Amendments to the Interpretive guide to the RACGP Standards for general practices (4th edition) for Aboriginal community controlled health services

Since the launch of the RACGP Standards for general practices (4th edition) (the Standards) in October 2010 and its companion document, the Interpretive guide, it has become necessary to make amendments. This is to ensure that the Standards and the Interpretive guide provide clear guidance to practices and up-to-date information.

As amendments occur, the Interpretive guide on the RACGP website (electronic and interactive versions) will be kept current. The amendments document on the College website includes amended pages that you can print to insert in your Interpretive guide.

May 2013 – Amendment to Criterion 4.2.1 G

This amendment clarifies the requirements for practices collecting patient health information for quality improvement or professional development activities, that practices can only transfer identified information to a third party once informed patient consent has been obtained (Criterion 4.2.1. G).

In Criterion 4.2.1 the following change is necessary.

Under Indicator G where it states:

G. When we collect patient health information for quality improvement or professional development activities, we only transfer de-identified patient health information to a third party once informed patient consent has been obtained.

Please change this by deleting ‘de-‘ from ‘de-identified’ so it reads:

G. When we collect patient health information for quality improvement or professional development activities, we only transfer identified patient health information to a third party once informed patient consent has been obtained.

In Criterion 4.2.1 Indicator G ‘What this means and handy hints’: please replace the existing third paragraph as follows:

Existing text

Health services are encouraged to use patient health information for internal quality improvement or professional development activities that seek to improve a particular treatment or service offered by the health service. But it is important that no patient can be identified from this information.

Where de-identified and aggregated patient health information is being used by your health service for such quality improvement activities, then additional patient consent for the use of their health information is not necessary.

Delete this paragraph

However, if your service then provides that same information to a third party (such as the state or territory NACCHO affiliate or OATSIH) for research purposes, this would require separate, prior patient consent because it is no longer for internal quality improvement at the health service level.

Insert new paragraph

Where a practice is providing patient health information or data to a third party for research purposes, there are some situations where informed consent is required, and there are some situations where informed consent is not required. The requirement for consent when using de-identified data will be decided by a Human Research Ethics Committee.
In Criterion 4.2.1 ‘Case study’ paragraph 5, please replace the existing text as follows:

Delete existing text

The privacy policy in relation to health information includes a clause stating that any research activities involving patients of the health service that the service undertakes require ethics approval and signed consent by patients before they participate.

Insert replacement text

The privacy policy in relation to health information includes a clause stating that any research activities involving patients of the health service require Human Research Ethics Committee approval, which will decide if informed patient consent is required.

May 2013 – Amendment to Criterion 5.2.2

The second amendment advises general practitioners that a review of the PBS emergency drugs was undertaken in December 2012 and reminds general practitioners to seek appropriate and ongoing education as required.

In Criterion 5.2.2 ‘Case study’, insert an additional two paragraphs underneath paragraph 2 as follows:

Insert new additional text

Health services should ensure that GPs are familiar with the medicines contained in their doctor’s bag, including the general usage, suggested dosage and possible side effects.

It is recommended that GPs seek appropriate and ongoing education on the medicines contained in their doctor’s bag.
Interpretive guide to the RACGP Standards for general practices (4th edition) for Aboriginal community controlled health services

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The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Whilst the text is directed to health professionals possessing appropriate qualifications and skills in ascertaining and discharging their professional (including legal) duties, it is not to be regarded as clinical advice and, in particular, is no substitute for a full examination and consideration of medical history in reaching a diagnosis and treatment based on accepted clinical practices.

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Cover artwork
The Food Gatherers, by John Weeronga Bartoo
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Story: Survival
Not only did man have to go walkabout for food, but also the animals upon which he depends for survival must move about to forage for food.

