need to have a system so you can transfer their care and ensure they receive appropriate access care.
Meeting each Indicator

**AHS1.5A** Our service encourages continuity of care with the patient’s regular GP.

**You must:**
- demonstrate methods of communication with the patient’s regular GP.

**AHS1.5B** Our service facilitates the transfer of care of a patient when it is not appropriate for that patient to use our service.

**You must:**
- transfer the patient’s care to another practitioner or service when it is not appropriate to provide patient care.

**You could:**
- maintain a policy about transferring a patient’s care
- provide referrals to other healthcare providers
- educate your service team about situations where a patient’s care would be transferred.
Criterion AHS1.6 – Follow-up systems

**Indicators**

**AHS1.6A** Pathology results, imaging reports, investigation reports and clinical correspondence initiated by practitioners in our service are:

- reviewed
- electronically notated or, if on paper, signed or initialled
- acted on by the referring after-hours practitioner
- incorporated into the patient health record
- copied to the patient’s regular GP/practice.

**AHS1.6B** Practitioners in our service who request tests ensure clinically significant results are followed up in a timely manner.

**AHS1.6C** Patients are advised of our process for following up tests and results.

**AHS1.6D** Our service alerts a patient’s regular GP/practice of clinically significant results.

**Why this is important**

The urgent and episodic nature of after-hours care tends to result in fewer investigations being ordered than in general practice operating during normal hours. However, an investigation will occasionally be necessary, and if the investigation returns an urgent or clinically significant result, a patient who does not have a regular GP, or whose regular GP is on leave, may need to be recalled.

Clinically significant results need to be followed up quickly and appropriately so appropriate action can be taken to reduce the likelihood of an adverse patient outcome and medico-legal action.

It is the responsibility of the after-hours practitioner to follow up:

- any test that has been ordered for a patient during an after-hours consultation
- patients with clinically significant results, and alert the patient’s regular GP/practice.

Your service could recall patients when:

- a diagnosis is unclear
- follow-up is required and the patient’s regular general practice is not open (eg over a weekend or a prolonged holiday period).

Copy in the patient’s regular GP when ordering the investigation and in any other electronic communications so the test provider can forward results to the patient’s regular GP.

**Meeting this Criterion**

**Timely review and action on tests and results**

When your service prepares an event summary for a patient’s regular GP, you must include the details of any investigations you have ordered for the patient. When your service receives test results, you must forward a copy to the patient’s regular GP.
Your service must have safeguards that ensure that potentially clinically significant information does not get ‘lost in the system’. Practitioners must ensure that all test results received are recorded and appropriately followed up with the patients.44

Practitioners need to review results and reports and take appropriate action in a timely manner. The speed with which results/reports are acted on will depend on the practitioner’s judgement of the clinical significance of the result/report, and the context of the situation.

Clinical significance of results

To determine if a result is clinically significant and therefore requires action, consider the:

- probability of the patient being harmed
- likely seriousness of the harm
- burden of taking steps to avoid the risk of harm.

The clinical significance of a test or result must be considered in the context of the patient’s history and presenting problems. ‘Clinically significant’ does not necessarily mean only ‘abnormal’ results. Whether a result is clinically significant is a judgement made by the practitioner that the information is clinically important for that patient and their healthcare.

Your service must have processes that ensure clinically significant results are followed up and handover of care to the patient’s regular GP occurs. As part of the handover process, your service must:

- provide the patient’s regular GP with the results
- inform the regular GP that your service advised the patient to follow up the test results with them.

Following up patients

Your service must have a process for directly advising patients who do not have a regular GP and referring those patients to an appropriate care provider.

If you need to initiate follow-up contact with a patient, do so in a reasonable manner. This means taking into account all relevant circumstances to determine the number, frequency and nature of the attempts to contact the patient. For example, you may decide that it is reasonable to make up to three telephone calls at different times of the day and then attempt to contact a patient by mail or email twice. Document each attempt, including voicemails you leave.

Your service staff induction must include your follow-up system.

If your service uses one system for administrative tasks such as billing and appointments, and another to store clinical information and patient healthcare details, use any functions they have to transmit follow-up information from one system to the other.

Meeting each Indicator

**AHS1.6** Pathology results, imaging reports, investigation reports and clinical correspondence initiated by practitioners in our service are:

- reviewed
- electronically notated or, if recorded on paper, signed or initialled
- acted on by the referring after-hours practitioner
- incorporated into the patient’s health record
- copied to the patient’s regular GP/practice.
You must:

- demonstrate the process used by practitioners in your service for the review and management of test results
- demonstrate your service's process for copying results to the patient's regular GP/practice.

You could:

- maintain a policy for reviewing and managing results
- maintain a procedure for reviewing and managing results
- document each patient’s agreement that they are responsible for having the recommended tests performed and for obtaining the results.

**AHS1.6▶B** Practitioners in our service who request tests ensure clinically significant results are followed up in a timely manner.

You must:

- record attempts to contact the patient about their clinically significant tests and results in their patient health record.

You could:

- maintain a recall policy for staff to follow when a patient who does not have a regular GP or whose regular GP is away on leave needs to be recalled with an urgent result
- use templates in your clinical software program to trigger follow-ups
- document a staff member’s role in the recall process in their position description.

**AHS1.6▶C** Patients are advised of our process for following up of tests and results.

You must:

- demonstrate that your patients are advised of your process for follow-up tests and results.

You could:

- demonstrate that staff can explain how patients are advised of the process to receive results
- nominate a staff member who is responsible for the follow-up process
- maintain a follow-up policy document for staff to follow
- display your follow-up process on your website.

**AHS1.6▶D** Our service alerts a patient’s regular GP/practice of clinically significant results.

You must:

- demonstrate your service’s process for the timely alerting of a patient’s regular GP/practice of clinically significant tests and results.

You could:

- nominate a staff member who is responsible for the follow-up process
- maintain a follow-up policy document that staff must follow.
Criterion AHS1.7 – Engaging with other services

**Indicators**

AHS1.7A Our service engages with other health services when urgently required.

AHS1.7B Our practitioners’ referral letters are legible and contain all required information.

AHS1.7C Our service ensures that the patient’s regular GP/practice is advised of any referrals.

**Why this is important**

Although after-hours and medical deputising services do not routinely refer patients to other services, your service might need to engage with other healthcare providers and other services, such as hospitals and diagnostic and pathology services, when it is urgently required.

Unless it is urgent, your practitioners must refer patients back to their regular GP for referrals to other health specialists and health professionals.

If a practitioner has ordered any referrals for a patient, your service must notify the patient’s regular GP so they can provide ongoing comprehensive patient care.

**Meeting this Criterion**

**Referral information**

Although your service will not routinely refer patients to other services, in some urgent cases you may need to make a referral (with external healthcare providers) in order to ensure continuity of care.

If your service does send a referral letter, it must:

- include the name and contact details of the referring GP and the practice principal
- be legible
- include the patient’s name and date of birth, and at least one other patient identifier
- explain the purpose of the referral
- contain enough information (relevant history, examination findings and current management) so that other healthcare providers can provide appropriate care to the patient
- not include sensitive patient health information irrelevant to the referral
- include a list of known allergies, adverse drug reactions and current medicines
- identify the healthcare setting to where the referral is being made (eg the specialist clinic)
- identify the patient’s regular GP/practice.

If appropriate, referrals could also contain:

- the name of the healthcare provider to whom the referral is being made, if known
- any relevant information that will help other healthcare providers deliver culturally safe and respectful care (eg language spoken, the need for an interpreter or other communication requirements).
Patient information in referrals

Only clinically relevant patient health information needs to be provided in a referral letter. Information is clinically relevant if the healthcare practitioner needs that information to diagnose and treat the patient. You may consider offering patients the opportunity to read a referral letter before it is sent.

You must consider your obligations under the Privacy Act 1988 before you use or disclose any health information. As the Privacy Act 1988 does not prescribe how a healthcare organisation must communicate health information, you may use a variety of communication methods as long as you take reasonable steps to protect the information and the patient’s privacy.

Emailing referrals

The RACGP has developed a matrix that shows the risk associated with emailing certain types of information to patients or other healthcare providers, depending on your service’s policies and processes. The matrix is available at www.racgp.org.au/download/Documents/e-health/using-email-in-general-practice-privacy-and-security-matrix.pdf

Although the Privacy Act 1988 does not prescribe the method of communication a healthcare organisation uses to pass on health information to patients or third parties, it does require that you take reasonable steps to protect the information and the patient’s privacy.

Your service needs to have systems so you respond to emails and other electronic communication in a timely and appropriate manner.

Telephone referrals

In the case of an emergency or other unusual circumstance, it may be appropriate to make a telephone referral. Record details of all telephone referrals in the patient’s health record.

Keep copies of referrals

For medico-legal and clinical reasons, keep copies of all referrals in the patient’s health record.

Send copies to the patient’s regular GP

To support continuity of care, your service must have a system that ensures that all referrals are forwarded to the patient’s regular GP. This enables the patient’s regular GP to maintain a comprehensive understanding of all of the care that the patient has received, and in doing so helping to ensure continuity of care.

Meeting each Indicator

AHS1.7 Our service engages with other health services when urgently required.

You must:

• be able to demonstrate that staff are aware of local healthcare providers.

