Amendments to the RACGP Standards for general practices (4th edition)

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

As amendments occur, the Standards 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 Standards.

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 the explanatory notes to Criterion 4.2.1 under the heading ‘Research’, please insert a new paragraph between the first and second paragraphs as follows:

Research

Existing text

Research is an important component of general practice in Australia. Practices are encouraged to participate in research, both within their own practice and through reputable external bodies.

Insert new additional text

Where a practice is using de-identified patient health information, there are some situations in which a practice is required to obtain informed patient consent and some situations where informed patient consent is not required. The requirement for consent when using de-identified data will be decided by a Human Research Ethics Committee.
May 2013 – Amendment to Criterion 5.2.2

This 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 (Criterion 5.2.2).

In the explanatory notes to Criterion 5.2.2 under the heading ‘Medicines for the doctor’s bag’, please insert an additional paragraph underneath paragraph 1 and above the ‘suggested emergency medicines’ list as follows:

Medicines for the doctor’s bag

Practices need to consider what general medicines they should keep in their doctors’ bags. In general this will be determined by the location of their practice, the health needs of the local community and the type of clinical conditions likely to be encountered. The shelf life and climatic vulnerability of various medicines needs to be accommodated.

To ensure patient safety, it is important that GPs are familiar with the medicines that are included 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 these as required.

In the explanatory notes to Criterion 5.2.2 under the heading ‘PBS emergency drugs for doctors’ bags’, replace the existing text as follows:

PBS emergency drugs for doctors’ bags

Delete existing text

Certain pharmaceutical scheme medications are provided without charge to prescribers who in turn can supply them free to patients for emergency use.

A comprehensive and up-to-date list of PBS medications for doctors’ bags is available at www.pbs.gov.au/browse/doctorsbag.

The Emergency Drug (Doctor’s Bag) Order form is available from Medicare.

Insert replacement text

Through the Pharmaceutical Benefits Scheme (PBS), certain medications are provided to prescribers without charge. Prescribers can, in turn, supply them free to patients for emergency use.

A review of these medications was undertaken in December 2012 and a comprehensive and up-to-date list of PBS medications available for doctors’ bags is available at www.pbs.gov.au/browse/doctorsbag.

The Emergency Drug (Doctor’s Bag) Order Form is available from Medicare.
Standard 4.2

Management of health information

Our practice has an effective system for managing patient information.

Criterion 4.2.1

Confidentiality and privacy of health information

Our practice collects personal health information and safeguards its confidentiality and privacy in accordance with National Privacy Principles.

Indicators

A. Our practice team can describe how we ensure the confidentiality of patient health records.

B. Our practice team can demonstrate how patient health records can be accessed by an appropriate team member when required.

C. Our practice team can describe the processes we use to provide patients with access to their health information.

D. Our practice team can demonstrate how patients are informed about our practice’s policy regarding management of their personal health information.

E. Our practice team can describe the procedures for transferring relevant patient health information to another service provider.

F. Our practice team can demonstrate how we facilitate the timely, authorised and secure transfer of patient health information in relation to valid requests.

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. Amended in May 2013.

H. Whenever any member of our practice team is conducting research involving our patients, we can demonstrate that the research has appropriate approval from an ethics committee.

Explanation

Key points

• Privacy of health information is a legislative requirement

• The practice needs to have a documented privacy policy for the management of patient health information

• Patients need to be informed about the practice’s privacy policy

• Guidelines on Privacy in the Private Health Sector (2001) will assist general practices to meet their legal obligations in relation to the collection, use and disclosure of health information.

National Privacy Principles

The Privacy Amendment (Private Sector) Act (2000) extends the operation of the Privacy Act (1988) to cover the private health sector throughout Australia. The ten National Privacy Principles form part of the legislation. The Principles promote greater openness between health service providers and consumers in relation to the handling of health information. The legislation complements the culture of confidentiality that exists in general practice.
Research
Research is an important component of general practice in Australia. Practices are encouraged to participate in research both within their own practice and through reputable external bodies.

Where a practice is using de-identified patient health information, there are some situations in which a practice is required to obtain informed patient consent and some situations where informed patient 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.

Further information about research in general practice, including the requirements for ethics approval, can be found in the National Health and Medical Research Council (NHMRC) National statement on ethical conduct in human research available at www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/e72-jul09.pdf.

Quality improvement
For a quality improvement activity undertaken within a general practice, where the primary purpose is to monitor, evaluate or improve the quality of healthcare delivered by the practice, ethics approval is not required.

Clinical audits using a tool such as CAT (see Criterion 3.1.1 Quality improvement activities) or ‘plan, do, study, act’ cycles undertaken within a general practice as part of a quality improvement activity do not require ethics approval. For example, a practice wishing to determine how many of its pregnant patients are given advice on smoking cessation, or how many patients with heart failure are prescribed ACE inhibitors and beta blockers, may complete an audit on their practice data.

In general, a practice’s quality improvement or clinical audit activities for the purpose of seeking to improve the delivery of a particular treatment or service would be considered a directly related secondary purpose for information use or disclosure. In other words, in general, the practice would not need to seek specific consent for this use of patients’ health information.

To ensure patients understand and have reasonable expectations of quality improvement activities, practices are encouraged to include information about quality improvement activities and clinical audits in the practice policy on managing health information.

Disclosure of health information to carers
In 2008 the Australian Law Reform Commission recognised that disclosure of information to ‘a person responsible for an individual’ can occur within current privacy law. If a situation arises where a carer is seeking access to a patient’s health information, practices are encouraged to contact their medical defence organisation for advice before such access is granted.

Practice closures
To ensure patient safety, it is important that GPs are familiar with the medicines that are included 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 these as required.

Amended in May 2013.

Suggested emergency medicines include:

- adrenaline
- aspirin
- atropine sulphate
- benztropine mesylate
- benzylpenicillin
- chlorpromazine or haloperidol
- diazepam
- ergotamine maleate
- frusemide
- glucose 50% and/or glucagon
- glyceryl trinitrate spray or tablets
- hydrocortisone sodium succinate or dexamethasone
- metoclopramide hydrochloride
- morphine sulphate or appropriate analgesic agent
- naloxone hydrochloride
- prednisone
- promethazine hydrochloride
- salbutamol aerosol.

PBS emergency drugs for doctors’ bags
Through the Pharmaceutical Benefits Scheme (PBS), certain medications are provided to prescribers without charge. Prescribers can, in turn, supply them free to patients for emergency use.

A review of these medications was undertaken in December 2012 and a comprehensive and up-to-date list of PBS medications available for doctors’ bags is available at www.pbs.gov.au/browse/doctorsbag.

The Emergency Drug (Doctor’s Bag) Order Form is available from Medicare.

Amended in May 2013.

Emergency drugs for children
Paediatric emergency drugs and dosages can be found in the Royal Children’s Hospital Pharmacopaedia, available at www.rch.org.au/pharmacy/dev/index.cfm?doc_id=11341.

Australian prescriber article on emergency medicines for the doctor’s bag
The 2007 article by Andrew Baird, ‘Drugs for the doctor’s bag’, provides a useful explanation of PBS and other medicines for the doctor’s bag. The article is available at www.australianprescriber.com/magazine/30/6/143/6.