

# Standards for general practices (6th edition) – Frequently asked questions

This document supports the draft *Standards for general practices* (6th edition), which is available on the RACGP's website. The FAQ document will be updated alongside future drafts and final publication of the Standards.

## 1. Changes from fifth to sixth edition Standards

### 1.1 How has the structure of the Standards changed?

The sixth edition of the Standards general practices is structured to include:

- Four **standards**, with thematically categorised criteria. The four standards are:
  1. Foundations of general practice
  2. Clinical governance
  3. Patient participation
  4. Continuous quality improvement
- 34 **criteria**, which group related indicators.

The following structure is used across all criteria in the sixth edition Standards:

- **Criterion title**
  - Consumer statement.
- **Indicators**
  - Mandatory indicators – accompanied by all related requirements (or 'must' statements).
  - Aspirational indicators (if any).
- **Explanatory materials**
  - Why this is important – rationale for including requirements in the Standards.
  - Meeting this criterion – further exploration of the requirements of each indicator and ways a practice could meet them.
  - Resources – to be developed by the RACGP and included in the sixth edition to further support practices to meet each criterion.

The four new standards allow a more effective classification of criteria into relevant themes for general practice's consideration:

- **The Foundations of general practice** standard captures core elements of setting up and running a practice.
- **Clinical governance** addresses systems and processes for the facilitation of quality and safety of clinical care.
- **Patient participation** is designed to encourage patients to be engaged with their in meaningful ways that contribute to the quality and safety of their care.
- **Continuous quality improvement** addresses ongoing processes of assessing and improving the performance of general practices.

The four standards collectively cover the essential aspects of a safe and quality general practice.

## 1.2 What are the consumer statements at each criterion?

The RACGP has partnered with consumers in the development of the sixth edition Standards to develop consumer statements that capture the meaning and importance of each criterion to consumers. These consumer statements help to align the standards with meeting the needs, preferences, and expectations of consumers.

## 1.3 What's new in the sixth edition Standards?

### 1.3.1 Environmental sustainability

The sixth edition Standards introduces environmentally sustainable measures. Measures such as reducing energy consumption, minimising waste, and promoting eco-friendly practices contribute to improved patient wellbeing and satisfaction and mitigate your practice's impact on the environment.

The theme of environmental sustainability appears throughout the Standards:

- At indicators F.3▶A and F.3▶B in **Criterion F.3 – Environmental sustainability and responsibility**, your practice is asked to:
  - be aware of, and take steps to minimise, its environmental impact
  - have at least one member of your practice team who has primary responsibility for engaging in and promoting the environmental sustainability of your practice.
- At indicator CG.4▶C in **Criterion CG.4 – Clinical and medicines guidelines**, your practice is asked to provide information, resources and/or strategies for the implementation of sustainable clinical practices.
- At indicator PP.6▶B in **Criterion PP.6 – Health promotion and preventative care**, your practice is asked to share information with patients about environmental issues relevant to the healthcare they receive. This aims empower patients to make informed choices that contribute to a healthier environment. Engaging patients in discussions about environmental sustainability can also foster a sense of community and shared responsibility for addressing environmental challenges.
- At indicators CQI.1▶B and CQI.1▶C in **Criterion CQI.1 – Continuous quality improvement activities**, your practice is asked to monitor and report on your environmental performance to track progress toward sustainability goals and compliance with your documented strategies. This CQI criterion also asks your practice to measure environmental-impact metrics to assess and manage your overall environmental footprint.

### 1.3.2 Patient health records for the purpose of accreditation

The sixth edition Standards has refined indicators related to the content of patient health records, focussing on codable data and its ability to facilitate quality improvement activities.

### 1.3.3 Defining and planning for your practice

**Criterion F.1 – Defining and planning for your practice** asks your practice to:

- define and monitor its mission and values.
- maintain a strategic plan and measure progress toward achieving its goals.
- maintain an operational plan and measure progress toward delivering its objectives.

Defining your practice's mission and values establishes the core principles and purpose for guiding your practice's operations. Having strategic and operational plans to set goals and objectives, respectively, aims to enhance professionalism, quality, ethics and progressive leadership within your practice.

### 1.3.4 Response planning

Response planning has expanded in the sixth edition. Emergency response planning is still included as well as planning for unexpected events more broadly (ie interruptions to business as usual). Response planning, including but not limited to responding to an emergency, helps you to consistently identify, document and manage risks and will allow your practice to be able to provide clinical care in an emergency.

### 1.3.5 Qualifications, education and training of healthcare practitioners

Your practice no longer needs to retain documentation regarding registration and CPD for each practitioner; however, you must still ensure each healthcare practitioner has current national registration and accreditation/certification.

### 1.3.6 Digital care

**Criterion F.10 – Digital care** includes new indicators, acknowledging the wide use of digital care, including telehealth. This criterion asks your practice to support safe and secure digital care, as well as monitor and evaluate your provision of digital care.

### 1.3.7 Clinical information systems

**Criterion CG.1 – Clinical information systems** asks your practice to use a *digital* clinical information system to manage patient health information. Paper-based systems are no longer acceptable. Criterion CG.1 acknowledges that hybrid systems may still be needed (eg if your practice has patients at residential aged care facilities), however all systems need to be digital.