You could:

• maintain an electronic or hard-copy register of service providers and organisations to which patients might need to be referred

• keep an easily accessible list of pharmacies that includes trading hours and the roster of on-call pharmacists.
AHS1.7B Our practitioners’ referral letters are legible and contain all required information.

You must:
• include all required information in all referral letters
• provide evidence of referral letters in patient notes.

You could:
• maintain a policy on referral documents that includes using at least three patient identifiers
• maintain a procedure for gaining consent from patients when referrals are sent electronically
• include requirements relating to electronic transmission of referrals in your service’s privacy policy
• maintain a standard referral template that includes all relevant details.

AHS1.7C Our service ensures that the patient’s regular GP/practice is advised of any referrals.

You could:
• demonstrate how copies of referral letters are provided to the patient’s regular GP/practice
• appoint a staff member to be responsible for ensuring that copies of all referral letters are sent to the patient’s regular GP/practice.
AHS Standard 2

Qualifications of our clinical team

Our clinical team is appropriately qualified and trained to perform their role.

Services must:

- verify qualifications and training of their clinical team
- support and encourage quality improvement and risk management through appropriate education and training of their clinical team.
Criterion AHS2.1 – Qualifications, education and training of healthcare practitioners

Indicators

AHS2.1►A Members of our clinical team:
• have current national registration where applicable
• have accreditation or certification with their relevant professional organisation
• actively participate in CPD relevant to their position and in accordance with their legal and/or professional organisation’s requirements
• have undertaken training in CPR in accordance with the recommendations of their professional organisation, or at least every three years.

AHS2.1►B GPs working in our service are one of the following:
• specialist GPs
• general practice registrars under appropriate supervision in accordance with the Standards for general practice training
• medical practitioners actively working towards Fellowship on a recognised general practice pathway
• medical practitioners with more than 10 years’ experience in Australian general practice.

AHS2.1►C Our clinical team is trained to use our service’s equipment that is relevant to their role.

AHS2.1►D Our clinical team is aware of the potential risks associated with equipment use.

Why this is important

Ensuring that all practitioners are suitably qualified can reduce the risk of medical errors and ensures that your service provides patients with safe, high-quality care.

Your practitioners will generally be working in a small team or on their own in the after-hours period, and therefore they need to have appropriate skills and knowledge to satisfy the particular needs of patients in that time period.

All practitioners must:
• be suitably qualified and trained
• maintain the necessary knowledge and skills that enable them to provide good clinical care
• comply with the professional development requirements of the relevant professional organisation, regardless of whether the individual is a member of the organisation
• comply with the code of conduct of the relevant professional organisation, regardless of whether the individual is a member of the organisation
• work within their scope of practice and competencies
• meet supervision requirements.
Meeting this Criterion

Registration, credentialing and CPD

Practitioners have the responsibility to maintain their relevant national registrations, have proof of their credentialing, and comply with their ongoing CPD requirements.

CPD and other training relevant to your position

Practitioners must consider what CPD and other training is relevant to their position and patient population.

General practice is a specialist discipline

General practice is a distinct discipline in medicine and requires specific training. Doctors in general practices need to be appropriately trained and qualified in the discipline of general practice, and be either vocationally recognised or have FRACGP.

The RACGP defines a GP as a registered medical practitioner who is qualified and competent for general practice in Australia; has the skills and experience to provide patient-centred, continuing, comprehensive, coordinated primary care to individuals, families and communities; and maintains professional competence for general practice through CPD.

Categories of medical practitioners able to work for your service

Medical practitioners working for your service must fall into one of the following categories.

Specialist GP

A vocationally registered (VR) GP is a GP on the Medicare Vocational Register or Fellows List and is therefore recognised as a specialist GP. A specialist GP is the gold standard for the delivery of general practice service in Australia.

General practice registrars and other medical practitioners on a direct and recognised pathway to general practice Fellowship

General practice registrars and other medical practitioners on a direct (and recognised) pathway to general practice Fellowship are eligible to provide after-hours and deputised services, provided they are appropriately supervised and meet any applicable standards for GP training and supervision.

Medical practitioners with 10 or more years’ experience in general practice

Medical practitioners with 10 or more years’ experience in general practice (achieved either by graduating before 1996 or through a workforce program) are also eligible to provide after-hours and deputised services.

CPR training

All healthcare practitioners must be trained in CPR so they can provide care in emergencies. CPR training must be conducted by an accredited training provider.

Using your service’s equipment

Training required to use your service’s equipment will depend on the specific equipment your service has and the relevance of the equipment to the clinical team’s role.

The clinical team must be trained in how to use your service’s equipment safely in order to avoid any adverse events.
There must be an assessment to determine whether your team members require specific training in the use of particular equipment, such as height-adjustable beds, point-of-care testing equipment or your service’s defibrillator (if your service has one), and whether ongoing training is required.

**Meeting each Indicator**

**AHS2.1**

**A** Members of our clinical team:
- have current national registration where applicable
- have accreditation or certification with their relevant professional organisation
- actively participate in CPD relevant to their position and in accordance with their legal and/or professional organisation’s requirements
- have undertaken training in CPR in accordance with the recommendations of their professional organisation, or at least every three years.

You must:
- keep records of current practitioner registration
- keep records of CPD undertaken by your practitioners
- keep records of CPR training undertaken by the clinical team.

You could:
- keep training logs that record training practitioners have completed
- keep a training and development calendar
- conduct annual performance reviews that identify learning and development goals
- store documents that identify training needs and completed training of each member of your service team.

**AHS2.1**

**B** GPs working in our service are one of the following:
- specialist GPs
- general practice registrars under appropriate supervision in accordance with the Standards for general practice training
- medical practitioners actively working towards Fellowship on a recognised general practice pathway
- medical practitioners with more than 10 years’ experience in Australian general practice.

You must:
- provide evidence that GPs are appropriately qualified
- demonstrate that registrars and other medical practitioners are on a recognised pathway to Fellowship, under appropriate supervision and in accordance with relevant standards
- demonstrate that medical practitioners who have worked in Australian general practice for 10 or more years have the required experience.

You could:
- keep copies of job advertisements your service has placed to recruit GPs
- use an agency to recruit GPs.
**AHS2.1.C** Our clinical team is trained to use our service’s equipment that is relevant to their role.

**You must:**
- provide your service team with appropriate training in the safe use of equipment.

**You could:**
- keep training logs that record training that practitioners have completed, particularly in specialist or emergency equipment
- keep a training and development calendar, highlighting when refresher training needs to be completed
- conduct annual performance reviews that identify learning and development goals
- maintain documents that identify training needs and completed training of each member of your service team
- provide the clinical team with training in how to use equipment relevant to their role.

**AHS2.1.D** Our clinical team is aware of the potential risks associated with equipment use.

**You must:**
- be able to demonstrate that the clinical team has been educated on the safe use of equipment.

**You could:**
- keep a register of issues, near misses, or adverse events related to the use of equipment.
AHS Standard 3

Facilities in our service

Our service’s facilities and medical equipment are appropriate for the provision of patient care during the after-hours period.

Services must:

- provide an environment and infrastructure that enables your service team to undertake safe and effective patient consultations
- ensure that practitioners and other clinical staff have access to the medical equipment they need to provide care to patients, whether in your service’s consultation rooms or during home or other visits.
Criterion AHS3.1 – Service facilities

**Indicators**

For after-hours and medical deputising services that only provide visit-based care, Indicators D, E and G are not applicable.

- **AHS3.1►A** Our physical service facilities are fit for purpose.
- **AHS3.1►B** Our service ensures that all patient consultations take place in an appropriate consultation or examination space.
- **AHS3.1►C** Our service uses consultation spaces that permit patient privacy and confidentiality.
- **AHS3.1►D** Our service has a waiting area that accommodates the usual number of patients and other people who would be waiting at any given time.
- **AHS3.1►E** Our service has accessible toilets.
- **AHS3.1►F** Our service has accessible hand-cleaning facilities.
- **AHS3.1►G** Our service is visibly clean.

**Why this is important**

Patient care might be compromised if your service does not have appropriate service facilities. To protect your patients’ safety, provide an environment that enables staff to perform their duties safely and effectively.

You must consider the context within which your service operates when meeting the Indicators in this Criterion. For example, after-hours services that have physical consultation rooms will have different facilities to services that operate outside of normal opening hours and only provide visit-based care. However, services that only provide visit-based care must still have physical facilities for certain tasks.

**Meeting this Criterion**

**Design and layout of physical facilities**

Your service’s physical facility must be fit for purpose and satisfy requirements relating to privacy, security, design and layout, consultation spaces (if applicable) and access to facilities such as toilets, including for patients with disability.

The layout of your service could be designed to give reception staff clear sight of the waiting areas so they can see and monitor waiting patients.

You could also consider any cultural requirements your patients might require in areas such as the waiting room (where applicable).

Consultation rooms need to be kept at a comfortable temperature.

Services providing visit-based care only need to:

- keep vehicles stocked with all necessary equipment
- maintain an operations facility to carry out administrative functions, triage patient calls over the phone or website, and store medical supplies.
Protecting patients’ privacy and dignity

You must take reasonable efforts to protect the patient’s privacy during a consultation, and consider particular circumstances in which patient confidentiality may be compromised when providing care outside normal opening hours.

Patient privacy is as relevant in environments other than a clinic (eg patient’s home and residential aged care settings) as it is within a clinic.