The painting shows a woman’s camp, for these are the providers of most of the food – consisting mainly of roots and berries and nuts, small animals such as lizards, snakes, possum and goanna, and seeds for flour. There is a hunter’s camp; they are the ones who hunt and kill the larger animals, kangaroo and emu, and also catch fish and birds. There are tracks of the animals – goanna, possum, snake, kangaroo and emu. Then there are the plants and wildflowers upon which the animals, as well as man and the insects, such as the honey ant, depend.

So it was that they only took enough each day to survive, ensuring that the land would replenish the larder and that future generations could survive.

But when we take more than we need, the land became sick, its dependants began to diminish and future generations are in peril.

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### Table 4.3 (continued)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>What this means and handy hints</th>
</tr>
</thead>
</table>
| **F.** Our practice team can demonstrate how we facilitate the timely, authorised and secure transfer of patient health information in relation to valid requests. | Section 2.3 Use and disclosure with consent of the *Privacy in the private health sector* sets out the correct process for transferring patient health information to others, such as other health service providers or in response to third-party requests. Keep in mind that these guidelines were developed for private sector and non-government health service organisations. It is strongly advised that your health service establishes a written document that sets out clear processes for your clinical team to ensure timely, authorised and secure transfer of patient health information. It is suggested that this policy includes:  
• a definition of valid requests, providing examples of what would constitute valid and non-valid requests  
• a procedure that promotes timely responses to requests, and timely transfer of documents  
• provision for resourcing of clinical team members concerned about third-party requests (such as information and/or contacts of relevant insurers)  
• procedures for managing complaints about patients' requests for access to their own health information. |
| **G.** When we collect patient health information for quality improvement or professional development activities, we only transfer identified patient health information to a third party once informed patient consent has been obtained. | Health services are encouraged to use patient health information for internal quality improvement or professional development activities that seek to improve a particular treatment or service offered by the health service. But it is important that no patient can be identified from this information.  
Where de-identified and aggregated patient health information is being used by your health service for such quality improvement activities, then additional patient consent for the use of their health information is not necessary.  
Where a practice is providing patient health information or data to a third party for research purposes, there are some situations where informed consent is required, and there are some situations where informed consent is not required. The requirement for consent when using de-identified data will be decided by a Human Research Ethics Committee.  
*Amended in May 2013.*  
To ensure patients understand how their (de-identified and aggregated) health information may be used for internal quality improvement purposes it is recommended that this is explained in your health service’s privacy policy.  
This indicator was reviewed by the RACGP in May 2013. See [www.racgp.org.au](http://www.racgp.org.au) for updates. |

*Amended in May 2013. Replaces page 164.*
Case study

Below is a description of the ways in which an Aboriginal community controlled health service can ensure that it has an effective system for managing patient information. Not all of these good practices are required by the Standards, but they illustrate the many practical and creative things that ACCHSs can do to ensure they deliver services of high safety and quality to their community.

The health service has a documented privacy policy that reflects key legislation and is written in plain English and other community languages so that all staff and patients clearly understand what it says. The policy clearly defines confidentiality and privacy in relation to health information and documents procedures for the management of patient information.

The confidentiality and privacy policy and procedure manual includes:

- procedures for informing new and existing patients about privacy arrangements in relation to health information in the service
- details about which staff members may have access to patient health records and to what level they can access this information – for example, reception staff can only access demographic information but doctors have full access
- details about how patients can request access to their own health information
- processes for sharing patient health information with third parties in an authorised, secure and timely way – for example, the transfer of health records or referral to a specialist
- information on how the service maintains privacy of patient health information in relation to other uses – for example, for quality improvement and professional development
- information on how the service deals with complaints about privacy in relation to health information
- details about how privacy is maintained when using patient data for quality improvement activities or when conducting research.

Staff position descriptions clearly state their roles and responsibilities in relation to confidentiality and privacy, and these are appropriate for their job.

When they start employment, staff and volunteers are required to sign a confidentiality agreement in relation to health information; this is kept in their file. Privacy and confidentiality in relation to health information is clearly emphasised at orientation and in ongoing staff training. The policy emphasises that breaches are viewed as grounds for termination of employment.

