Introduction

As part of the ongoing development of the RACGP Standards for general practices (5th edition) (the Standards), the RACGP conducted a Second Consultation Phase with the profession, patients, and other stakeholders.

The first draft of the 5th edition Standards were released as part of the Second Phase for feedback, comment, and input. This consultation phase ran from 15 February 2016 to 1 April 2016. A small scale pilot of the first draft of the 5th edition Standards also occurred during this period.

The RACGP invited stakeholder input through multiple avenues including:

- written feedback, which could be completed in submission form or by emailing the Standards Unit
- verbal feedback
- workshops with stakeholder groups.

All information relating to the Second Consultation Phase of the 5th edition Standards was available to stakeholders on the RACGP website.

The RACGP Expert Committee – Standards for General Practices (REC Standards) have reviewed all the feedback that was received during this consultation phase to inform the development of the second draft.

The Second Consultation Phase

The Second Consultation Phase sought feedback from the profession and stakeholders on:

- the modular structure of the first draft of the 5th edition Standards
- new Indicators and content

During the six week consultation phase, there were over 1500 downloads from the dedicated standards development webpage: www.racgp.org.au/standardsdevelopment

Documents available for stakeholders to download included:

- A word and pdf version of the first draft of the 5th edition Standards.
- A word and pdf version of the first draft of the Resource Guide.
- 5th edition Standards – Frequently asked questions (FAQs).

Over 80 stakeholders provided feedback during consultation phase. The combined feedback resulted in more than 330 individual items reviewed.
The range of stakeholders who provided their feedback included:

- General practitioners
- Practice managers, nurses and other staff
- Aboriginal medical services
- After hours services
- Medical defence organisations
- Primary Health Networks
- Peak bodies and government agencies
- Accreditation agencies and surveyors, and
- Patients

### The small scale pilot

Twelve practices and five surveyors participated in the small scale pilot. Piloting aimed to test the feasibility, acceptability, achievability and applicability of the draft Standards for both practices and accreditation surveyors.

The small scale pilot involved three stages:

1. Participation in an education session to assist practices to understand the new content in the first draft 5th edition Standards.
2. Completion of a self-assessment questionnaire on the draft 5th edition Standards. A member of the practice team who is familiar with the Standards and accreditation was asked to complete an online self-assessment questionnaire about each Indicator in the first draft of the 5th edition Standards.
3. Completion of a mock survey visit between the practice and a surveyor. The surveyor discussed the completed self-assessment questionnaire with the practice. Surveyors were asked to rate each Indicator at the visit as ‘met’ or ‘not met’ and rate how easy the Indicator was to assess.

### Detailed stakeholder feedback

The first draft of the 5th edition Standards has been re-structured into a modular format. The general feedback received was wide, varied and constructive. The feedback has been summarised below.

#### General feedback

- **Terminology**
  - The words ‘could’, ‘should’ and ‘must’ were not used consistently throughout the draft and were causing confusion for stakeholders.

- **Accreditation**
  - Guidance, support and advice from RACGP to the accreditation agencies would greatly assist consistency and transparency in the application and assessment of the Indicators.

- **Aboriginal and Torres Strait Islander Health**
  - The Standards should be strengthened to ensure the health needs of Aboriginal and Torres Strait Islander peoples are clearly articulated.

- **Examples to reflect the Indicators**
  - The examples within the Standards could be revised to ensure they are more aligned to the Indicators.

- **Use of jargonistic language**
  - The Standards should avoid the use of any jargonistic language and use simple, clear language in describing what and how to meet the Standards. This also applies to any supporting material.

- **Reference to a team approach**
  - Indicators could refer to more than one person in the practice having responsibility.

#### Core Module

- Feedback from stakeholders indicated that the terminology used in the Standard on business risk management was not necessarily meaningful to practices.

- Specific reference to digital health should be included in the Standards.

- Reference to Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual (LGBTQIA) patients was missing from the Standards.

- Some stakeholders felt that the requirements for practices to use interpreters should be strengthened.

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1. **Feasible** – the indicator is possible to do and realistic for the practice to complete
   
2. **Acceptable** – the indicator is satisfactory or agreeable, and reasonable for the practice to complete
   
3. **Achievable** – the indicator is able to be met by the practice.

4. **Applicable** – the indicator is applicable to the practice.
Open disclosure was highlighted as a new Indicator. The majority of stakeholders felt that the inclusion of this Indicator in the Standards was a good idea.

A lot of stakeholder feedback was received on the requirement to document the presence of a third party during a consultation. This feedback was varied and ranged from agreement to applicability in some circumstances to disagreement.

The inclusion of the requirement for practices to consider ethical dilemmas was a new Indicator in the draft 5th edition. Some stakeholders strongly felt that this should not be included in the Standards while others agreed with its inclusion.

A new Indicator was included requiring practices to advise patients of the potential for out of pocket expenses for any referred services. Some stakeholders were concerned and thought that general practices would need to know the exact costs of the referred service. This is not the case.

Quality Improvement Module

Patient feedback
- Some feedback indicated that patient feedback requirements should be strengthened to highlight the quality improvement focus.
- The majority of feedback indicated that the process should allow more flexibility.

The Standards could be enhanced to ensure practitioners are assisted and supported when an adverse event occurs.

Complementary medicines, in particular, awareness, side effects and interactions with conventional medicines was raised as a point requiring clarification in the Standards.

Stakeholders sought clarification on what the removal of the percentages from the Indicators relating to recording known allergies and health summaries meant for accreditation.

General Practice Module

Practice equipment received wide and varied feedback on what should be included as mandatory items in the practice.

Some stakeholders felt that the Doctor’s bag is not required or out of touch with modern general practice.

The requirement for practices to have access to a defibrillator was included as a new unflagged Indicator in the draft Standards. Some stakeholders believed the Indicator was mandatory.

Some stakeholders felt that the Standards should clarify the requirements for the management of time-critical results identified after hours.

Next steps

Feedback received from the Second Consultation Phase was considered by REC Standards and has been used to inform the second draft of the 5th edition Standards.

The RACGP will release the second draft of the 5th edition Standards and the Resource Guide on 6 June 2016. This consultation phase will end on 30 September 2016. During this period the draft Standards will also be piloted in 100 practices across Australia.

The revised resources that accompany the patient feedback requirements will also be released for stakeholder feedback and piloting during the Third Consultation Phase.

All feedback from this consultation phase and the large scale pilot will be considered in finalising the 5th edition Standards.

The RACGP will formally launch the 5th edition Standards in October 2017.

Further information can be found at www.racgp.org.au/standardsdevelopment