Always use appropriate visual and auditory privacy to protect the patient’s dignity. In home and other visits, this might involve re-locating to another room and asking family members to leave the room.

Visual privacy means the patient can undress in private, be covered as much as possible during an examination, and that other people cannot see the patient during the consultation. This can be achieved by:

- practitioners covering the patient with a gown or sheet
- practitioners leaving the room while a patient is undressing and dressing
- providing an adequate curtain or screen
- finding a private area when conducting a home or other visit.

Auditory privacy means that other people cannot overhear a consultation. This can be achieved by:

- having solid doors (instead of doors with paper cores)
- playing appropriate background music to mask conversations between staff and patients
- finding a private area when conducting a home or other visit.

In circumstances where visual and auditory privacy is compromised or not possible, such as during home or other visits or in nurses’ treatment bays, you must attempt to find an area that is appropriate to undertake the consultation.

Location of toilets and hand-cleaning facilities

Ideally, services that operate from a physical location will have toilets on their premises, but if this is not possible they must be close to your service. Toilets need to be easily accessible, well lit and signposted. You could provide separate toilets for staff and patients.

Wash basins need to be in or close to the toilets to minimise the possible spread of infection. Staff and patients need to be able to access them easily.

Your service must ensure effective hand cleaning (eg with alcohol-based hand rub) can occur during any consultation. Services providing home and other visits must provide adequate hand-cleaning facilities that team members can use away from the physical facilities.

Environmental cleaning

Your service could appoint one member of the team who has primary responsibility for ensuring that your service has appropriate cleaning processes.

If your service engages commercial cleaners for environmental cleaning, create a written contract that outlines a cleaning schedule, suitable cleaning products to be used and areas to be cleaned, and have the cleaners sign this contract. You could also consider having the cleaners record their work in a cleaning log.
Meeting each Indicator

**AHS3.1A** Our physical service facilities are fit for purpose.

You must:
- demonstrate that your service’s physical facilities are fit for purpose.

You could:
- structure the physical layout of the facility so that it includes consulting rooms, toilets, hand-cleaning facilities, an area for administrative functions, a triage centre, and storage for medical supplies
- maintain a reliable heating and cooling system
- maintain supplies of all necessary equipment in vehicles used to travel to and from home and other visits.

**AHS3.1B** Our service ensures that all patient consultations take place in an appropriate consultation or examination space.

You must:
- be able to demonstrate that all patient consultations take place in an appropriate consultation or examination space.

You could:
- maintain a process for identifying an appropriate consultation or examination space when providing visit-based care
- use consultation spaces that have auditory and visual privacy
- design the layout of the consultation space to ensure confidentiality
- in induction of practitioners, include how your service ensures the patient’s privacy during home and other visits.

**AHS3.1C** Our service uses consultation spaces that permit patient privacy and confidentiality.

You must:
- demonstrate that consultation spaces (whether in a clinic or in the home) permit patient privacy and confidentiality.

You could:
- make patient privacy screens available
- maintain a policy on patient privacy in the consultation space
- create consultation spaces that have auditory and visual privacy
- demonstrate a process for maintaining confidentiality and privacy during home and other visits.

**AHS3.1D** Our service has a waiting area that accommodates the usual number of patients and other people who would be waiting at any given time.

You must:
- demonstrate how your patient waiting area is appropriate for your usual number of patients.

You could:
- provide a waiting area with an adequate number of seats
- ensure that reception staff can monitor the waiting area.
**AHS3.1►E** Our service has accessible toilets.

You must:
- be able to demonstrate how patients can access toilet facilities.

You could:
- consider separate toilets for service staff and patients
- have appropriate signs to indicate the location of toilets and other facilities.

**AHS3.1►F** Our service has accessible hand-cleaning facilities.

You must:
- provide access to effective hand-washing in your service and during home and other visits.

You could:
- document your service's requirements for effective hand-cleaning during all consultations (ie within the physical facility and during home and other visits).

**AHS3.1►G** Our service is visibly clean.

You must:
- be able to demonstrate the methods used to maintain cleanliness of your service.

You could:
- ensure the vehicles used for home and other visits are visibly clean, particularly in the area where medical equipment is stored
- use a written agreement with commercial cleaners
- use a cleaning log
- provide washable children's furniture and play equipment
- ensure the operations facility is visibly clean, particularly where medical equipment is stored.
Criterion AHS3.2 – Service equipment and doctor’s bag

Indicators

For services providing care outside normal opening hours that only provide visit-based care, Indicator C is not applicable.

AHS3.2A Our practitioners have equipment for comprehensive primary care and emergency resuscitation.

AHS3.2B Our service maintains our clinical equipment in accordance with manufacturers’ recommendations.

AHS3.2C Our service has one or more height-adjustable beds.

AHS3.2D Our service has timely access to an electrocardiograph.

AHS3.2E Our service has timely access to a defibrillator.

AHS3.2F Each of our practitioners has access to a fully equipped doctor’s bag for visits and emergency care (refer to the list below).

Why this is important

Practitioners need to have access to equipment that enables them to treat acute, episodic illnesses and injuries in the after-hours period and during emergency resuscitation, as required. You need to consider what equipment practitioners working within your service require to provide the necessary standard of care. Practitioners providing visit-based care only will be required to carry some of the equipment listed when compared to physical facilities.

Equipment needs to be maintained to ensure it is in good working order so practitioners can provide high-quality healthcare.

Research shows that, despite the efforts of medical practitioners, policy makers and consumer advocates, people with disability continue to experience poorer health outcomes in a range of areas compared to the broader population.47 One reason has been the lack of height-adjustable examination beds in healthcare services, resulting in fewer opportunities for patients with a disability to have thorough and dignified clinical examinations. Using height-adjustable beds may also reduce workplace injuries because it will reduce the need for practitioners to help patients onto an examination bed that is too high.

Having an automated external defibrillator (AED) can reduce the risk of fatality from cardiac arrest.48 Although sudden cardiac arrest is rare in primary care settings, when it does occur a practitioner needs to be able to take a leading role in resuscitation.49 Most cases of sudden cardiac arrest are due to ventricular fibrillation that can be returned to a normal sinus rhythm with the use of an AED. Using an AED is easy and causes no harm, as AEDs analyse the cardiac rhythm and will only deliver a shock if it is necessary. Survival rates after sudden cardiac arrest drop 7–10% for every minute without defibrillation.50 CPR alone has a 5% survival rate, but CPR combined with early defibrillation increases the survival rate to 50%.51

Practitioners must be prepared to conduct home and other visits, and must be available at short notice to help in emergencies. Their doctor’s bag must give them immediate access to core equipment, medications and stationery so they can provide the necessary care.
Meeting this Criterion

Service equipment

Common sense applies when assessing the following equipment in regard to your service. The requirements of Indicator AHS3.2 do not apply if the service is visit-based only and does not have a facility or clinic that stores service equipment.

Your service must have the following equipment:

- Auriscope
- Blood glucose monitoring equipment
- Disposable gloves (sterile and non-sterile)
- Disposable syringes and needles
- Equipment for resuscitation, equipment for maintaining an airway in adults and children, and equipment to assist ventilation (including bag and mask)
- Equipment for sensation-testing
- Examination light
- Intravenous access
- In-date medicines for medical emergencies
- Measuring tape
- Ophthalmoscope
- Oxygen
- Patella hammer
- Peak flow meter
- PPE
- Pregnancy testing kits
- Pulse oximeter
- Spacer for inhalation and salbutamol inhaler
- Specimen-collection equipment
- Sphygmomanometer (with small, medium and large cuffs)
- Stethoscope
- Surgical masks
- Syringes and needles in a range of sizes
- Thermometer
- Torch
- Tourniquet
- Urine sampling strips

Your service must have all of the equipment necessary to:

- provide care that meets local needs
- support the procedures your service performs, including equipment that is relevant to your location and patient population.

PPE can include P2/N95 masks, plastic aprons, gowns, goggles/glasses, face shields, gloves and swabs.
Maintaining clinical equipment

Your service must ensure all clinical equipment is maintained and in working order at all times. You could maintain a register that lists all clinical equipment in your service and schedules for servicing and maintenance.

Equipment that requires calibration or is powered by electricity or batteries (e.g., electrocardiographs, autoclaves, vaccine refrigerators, scales, defibrillators) must be serviced regularly in accordance with the manufacturer’s instructions to ensure it remains in good working order. You could keep receipts from any external equipment testing and calibration companies to help you schedule regular maintenance checks. You could also keep a checklist of equipment where you record dates of servicing and regularly check that maintenance is up to date.

You must store all hazardous materials securely, including liquid nitrogen and oxygen.

Height-adjustable beds

The following guidelines have been provided by disability advocacy groups for services to follow when purchasing height-adjustable beds:

- Preferred minimum range of height adjustment: 45–95 cm
- Preferred minimum weight capacity: 175 kg
- Preferred minimum width of table: 71 cm
- Preferred minimum length: 193 cm
- Number of sections: two sections (so the head section can be raised)

You may also consider purchasing other features and equipment for your height-adjustable beds.

Electrocardiograph

You must have timely access to an electrocardiograph. You can purchase this equipment or make arrangements with a service that has this equipment (e.g., a nearby hospital) so you have timely access to it.

If you have an electrocardiograph on site, staff must be properly trained to:

- use and maintain the equipment
- analyse results.