The privacy policy in relation to health information includes a clause stating that any research activities involving patients of the health service require Human Research Ethics Committee approval, which will decide if informed patient consent is required.

Amended in May 2013.

A research-specific consent form is used to clearly identify the difference between consent for treatment or a procedure and consent for research. Any issues or changes that arise in relation to confidentiality and privacy are discussed at staff meetings and documented in the policy and procedures if necessary.

A privacy notice is displayed in the waiting room detailing how the service collects, uses and shares patient health information.

De-identified patient information is used by the service for internal quality improvement processes, preventive health activities and health-promotion planning. This information is not used for any other purpose.

The service uses a community engagement process (through the board) to identify priorities for research about patients, the health service itself or the community.
Table 5.5

Criterion 5.2.2 Doctor’s bag

<table>
<thead>
<tr>
<th>Indicators</th>
<th>What this means and handy hints</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Each of our GPs has access to a fully equipped doctor’s bag for emergency care and routine visits and the bag contains:</td>
<td>Each of your health service doctors has access to a doctor’s bag, fully equipped with the contents listed, for emergency situations and routine out-of-clinic visits. The bag should be kept secure, and in accordance with each state and territory’s legislative requirements. In remote settings, a doctor’s bag may be interpreted as a combination of the special packs in common use in ACCHSs, together with any additional pieces of equipment that make up the full complement of equipment described in this criterion. Different communities’ health needs mean that the medicines kept in the doctor’s bag would reflect those needs. The shelf life and climatic vulnerabilities of medicines need also be taken into account when deciding how your health service stores the medicines required for the doctor’s bag.</td>
</tr>
<tr>
<td>• auriscope</td>
<td></td>
</tr>
<tr>
<td>• disposable gloves</td>
<td></td>
</tr>
<tr>
<td>• equipment for maintaining an airway in both adults and children</td>
<td></td>
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<tr>
<td>• in-date medicines for medical emergencies</td>
<td></td>
</tr>
<tr>
<td>• ophthalmoscope</td>
<td></td>
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<tr>
<td>• practice stationery (including prescription pads and letterhead)</td>
<td></td>
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<tr>
<td>• sharps container</td>
<td></td>
</tr>
<tr>
<td>• sphygmomanometer</td>
<td></td>
</tr>
<tr>
<td>• stethoscope</td>
<td></td>
</tr>
<tr>
<td>• syringes and needles in a range of sizes</td>
<td></td>
</tr>
<tr>
<td>• thermometer</td>
<td></td>
</tr>
<tr>
<td>• tongue depressors</td>
<td></td>
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<tr>
<td>• torch</td>
<td></td>
</tr>
</tbody>
</table>

Case study

Below is a description of the ways in which an Aboriginal community controlled health service can ensure that each of its GP has access to a doctor’s bag. Not all of these good practices are required by the Standards, but they illustrate the many practical and creative things that ACCHSs can do to ensure they deliver services of high safety and quality to their community.

The health service has a doctor’s bag (or a combination of packs and any additional equipment) containing the required equipment, and the doctor’s bag is readily accessible to the doctors. It contains the necessary medicines to enable doctors to treat patients appropriately wherever they are.

The doctor’s bag is kept in a locked cupboard and is checked weekly at the same time that the equipment is checked, and these checks are recorded in a log.

Health services should ensure that GPs are familiar with the medicines contained in their doctor’s bag, including the general usage, suggested dosage and possible side effects.

It is recommended that GPs seek appropriate and ongoing education on the medicines contained in their doctor’s bag.

Showing how you meet Criterion 5.2.2

Below are some of the ways in which an Aboriginal community controlled health service might choose to demonstrate how it meets the requirements of this criterion for accreditation against the RACGP Standards. Please use the following as examples only, because your service may choose different forms of evidence to show how you meet the criterion that may be just as good or better.

- Through the use of direct observation.
- Maintain a doctor’s bag contents checklist.