You must determine what ‘timely access’ means for your service, based on clinical need and what peers would consider an acceptable time frame.

AED

Decide whether your service needs to install an AED (either fixed or mobile), based on the risks of harm from cardiac arrest, by considering:

- the location of your service in relation to the nearest AED, hospital or other emergency services
- the number and composition of service staff, patients and other persons who use your service (an AED is useful in workplaces where there are large numbers of members of the public)
- records of injuries, illnesses and near misses.

If you have an AED:

- it must be maintained according to the manufacturer’s specifications
- staff must be properly trained to use and maintain the equipment
• it must be placed where it is clearly visible and accessible, and not exposed to extreme
temperatures
• there must be clear signs indicating its location.

If your service provides home and other visits, you may wish to consider purchasing a mobile AED
to be taken on these visits.

Consulting with staff

In accordance with Safe Work Australia recommendations, consider consulting with staff before
making decisions on health and safety matters and deciding what new facilities your service
needs.

Deciding on the number of doctors’ bags

All practitioners in your service must have ready access to a doctor’s bag that contains core
equipment, medications and stationery, and to which they can add equipment they regularly use
(eg auriscope, ophthalmoscope or stethoscope).

If you are a small service, you might have only one bag that is shared among your practitioners.
If you are a medium or large service, you might have multiple bags so more than one practitioner
can use a bag simultaneously when required.

Regardless of the size of your service, a doctor’s bag must be available to every practitioner
conducting home and other visits and there must be a sufficient number of bags for practitioners
conducting visits simultaneously.

Contents of a doctor’s bag

Each doctor’s bag must contain the following equipment:
• Auriscope
• Blood glucose monitoring equipment
• Disposable gloves (sterile and non-sterile)
• Equipment for resuscitation, equipment for maintaining an airway in adults and children, and
equipment to assist ventilation (including bag and mask)
• Equipment for sensation testing
• Examination light
• Intravenous access
• In-date medicines for medical emergencies
• Measuring tape
• Ophthalmoscope
• Patella hammer
• Peak flow meter
• PPE
• Pulse oximeter
• Service stationery (including prescription pads and letterhead)
• Sharps container
• Spacer for inhalation and salbutamol inhaler
• Specimen-collection equipment
• Sphygmomanometer (with small, medium and large cuffs)
• Stethoscope
• Syringes and needles in a range of sizes
• Thermometer
• Tongue depressors
• Torch
• Urine sampling strips

Storing doctors’ bags

You must store the bag(s) securely and in accordance with state and territory legislation.

Medicines in doctors’ bags

To ensure patients’ safe use of medicines, your service must store these products appropriately and securely, and not use or distribute them after their expiry dates.

Requirements relating to the acquisition, use, storage, and disposal of Schedule 4 and Schedule 8 medicines are contained in legislation, and your service team needs to be aware of and comply with these requirements.

Decide what general medicines you need to keep in your doctor’s bag(s) based on the:

• geographical area your service covers
• health needs of the local community
• type of clinical conditions likely to be encountered
• shelf life and climatic vulnerability of each medicine.

Emergency medicines may include:

• adrenaline
• ADT
• atropine sulphate
• benztropine mesylate
• benzylpenicillin
• broad spectrum parenteral antibiotic
• clonazepam
• dexamethasone sodium phosphate or hydrocortisone sodium succinate
• diazepam
• frusemide
• glucose 50% and/or glucagon
• glyceryl trinitrate spray or tablets
• hyoscine butylbromide
• lignocaine
• methoxyflurane
• metoclopramide hydrochloride or prochlorperazine
• midazolam
• morphine sulphate or appropriate analgesic agent
• naloxone hydrochloride
• oxytocin
• phytomenadione
• promethazine hydrochloride
• salbutamol aerosol
• tramadol.

Pharmaceutical Benefits Scheme – Emergency drugs for doctors’ bags

Certain medications are provided to prescribers without charge through the Pharmaceutical Benefits Scheme (PBS) so you can supply these medications free to patients in emergencies.

A list of these medications available for doctor’s bags is available at [www.pbs.gov.au/browse/doctorsbag](http://www.pbs.gov.au/browse/doctorsbag), and eligible prescribers can obtain the Emergency Drug (doctor’s bag) Order Form from Medicare.

Your service must have:
• an up-to-date logbook that lists the emergency drug stocks in the doctor’s bag
• a system for checking expiry dates and replacing drugs that have expired.

Emergency drugs for children


Consider the items in the list above when deciding which to include in a doctor’s bag.

GPs’ knowledge of medicines in doctors’ bags

All GPs must be familiar with the medicines that are in their doctor’s bag, including the general usage, suggested dosage and possible side effects.

The RACGP recommends that GPs seek appropriate and ongoing education on these medicines.

Meeting each Indicator

**AHS3.2** Our practitioners have equipment for comprehensive primary care and emergency resuscitation.

You must:
• provide evidence of all required equipment stocked (refer to list above), including evidence of consideration of equipment listed which is not deemed to be relevant.

You could:
• maintain a checklist for consultation room equipment
• maintain an equipment register of all of the required equipment
• perform a regular audit of your service’s equipment
• perform a regular audit of doctors’ bags
• provide an example of a typical doctor’s bag.

AHS3.2B Our service maintains our clinical equipment in accordance with manufacturers’ recommendations.

You must:
• maintain all required equipment in good working order.

You could:
• keep a maintenance log that includes receipts from any external companies that test and calibrate equipment.

AHS3.2C Our service has one or more height-adjustable beds.

You must:
• have one or more height-adjustable beds.

You could:
• have a height-adjustable bed in each consultation space.

AHS3.2D Our service has timely access to an electrocardiograph.

You must:
• provide evidence that the service has timely access to an electrocardiograph.

You could:
• ensure that staff know how to access an electrocardiograph.

AHS3.2E Our service has timely access to a defibrillator.

You could:
• provide evidence that the service has a defibrillator
• conduct a risk assessment to determine if a defibrillator is required onsite
• provide evidence that services providing home and other visits have a mobile AED
• ensure service staff can explain how defibrillation services are accessed by patients if required.

AHS3.2F Each of our practitioners has access to a fully equipped doctor’s bag for visits and emergency care (refer to list on page 138).

You must:
• provide evidence that a doctor's bag is accessible to practitioners
• have a sufficient number of doctors’ bags for the number of practitioners conducting home and other visits.

You could:
• ensure that practitioners are familiar with medicines included in the doctor’s bag, and their suggested dosage and possible side effects
• ensure that clinical staff can explain how to equip the doctor’s bag
• maintain a checklist of the contents of each doctor’s bag
• perform a regular audit of the contents of each doctor’s bag.
AHS Standard 4

Reducing the risk of infection

Our service has systems that reduce the risk of infections.

Infection prevention and control is critical in healthcare. As primary healthcare is increasingly delivered by teams that include doctors, nurses and other health professionals, all members of your service team are responsible for preventing and controlling infection in your service. Your service team must be educated and competent in the control and prevention of infection in order to reduce the risk of cross-infection and transmission of disease.
Criterion AHS4.1 – Infection prevention and control, including sterilisation

Indicators

AHS4.1A Our service 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 documentary evidence that this reprocessing is monitored and has been validated
- safe storage and stock rotation of sterile products
- waste management.

AHS4.1B Our service has a written, service-specific policy that outlines our infection control processes.

AHS4.1C Our service has a clinical team member who has primary responsibility for providing staff education in infection prevention and control.

AHS4.1D All members of our service team manage risks of potential cross-infection in our service by methods including:

- good hand hygiene practices
- the use of PPE
- triage of patients with potential communicable diseases
- safe storage and disposal of clinical waste, including sharps
- safe management of blood and body fluid spills.

AHS4.1E Patients are informed about respiratory etiquette, hand hygiene, and precautionary techniques to prevent the transmission of communicable diseases.

AHS4.1F Our service records the sterilisation load number from the sterile barrier system in the patient’s health record when sterile items have been used, and also records the patient’s name against those load numbers in a sterilisation log or list.

Why this is important

Having systems with clear lines of accountability and responsibility is part of good governance and the delivery of safe and high-quality care of patients.

It is important to keep patients and your service team safe from infection. Infection prevention and control reduces the risk of infection transferring from patient to patient, or from patient to staff member.
Meeting this Criterion

Infection prevention and control

Your service must appoint at least one member of the clinical team who has primary responsibility for processes to prevent and control infection, including:

- hand hygiene
- provision of sterile instruments
- environmental cleaning
- spills management
- service team immunisations
- educating your service team.

These responsibilities are to be documented, and staff need to understand and comply with these processes.

Educating your service team

To reduce the risk of infection, all members of your service team must be educated on infection prevention and control processes, based on their role. This education begins during induction and continues throughout their employment.

Policies and procedures that include triage protocols and tools such as checklists will help all members of your service team to understand their own and others’ roles and responsibilities relating to infection.

Refer to the current edition of the RACGP’s *Infection prevention and control standards for general practices and other office-based and community-based practices* (Infection control standards) for guidance about how to record the education of service team members and evaluate their competency in this area. The Infection control standards are available at www.racgp.org.au/your-practice/standards/infectioncontrol

All members of your service team must:

- have easy access to PPE (eg masks, gloves, gowns, protective eye wear)
- receive education about the proper use of PPE
- have a clear understanding of the purpose of PPE and how to apply, remove and dispose of it appropriately.

It is important that your team’s antibiotic prescribing is in accordance with relevant national standards. Your service could provide education to your service team on your AMS program, including policies and procedures and how to find information on appropriate antibiotic prescribing.

Practitioners must have access to appropriate guidelines, such as the *Therapeutic Guidelines: Antibiotic*, to promote and support informed prescribing of antibiotics. Your service could also make other resources available to help all health professionals reinforce to patients the important messages about appropriate antibiotic use and actions that can be taken to reduce antimicrobial resistance.

Managing the risk of cross-infection in your service

Risks of cross-infection in your service must be minimised. Your service team members need to know how to implement standard and transmission-based precautions, spills management and environmental cleaning.
Your team can refer to and follow the applicable sections of the Infection control standards, which recommend the use of standard and transmission-based precautions (e.g., hand hygiene, PPE such as heavy-duty protective gloves, gowns, plastic aprons, masks, and eye protection, or other protective barriers) when cleaning, performing procedures, dealing with spills, and handling waste.

Standard precautions must be applied at all times, based on the assumption that all blood and body substances, including respiratory droplets, are potentially infectious.

Transmission-based precautions need to be taken when patients are known to be, or suspected to be, infected with highly infectious agents (e.g., influenza). You can minimise exposure to other patients and your service team by:

- implementing effective triage and appointment scheduling
- using PPE (e.g., masks)
- implementing distancing techniques, such as
  - spacing patients in the waiting room at least one metre apart
  - isolating the infected patient in a separate space
- strictly adhering to hand hygiene.

You can educate patients on how they can reduce the spread of infection while using your service. For example, you can display signs in the waiting room (if you have physical service facilities) and have tissues, rubbish bins, and alcohol-based hand sanitiser available.

**Infection control policy**

Your service can develop policies, procedures, and tools such as checklists to ensure that adequate steps are taken during the complete sterilisation process. Your infection control policy must contain:

- the name of the team member(s) responsible for infection control and sterilisation processes
- the appropriate use and application of standard and transmission-based precautions
- management of sharps injury
- management of blood and body-substance spills
- hand hygiene
- environmental cleaning of clinical and non-clinical areas of your service
- use of aseptic and sterile procedures
- procedures for reprocessing (sterilising) instruments (if relevant) onsite or offsite, and ensuring there is documented evidence this reprocessing is monitored and has been validated
- waste management, including the safe storage and disposal of clinical waste and sharps
- where patients and service team can access PPE
- how and when service team members are educated on the appropriate application, removal and disposal of PPE.
Providing appropriately disinfected and sterile instruments and equipment

Although procedures are not routinely conducted during home and other visits, some procedures may be appropriate (eg drainage of an abscess). The clinical team member who has primary responsibility for infection prevention and control processes must ensure that equipment and instruments used in patient care have been appropriately cleaned and disinfected or sterilised. The appropriate level of processing of instruments and equipment is determined by the risk of infection posed by their reuse.

Instruments that must be sterile in use can be:
- single-use sterile items
- items that are reprocessed by your service or by an offsite sterilisation facility.

If you use an accredited offsite sterilisation facility (eg an accredited practice or a hospital with Australian Council on Healthcare Standards accreditation), your service must have a copy of the facility’s accreditation certificate.

If you use a non-accredited offsite facility, your service must be satisfied that the facility would meet accreditation requirements for sterilisation, and keep copies of the facility’s relevant documents, including:
- reprocessing policies and procedures
- sterilisation policies and procedures
- results of annual validation.

Any reprocessable instruments used during home and other visits need to be transported appropriately to the sterilisation facility.

Waste management

Refer to and adhere to the applicable sections of the RACGP Infection control standards, which provides guidance on waste management that you may consider when developing an infection prevention and control policy.

Keeping up to date

Keep up to date with changes in law and guidelines relating to infection prevention and control, and implement them promptly.

Establish systems for monitoring and obtaining information about public health alerts for national and local infection outbreaks, such as pandemic influenza, measles and pertussis.

Tracking the sterility of medical instruments and tracing patients

If your service adheres to and monitors a validated sterilisation process, it may not be necessary to track medical devices or trace patients on whom they have been used. Nonetheless, it may be helpful to have the ability to trace patients and track medical devices in case there is a failure in processing or reprocessing, or if there is a medico-legal issue relating to infection control.
To prove that the medical instruments used in any individual cases were sterilised correctly, you may want to refer to the details of the sterilisation process. This process requires that you enter into the patient's health record the sterilisation load number from the sterile barrier system in which the instruments came. If an issue arises, you can use this load number to refer back to the sterilisation log to recheck the results of that particular cycle. However, this does not actually prove the instruments were sterile at the time of use.

If a process failure is identified after the release of sterile items for use, it is helpful to be able to identify all patients on whom those items were used. Make sure that:

- for items reprocessed onsite, record patient identifiers (eg name and/or record number or date of birth) for each patient next to each item or pack listed in the load details in the steriliser log
- for items sterilised offsite or purchased sterile, keep a list of items onsite.

Meeting each Indicator

**AHS4.1A** Our service 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 documentary evidence that this reprocessing is monitored and has been validated
- safe storage and stock rotation of sterile products
- waste management.

You must:

- appoint a clinical team member with primary responsibility for infection control and sterilisation.

You could:

- identify the team member who has primary responsibility for infection prevention and control in their position description
- discuss changes to laws and guidelines relating to infection control, local outbreaks and public health alerts at service staff meetings, and document these discussions
- maintain a policy and procedure manual on infection prevention and control that covers all aspects relevant to your service.

**AHS4.1B** Our service has a written, service-specific policy that outlines our infection control processes.

You must:

- maintain an up-to-date service-specific infection control policy.

You could:

- review the policy on an annual basis
- consult with your service team when developing your service's policy
- conduct regular audits to confirm compliance with your service's policy.
**AHS4.1▸C** Our service has a clinical team member who has primary responsibility for providing staff education in infection prevention and control.

You must:
- appoint a clinical team member with responsibility for educating staff in relation to infection control.

You could:
- identify the team member who has primary responsibility for infection prevention and control and education in their position description
- include infection control in induction and ongoing staff education programs
- discuss any changes to legislation and guidelines for infection control and any local outbreaks and public health alerts at staff meetings, and document these discussions
- include an education component in the infection control policy.

**AHS4.1▸D** All members of our service team manage risks of potential cross-infection in our service by methods including:
- good hand hygiene practices
- the use of PPE
- triage of patients with potential communicable diseases
- safe storage and disposal of clinical waste, including sharps
- safe management of blood and body fluid spills.

You must:
- be able to demonstrate that the service team manages risks of potential cross-infection within the service by implementing hand hygiene practices, appropriate use of PPE and appropriate triage of patients with potential communicable diseases
- have safe sharps storage and disposal and safe clinical waste disposal
- provide your service team with access to PPE.

You could:
- maintain a policy and procedure manual on infection control
- maintain a cleaning policy
- maintain a cleaning log
- discuss any changes to legislation and guidelines for infection control and any local outbreaks and public health matters at staff meetings, and make a record of those discussions.

**AHS4.1▸E** Patients are informed about respiratory etiquette, hand hygiene, and precautionary techniques to prevent the transmission of communicable diseases.

You must:
- have a policy on infection control
- have facilities for hand cleaning in all consultation and treatment areas
- have tissues and rubbish bins available in the waiting room
- describe how patients are informed of the importance of respiratory etiquette.
You could:

- have alcohol-based hand rubs at the reception desk
- make brochures, posters or website links or information on respiratory etiquette and hand hygiene processes available at reception
- maintain a policy and procedure manual on infection control
- maintain a cleaning policy
- maintain a cleaning log
- discuss any changes to legislation and guidelines for infection control and any local outbreaks and public health matters at staff meetings, and make a record of those discussions.

**AHS4.1F** Our service records the sterilisation load number from the sterile barrier system in the patient’s health record when sterile items have been used, and also records the patient’s name against those load numbers in a sterilisation log or list.

You could:

- record sterilisation load numbers in the patient’s health record when sterile items have been used
- have a log or list that records the patients name against sterilisation load numbers.
References


# Glossary

This glossary contains the definitions of terms used in this document.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</table>
| Aboriginal and/or Torres Strait Islander status | A way of recording and identifying a patient’s response when the practice asks them, ‘Are you of Aboriginal and/or Torres Strait Islander origin?’ The standard response options should be provided either verbally or in written form:  
  • No  
  • Yes, Aboriginal  
  • Yes, Torres Strait Islander  
  For people of both Aboriginal and Torres Strait Islander origin, both ‘Yes’ boxes should be marked when in written form. |
| Aboriginal health worker/practitioner     | A member of the Australian and Torres Strait Islander health workforce. Roles include, but are not limited to:  
  • providing clinical functions  
  • liaison and cultural brokerage  
  • health promotion  
  • environmental health  
  • community care  
  • administration  
  • management and control  
  • policy development  
  • program planning.  
  An Aboriginal and Torres Strait Islander health worker/practitioner is often an Aboriginal and Torres Strait Islander person’s first point of contact with the health workforce, particularly in remote parts of the country. |
<p>| Access                                    | The ability of patients to obtain services from the service.                                                                                                                                              |
| Accreditation                             | A formal process to assess a service’s delivery of healthcare against the RACGP’s Standards for after-hours and medical deputising services.                                                            |
| Action plan                               | A document that lists the steps to be taken to achieve a specific goal.                                                                                                                                   |
| Administrative staff                      | Members of the service team who provide clerical or administrative services and who do not perform any clinical tasks with patients.                                                                |
| Adverse drug reaction                     | Refer to ‘Adverse medicines event’.                                                                                                                                                                         |
| Adverse event                             | An incident in which harm resulted to a person receiving healthcare (eg the patient was given a drug to which they have an allergy and they had an allergic reaction). |
| Adverse medicines event                   | An adverse event caused by a medicine. This includes harm that results from the medicine itself (an adverse drug reaction) and potential or actual patient harm that comes from errors or system failures associated with the preparation, prescribing, dispensing, distribution or administration of medicines (medication incident). |
| After-hours service                       | A service that provides care outside the normal opening hours of a general practice, regardless of whether that service deputises for other general practices, or the care is provided physically in or outside of the clinic. |
| Allied health professional                | A health professional who collaborates with doctors and nurses to provide optimal healthcare for patients (eg physiotherapist, dietician, podiatrist).                                                         |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Alternative medicine</td>
<td>Alternative medicine is not part of Australia’s traditional or dominant healthcare system. The term is used interchangeably with the term ‘complementary medicine’ and sometimes the term ‘traditional medicine’ in some countries.</td>
</tr>
<tr>
<td>Antivirus software</td>
<td>Software that protects a computer or network from programs that can adversely affect how the computer or network operates. For example, viruses can corrupt other programs, destroy or modify data, and affect how the computer or network operates.</td>
</tr>
<tr>
<td>Appointment system</td>
<td>The system a service uses to assign consultations to patients and practitioners.</td>
</tr>
<tr>
<td>Backup</td>
<td>A copy of all files stored on a computer’s or server’s hard drive made onto another device, such as a portable drive or an offsite server.</td>
</tr>
<tr>
<td>Buddy system</td>
<td>A system whereby a ‘buddy’ follows up results and correspondence, or continues the care of patients on behalf of an absent colleague. If a practitioner has a ‘buddy’ system to hand over care, this must be standardised and previously agreed upon, rather than ad hoc. Such arrangements do not necessarily have to be documented in the consultation notes, although the identity of the treating GP does need to be recorded.</td>
</tr>
<tr>
<td>Business continuity plan</td>
<td>A plan that specifies how a service will continue providing services if it is affected by disasters of various levels of severity.</td>
</tr>
<tr>
<td>Care outside normal opening hours</td>
<td>Clinical care that is provided to a practice’s patients when the practice is normally closed. Different practices can have different opening and closing hours.</td>
</tr>
<tr>
<td>Carer</td>
<td>Someone who provides care and support to a family member or friend who is frail, or has a disability, mental illness, chronic condition or terminal illness.</td>
</tr>
<tr>
<td>Chaperone</td>
<td>An impartial observer to a consultation between a practitioner and a patient.</td>
</tr>
<tr>
<td>Clinical-based care</td>
<td>Care that is provided when a patient attends a clinic, in contrast to care provided at another location, such as a home, school, workplace or public space.</td>
</tr>
<tr>
<td>Clinical governance</td>
<td>The system (such as policies, along with the implementation and monitoring of them) that makes clinicians and health service managers jointly accountable for patient safety and the quality of care that patients receive.</td>
</tr>
<tr>
<td>Clinical handover</td>
<td>The transfer from one professional person or group to another of professional responsibility and accountability for some or all aspects of a patient’s care.</td>
</tr>
<tr>
<td>Clinical management area</td>
<td>A physical space in the service where clinical care is delivered.</td>
</tr>
<tr>
<td>Clinical risk management system</td>
<td>A system to manage the risk of errors and adverse events in the provision of healthcare.</td>
</tr>
</tbody>
</table>
| Clinical significance               | A way of referring to an assessment of the:  
  • probability that a patient will be harmed if they do not receive further medical advice, treatment or other diagnostics  
  • likely seriousness of the harm. |
<p>| Clinical team                       | All members of a service team who have health qualifications that qualify them to perform clinical functions.                               |
| Clinical team member                | An individual member of a service team who has health qualifications that qualify them to perform clinical functions.                    |</p>
<table>
<thead>
<tr>
<th>Term</th>
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<tr>
<td>Code of conduct</td>
<td>A set of principles that characterise good practice and explicitly state the standards of ethical and professional conduct that professional peers and the community expect of members of the service team.</td>
</tr>
<tr>
<td>Cold chain management</td>
<td>The system of transporting and storing vaccines from the place of manufacture to the point of administration in order to keep the vaccines within the temperature range of 2–8°C.</td>
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<tr>
<td>Communicable disease</td>
<td>An infectious disease that is transmissible from one person to another, or from an animal to a person, by:</td>
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<tr>
<td></td>
<td>• direct contact with an affected person (or animal)</td>
</tr>
<tr>
<td></td>
<td>• direct contact with an affected person’s (or animal’s) discharges</td>
</tr>
<tr>
<td></td>
<td>• indirect means.</td>
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<tr>
<td>Complaint</td>
<td>Any verbal or written expression of dissatisfaction or concern with an aspect of a service. A complaint may be made using, for example, a complaints process, consumer surveys or focus groups.</td>
</tr>
<tr>
<td>Complementary medicine</td>
<td>Refer to ‘Alternative medicine’.</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>The act of keeping information secure and/or private, so it is only ever disclosed to an authorised person.</td>
</tr>
<tr>
<td>Consequence</td>
<td>The effect that an event had, has, or would have on one or more of a service’s objectives.</td>
</tr>
<tr>
<td>Consultation note</td>
<td>A note in a patient’s health record, made during or after a consultation, that contains relevant information about the consultation.</td>
</tr>
<tr>
<td>Continuity of care</td>
<td>The degree to which a patient experiences a series of discrete healthcare events and/or services as coherent, connected and consistent with their medical needs and personal circumstances.</td>
</tr>
<tr>
<td>Credentialing</td>
<td>The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners in order to form a view of their competence, performance and professional suitability to provide safe, high-quality healthcare services in specific organisational environments.</td>
</tr>
<tr>
<td>Cultural background</td>
<td>Details of a patient’s ethnic or cultural heritage that the service has collected and recorded.</td>
</tr>
<tr>
<td>Cultural safety</td>
<td>The condition created when people respect, and are mindful of, a person’s culture and beliefs, and do not discriminate against that person because of their culture or beliefs.</td>
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<tr>
<td></td>
<td>Health service organisations have a responsibility to ‘develop and sustain healthcare services that are free from discrimination and delivered in a manner that shows respect for patients and consumers’.</td>
</tr>
<tr>
<td>Cycle monitoring</td>
<td>Monitoring of the sterilisation cycle to ensure the correct temperature, pressure and time have been achieved for each cycle.</td>
</tr>
<tr>
<td>Disability</td>
<td>An umbrella term for any or all of the following components:</td>
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<tr>
<td></td>
<td>• Impairments resulting in problems in body function or structure</td>
</tr>
<tr>
<td></td>
<td>• Activity limitations resulting in difficulties in executing activities</td>
</tr>
<tr>
<td></td>
<td>• Participation restrictions resulting in problems a person may experience in involvement in life situations</td>
</tr>
<tr>
<td>Disaster recovery plan</td>
<td>A documented plan of the actions the service will take to retain and restore patient health information in the case of an event (such as a power failure) that would otherwise mean that some or all of the information would be unavailable.</td>
</tr>
<tr>
<td>Term</td>
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<tr>
<td>Discrimination</td>
<td>Different treatment or consideration of a patient based on particular characteristics (e.g., gender, age, ethnicity, religion). Positive discrimination enhances the care given to the patient, and negative discrimination potentially or actually reduces the quality of that patient’s care.</td>
</tr>
<tr>
<td>Documented standardised clinical terminology</td>
<td>The structured vocabulary services use to accurately and consistently describe the diagnosis, care and treatment of patients.</td>
</tr>
<tr>
<td>Duty of care</td>
<td>The legal obligation to safeguard others from harm while they are in your care, using your services, or otherwise exposed to your activities.</td>
</tr>
<tr>
<td>Early detection and intervention</td>
<td>The detection of early stages of a disease and the prompt and effective intervention to prevent the progression of the disease.</td>
</tr>
<tr>
<td>Electronic communication</td>
<td>The transfer of information (including but not limited to patient health information) within or outside a service using email, internet communications, SMS or fax.</td>
</tr>
<tr>
<td>Emergency contact</td>
<td>The person whom a patient has nominated to be contacted in an emergency.</td>
</tr>
<tr>
<td>Encryption</td>
<td>The process of converting plain text characters into meaningless data to protect the contents of the data and guarantee its authenticity.</td>
</tr>
<tr>
<td>Enrolled nurse</td>
<td>A nurse who works under the direction and supervision of a registered nurse as stipulated by the relevant nurse registering authority, but who remains responsible for their actions and accountable for the delegated nursing care they provide.</td>
</tr>
<tr>
<td>Environmental cleaning</td>
<td>The process of removing all visible dust, soils and other material from a surface.</td>
</tr>
<tr>
<td>Ergonomic assessment</td>
<td>The process of evaluating the extent to which a workstation and workspace are designed to minimise the risk of injury and to maximise productivity. This is also referred to as a workstation assessment.</td>
</tr>
<tr>
<td>Ethical dilemma</td>
<td>The need to choose between two courses of action, both of which will result in an ethical principle being compromised.</td>
</tr>
<tr>
<td>Ethics (or code of behaviour)</td>
<td>The principles adopted by an organisation to ensure all of its decisions and actions conform to normal and professional principles of conduct.</td>
</tr>
<tr>
<td>Event summary</td>
<td>A document detailing a patient’s significant health information, their presenting concern, and any diagnosis and advice given or action taken by the practitioner when a service provides healthcare to a patient. The event summary is sent to the patient’s regular GP/practice.</td>
</tr>
<tr>
<td>Firewall</td>
<td>Security software that prevents unauthorised (and usually external) access to information stored on a private network, and controls the flow of data according to specific rules defined by a service.</td>
</tr>
</tbody>
</table>
| Follow-up | Activities that are the logical and responsible steps to take after taking earlier related actions. For example:  
- making a phone call to find out the status of tests and results that are expected but not yet been received  
- contacting a patient to discuss a report, test or results  
- notifying the patient’s regular GP/practice of results. |
<p>| Gender | A classification based on socially constructed differences between men and women that result in roles and expectations being assigned according to whether someone identifies (or is identified) as male or female. (The word ‘sex’ refers to the biological and physiological characteristics that define men and women.) |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>General practice</td>
<td>The provision of patient-centred, continuing, comprehensive, coordinated primary care to individuals, families and communities.</td>
</tr>
<tr>
<td>General practitioner (GP)</td>
<td>A registered medical practitioner who:</td>
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<tr>
<td></td>
<td>• is qualified and competent to provide general practice anywhere in Australia</td>
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<tr>
<td></td>
<td>• has the skills and experience to provide patient-centred, continuing, comprehensive, coordinated primary care to individuals, families and communities</td>
</tr>
<tr>
<td></td>
<td>• maintains professional competence in general practice.</td>
</tr>
<tr>
<td>Hardware</td>
<td>The physical components of a computer, including monitors, hard drives and central processing units.</td>
</tr>
<tr>
<td>Harm</td>
<td>Impairment of structure or function of the body and/or any deleterious effect arising therefrom, including disease, injury, suffering, disability and death. Harm may be physical, social or psychological.</td>
</tr>
<tr>
<td>Healthcare-associated harm</td>
<td>Harm arising from or associated with plans or actions taken during the provision of healthcare, rather than an underlying disease or injury.</td>
</tr>
<tr>
<td>Health information</td>
<td>A subset of a patient’s personal information that is collected in connection with the provision of a health service. It includes information or opinions about the health or disability of an individual, and a patient’s wishes about future healthcare and health services.</td>
</tr>
<tr>
<td>Health outcome</td>
<td>The health status of an individual, group of people or population that is wholly or partially attributable to an action, agent or circumstance performed, provided or controlled by a general practice, after-hours service, medical deputising service or other health professionals, such as nurses and specialists.</td>
</tr>
<tr>
<td>Health promotion</td>
<td>The process of enabling people to increase their control over their health and improve their health. More than just influencing an individual’s behaviour, it includes a wide range of social and environmental interventions.</td>
</tr>
<tr>
<td>High-risk results</td>
<td>Clinical test results that are seriously abnormal and life-threatening and need to be communicated in an appropriately timely manner.</td>
</tr>
<tr>
<td>Home or other visit</td>
<td>A general practice service consultation conducted in the patient’s (or someone else’s) home, or other places, such as workplaces and aged care facilities.</td>
</tr>
<tr>
<td>Human Research Ethics Committee (HREC)</td>
<td>A committee constituted according to National Health and Medical Research Council requirements that reviews applications from people or organisations undertaking research projects involving human subjects.</td>
</tr>
<tr>
<td>Human resources</td>
<td>People who work in an organisation, or an area of business management that addresses the recruitment, training and management of the people who work in an organisation.</td>
</tr>
<tr>
<td>Hybrid patient health record system</td>
<td>A combination of paper-based and electronic systems used by one or more practitioners to enter patient information.</td>
</tr>
<tr>
<td>Incident</td>
<td>An event or situation that resulted, or could have resulted, in:</td>
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<td>• unintended and/or unnecessary harm to a person</td>
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<tr>
<td></td>
<td>• a complaint, loss, damage, or claim for compensation.</td>
</tr>
<tr>
<td>Individual healthcare identifier</td>
<td>A patient’s unique 16-digit number allocated by the Department of Human Services (each eligible Australian patient who seeks healthcare is allocated one).</td>
</tr>
<tr>
<td>Induction program</td>
<td>Training provided to new team members to introduce them to a service and its systems, processes and structures.</td>
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<tr>
<td>Term</td>
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<tr>
<td>Infection</td>
<td>The invasion and reproduction of pathogenic (disease-causing) organisms inside the body that can cause tissue injury and can lead to disease.</td>
</tr>
<tr>
<td>Infection control/infection control measures</td>
<td>Actions to prevent the spread of pathogens between people in a healthcare setting.</td>
</tr>
<tr>
<td>Information management</td>
<td>The policies, processes and systems that govern the creation, use and storage of information.</td>
</tr>
<tr>
<td>Information security</td>
<td>The protection of the confidentiality, integrity and availability of information.</td>
</tr>
</tbody>
</table>
| Informed consent            | The written or verbal consent a patient gives to the proposed investigation, proposed treatment or invitation to participate in research, when they understand the relevant purpose, importance, benefits and risks. For consent to be valid, a number of criteria need to be satisfied, including that the patient has:  
  • received and understood sufficient and appropriate information and is aware of the material risks  
  • the mental and legal competence to give consent. |
| Informed refusal            | A patient’s refusal of proposed or recommended medical treatment when they understand all relevant information, including the implications of refusing the treatment. |
| Interpreter service         | A service that provides trained language interpretation or translation, either face to face or by telephone.                             |
| Issue                       | A relevant event that was not planned (eg a problem, query, concern or risk) and requires action.                                         |
| Known allergy               | A hypersensitive reaction to a medicine or other substance that is made known to a practitioner (also refer to ‘Adverse drug reaction’).    |
| Lifestyle risk factors      | Habits or behaviours that people choose to engage in that, if changed, can directly affect some medical risk factors by reducing the likelihood of developing disease. |
| Medical consumable          | A medical product used for a therapeutic purpose that is not pharmaceutical and is not re-usable (eg a syringe).                             |
| Medical deputising service  | A service that arranges for, or facilitates, the provision of medical services to a patient by a practitioner (deputising doctor) during the absence of, and at the request of, the patient’s regular GP. |
| Medicine list               | An accurate recording of a patient’s medications, comprising:  
  • a list of all current medicines, including prescription and non-prescription medicines, complementary healthcare products and medicines used intermittently  
  • recent changes to the medication list  
  • past history of adverse drug reactions, including allergies  
  • past history of recreational drug use. |
<p>| Medicine                    | A drug or other preparation for the treatment or prevention of disease.                                                                       |
| Mission                     | The overall function of an organisation.                                                                                                      |
| Natural immunity            | Immunity to a particular infection that is not the result of vaccination or previous infection but is inherent in the genetic make-up of an individual, species, family, etc. |
| Near miss                   | An incident that did not cause harm but could have.                                                                                           |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Network</td>
<td>A group of connected computers and peripheral devices used to store and share information electronically.</td>
</tr>
<tr>
<td>Next of kin</td>
<td>A person’s closest living relative or relatives, as identified by that person.</td>
</tr>
<tr>
<td>Nurse</td>
<td>A registered nurse who can demonstrate competence in the provision of nursing care. A registered nurse practices independently and interdependently, and has accountability and responsibility for their own actions and the delegation of care to enrolled nurses and other healthcare workers.</td>
</tr>
<tr>
<td>Nurse practitioner</td>
<td>A registered nurse who is educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role where their scope of practice is determined by the context in which they are authorised to practice.</td>
</tr>
<tr>
<td>Open disclosure</td>
<td>The way in which clinicians are encouraged to communicate with and support patients, their family, and carers who have experienced harm while receiving, or as a result of receiving, healthcare.</td>
</tr>
<tr>
<td>Organisational chart</td>
<td>A description (often presented visually) of an organisation’s structure, which includes areas (eg departments, division, properties), hierarchies, roles, responsibilities and professional relationships between individuals.</td>
</tr>
<tr>
<td>Other visit</td>
<td>A consultation conducted somewhere other than the service’s physical facilities or the patient’s home (eg residential aged care facility, workplace).</td>
</tr>
<tr>
<td>Over-the-counter medicine</td>
<td>Medicines that people can purchase from retailers (such as pharmacies, supermarkets and health food stores) for self-treatment.</td>
</tr>
<tr>
<td>Patient</td>
<td>A person who is seeking or receiving healthcare. In relevant circumstances, the term also refers to a carer. For example, if you need to explain treatment to a patient who is intellectually disabled, you will need to explain the treatment to the patient’s carer.</td>
</tr>
<tr>
<td>Patient health information</td>
<td>A patient’s name, address, account details, Medicare number and any information (including opinions) about the patient’s health.</td>
</tr>
<tr>
<td>Patient health record</td>
<td>Information, in paper or electronic form, held about a patient, which may include contact and demographic information, medical history, notes on treatment, observations, correspondence, investigations, test results, photographs, prescription records, medication charts, insurance information, legal information and reports, and work health and safety reports.</td>
</tr>
<tr>
<td>Performance monitoring</td>
<td>A formal and structured process used to monitor and document a team member’s performance in their role.</td>
</tr>
<tr>
<td>Personal protective equipment (PPE)</td>
<td>Equipment used to prevent and control infection. Includes appropriate gloves, waterproof gowns, goggles, face shields, masks and footwear.</td>
</tr>
<tr>
<td>Physical facilities</td>
<td>The buildings and equipment used to provide clinical care to patients.</td>
</tr>
<tr>
<td>Policy and procedures manual</td>
<td>A document containing the service’s policies and procedures.</td>
</tr>
<tr>
<td>Position description</td>
<td>A document describing a team member’s role, responsibilities and conditions of employment.</td>
</tr>
<tr>
<td>Practitioner or clinician (also refer to ‘Clinical team’)</td>
<td>A member of a service team who has health qualifications that qualify them to perform clinical functions.</td>
</tr>
<tr>
<td>Privacy of health information</td>
<td>The protection of personal and health information to prevent unauthorised access, use and dissemination of that information.</td>
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<tr>
<td>Qualified</td>
<td>Holding the educational or other qualifications required to perform a specific activity (eg administer first aid) or hold a specific role (eg GP, registered nurse).</td>
</tr>
<tr>
<td>Quality assurance</td>
<td>The maintenance of a desired level of quality in a service or product, especially by attending to every stage of the process of delivery or production.</td>
</tr>
<tr>
<td>Quality improvement</td>
<td>One or more activities that a service undertakes to monitor, evaluate or improve the quality of healthcare it delivers.</td>
</tr>
<tr>
<td>QI&amp;CPD (quality improvement and continuing professional development)</td>
<td>Educational activities endorsed by the RACGP that lead to improved quality of clinical care.</td>
</tr>
<tr>
<td>Recall</td>
<td>The process of requesting a patient to attend a consultation to receive further medical advice on matters of clinical significance.</td>
</tr>
<tr>
<td>Referral</td>
<td>The process of sending or directing a patient to another practitioner.</td>
</tr>
<tr>
<td>Relevant family history</td>
<td>Information about a patient’s family history that the practitioner considers important in order to provide appropriate clinical care to the patient.</td>
</tr>
<tr>
<td>Relevant social history</td>
<td>Information about a patient’s social history (including employment, accommodation, family structure) that the practitioner considers important in order to provide appropriate clinical care to the patient.</td>
</tr>
<tr>
<td>Respiratory etiquette</td>
<td>Public health measures used to reduce the spread of respiratory infections by encouraging people to cover their mouth when coughing or sneezing, use tissues to blow their nose, dispose of tissues into waste, and wash their hands after touching their nose.</td>
</tr>
<tr>
<td>Risk</td>
<td>An event or set of events that, if they occurred, would adversely affect the achievement of objectives.</td>
</tr>
<tr>
<td>Risk management</td>
<td>Systematic application of principles, approaches and processes to:</td>
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<tr>
<td></td>
<td>• identify, assess and minimise risks</td>
</tr>
<tr>
<td></td>
<td>• plan appropriate responses</td>
</tr>
<tr>
<td></td>
<td>• implement appropriate responses when required.</td>
</tr>
<tr>
<td>Risk matrix</td>
<td>A matrix used to categorise risks according to their probability and severity of the effects they would cause.</td>
</tr>
<tr>
<td>Risk register</td>
<td>A document used to record problems and issues that could result in a risk becoming a reality, and the steps taken to minimise the likelihood or effect of the risk.</td>
</tr>
<tr>
<td>Safe and reasonable</td>
<td>A desired description of the outcome of a clinical care decision made by a service that was based on relevant factors (eg the service’s location and patient population) and an understanding of what their peers (or services in the same area) would agree was safe and reasonable.</td>
</tr>
<tr>
<td>Safety</td>
<td>The condition that means that potential risks and unintended results are avoided or minimised.</td>
</tr>
<tr>
<td>Schedule 8 medicines</td>
<td>Drugs that have a recognised therapeutic need and are legally available only by prescription because they are drugs of dependence and therefore have a higher risk of misuse, abuse and dependence.</td>
</tr>
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<tr>
<td>Screensaver</td>
<td>A software program that displays constantly changing images or dims the brightness of a display screen. It is used to:</td>
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<td></td>
<td>• protect the screen from having an image etched onto its surface</td>
</tr>
<tr>
<td></td>
<td>• restrict unauthorised access to the computer, including the information displayed on the screen before the screensaver begins.</td>
</tr>
<tr>
<td>Security</td>
<td>The safeguards (administrative, technical, physical) in an information system that protect it and its information against unauthorised disclosure, and limit access to authorised users in accordance with an established policy.</td>
</tr>
<tr>
<td>Seronegative</td>
<td>Giving a negative result in a blood serum test (eg for the presence of a virus).</td>
</tr>
<tr>
<td>Server</td>
<td>A computer that provides services to users connected to the network running the server. Services can include printing, access to files and software applications, and central storage of data.</td>
</tr>
<tr>
<td>Service information sheet</td>
<td>A document that contains information that patients need to know about the services a service provides, and how to access those services. It must not be hand written.</td>
</tr>
<tr>
<td>Service management</td>
<td>The strategic planning, reviewing and implementation of processes that increase a service’s efficiency and contribute to ‘excellence in healthcare’.</td>
</tr>
<tr>
<td>Service team</td>
<td>Everyone who works or provides care within a service (eg GPs, receptionists, practice managers, nurses, allied health professionals).</td>
</tr>
<tr>
<td>Service team member</td>
<td>An individual member of a service team who provides care within that service (eg GP, receptionist, practice manager, general practice nurse, allied health professional).</td>
</tr>
<tr>
<td>SNAP</td>
<td>An acronym that refers to the four major risk factors of a patient’s health: smoking history, nutrition, alcohol consumption, and physical activity.</td>
</tr>
<tr>
<td>Sociable hours</td>
<td>The after-hours period between 6.00 pm and 11.00 pm on weeknights.</td>
</tr>
<tr>
<td>Social media</td>
<td>Online social networks used to disseminate information through online interaction.</td>
</tr>
<tr>
<td>Spaulding classification</td>
<td>A system that categorises medical devices according to the risk of infection involved with their use.</td>
</tr>
<tr>
<td>Standard clinical practice</td>
<td>Activities that the public or professional peers might reasonably expect a practice to undertake.</td>
</tr>
<tr>
<td>Standard precautions</td>
<td>Methods and practices that health professionals use to prevent infection of themselves and others, based on the assumption that all blood and body fluids are potentially infectious.</td>
</tr>
<tr>
<td>Sterile</td>
<td>A condition characterised by the absence of protozoa, spores, mycobacteria, fungi, Gram-positive and Gram-negative bacteria, chlamydia, Rickettsia, mycoplasma and viruses.</td>
</tr>
<tr>
<td>Sterile barrier system</td>
<td>The packaging for items placed in a steriliser.</td>
</tr>
<tr>
<td>Sterilisation</td>
<td>A validated process used to render a product free from all forms of viable micro-organisms. (The nature of microbial death is described by an exponential function and, although the probability that all microbes have died can be reduced to a very low number, it can never be reduced to zero.)</td>
</tr>
<tr>
<td>Strategy</td>
<td>A method or plan for an organisation to achieve its short-term, medium-term and long-term goals.</td>
</tr>
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<tr>
<td>Technology-based consultations</td>
<td>Consultations that use any form of technology to communicate (such as video-conferencing, internet and telephone), instead of face-to-face interactions.</td>
</tr>
<tr>
<td>Telephone triage</td>
<td>A method of determining over the telephone the nature and urgency of problems and providing directions to achieve the required level of care.</td>
</tr>
<tr>
<td>Timely</td>
<td>Within an appropriate period for the given situation, as might reasonably be expected by professional peers.</td>
</tr>
<tr>
<td>Tracking and tracing</td>
<td>Part of a sterilisation process that refers to batch control identification of instruments used for a procedure on a patient.</td>
</tr>
<tr>
<td>Transmission-based precautions</td>
<td>Methods and practices that health professionals use to prevent infection of themselves and others when a patient is known or suspected to be infected with a highly transmissible infection (eg influenza) and when standard precautions may not be sufficient to prevent infection. Transmission-based precautions include droplet precautions, airborne precautions and contact precautions, and involve the use of triage, personal protective equipment, isolation and other measures.</td>
</tr>
<tr>
<td>Triage</td>
<td>Patient prioritisation based on where resources can be best used or are most needed.</td>
</tr>
</tbody>
</table>
| Unsociable hours                          | The following after-hours periods:  
• Weekdays – 11.00 pm to 8.00 am  
• Saturdays – before 8.00 am and after 12.00 pm  
• Sundays and public holidays – any time                                                                                                           |
| Urgent                                    | Requiring immediate action or attention.                                                                                                                                                                 |
| Values                                    | Principles that stipulate how the organisation and a service team are expected to behave.                                                                                                                    |
| Vision                                    | A declaration of an organisation’s objectives.                                                                                                                                                            |