### 1.3.8 Patient identification

The intent of **Criterion CG.2 – Patient identification** is that your practice correctly matches patients to their health record. Therefore, your practice can choose how it does this, rather than having to strictly adhere to three patient identifiers (as is the case in the fifth edition Standards).

### 1.3.9 Facilitating complete patient health records

**Criterion CG.3 – Facilitating complete patient health records** broadly aligns with the fifth edition Standards regarding the content of health records; however, the Standards now call for:

- demographic and identification details for each active patient to include assigned sex at birth, variations of sex characteristics (intersex), gender and pronouns (in addition to identification details, contact details, next of kin and emergency contact information)
- active patient health records to use nationally recognised medical vocabulary for coding (previously an aspirational indicator in the fifth edition Standards) and contain each patient's current health summary
- all (100%) of your active patient health records to include known allergies or indicate that the patient has no known allergies.

Your practice's patient health record system *allows*:

- clinicians to record all consultations and clinical related communications in the patient's health record
- the practice team to record all communications with patients.

### 1.3.10 Clinical and medicines guidelines

**Criterion CG.4 – Provision of clinical and medicines guidelines** asks your practice to:

- provide your clinical team with current information relating to medicines, including information about the purpose, importance, benefits and risks of medicines
- have current, best evidence-based and accurate clinical and other emergency care guidelines available.

Having access to current information about medicines enables clinicians to engage in best practice prescribing of medications for patient care.

### 1.3.11 Immunisations

Where previously you needed to *encourage* members of your practice team to obtain immunisations recommended by the current edition of the Australian Immunisation Handbook based on their duties and immunisation status, the sixth edition asks your practice to ensure all members of your practice team have recommended immunisations based on the risks of their role and as mandated by your state or territory. This reflects a genuine commitment by your practice to the health, safety and wellbeing of the whole practice team and your patients.

### 1.3.12 Informed consent

**Criterion PP.4 – Informed consent** has been broadened to include informed consent for third-party presence arrangements, clinical procedures, and the provision of medicines that align with legislative requirements and best practice.

### 1.3.13 Engaging consumers

**Criterion PP.8 – Engaging consumers** asks your practice to meaningfully engage with consumers to monitor, review and improve care. This strengthens the outcomes focus of CQI, asking your practice to work with patients and embed their contributions without prescribing a specific methodology.

### 1.3.14 Continuous Quality improvement activities

**Criterion CQI.1 – Continuous Quality improvement activities** asks your practice to undertake CQI activities, but is not prescriptive. To promote *continuous* quality improvement, this criterion asks practices to conduct at least one clinical improvement activity every 12 months.

## 2. Accreditation – eligibility and assessment

### 2.1 Can 'non-traditional' general practices be accredited against the sixth edition Standards?

The RACGP has expanded its definition of a general practice for the purpose of accreditation in 2024 to include non-traditional practices, including mobile services (such as outreach disability services) or those servicing a specific patient cohort within facilities (eg Residential aged care facilities (RACFs) or disability homes). The definition is retained in the sixth edition Standards and sets the eligibility criteria for practices to be access accreditation.

Services that provide limited and/or non-continuous care are not eligible for accreditation. This may include but is not limited to:

- telehealth-only services (including on-demand telehealth services), where continuous care may be provided but scope of care provided is limited (ie physical assessment is not possible)
- services that focus on a specific body system or disease process (such as skin cancer or mental health clinics), where scope of care provided is limited
- services that are not GP-led; that is, those that do not provide predominantly general practice services as per the description of predominantly within the definition (eg nurse-led services).
  - Note, a women's health service that offers the full scope of generalist services to women would be eligible for accreditation under the new definition; however if a women's health service only offers specific services to its patients (eg reproductive health), it is ineligible for accreditation.

Accreditation agencies can determine if a service meets the definition of a general practice for the purpose of accreditation. In determining eligibility, an agency may ask whether the service is able to provide any general practice care its patient population might reasonably expect to receive from a GP (eg are vaccines available?)

### 2.2 Will practices be able to choose to seek accreditation against the fifth or sixth edition of the Standards?

Practices can choose to be accredited against the fifth or sixth edition of the Standards for the initial 12 months following the publication of the sixth edition. All practices undergoing accreditation will need to meet the sixth edition Standards following this transition period.

### **3. Consultation and publication**

#### **3.1 How will the RACGP incorporate feedback from practices?**

The development of the sixth edition Standards has considered and incorporated:

- the Quintuple Aim (as per the Strengthening Medicare Taskforce)
- the International Society for Quality in Health Care (ISQua) *Guidelines and principles for the development of health and social care standards* (5th and 6th editions)
- recommendations made by the Department of Health and Aged Care's:
  - Accreditation arrangements review (2021)
  - Gap Analysis of barriers to general practice accreditation (2024)
- prior feedback from the general practice profession.

The RACGP will conduct multiple consultations with the profession, releasing drafts for review. Following an initial consultation on the first draft (September 2024), the RACGP will consider all feedback received and develop a second draft for consultation in 2025.

Each draft of the sixth edition will be piloted in general practices, which will include practice self-assessments and mock on-site assessments. The pilot will seek feedback on:

- all indicators – whether they are feasible, acceptable, applicable and outcomes focussed
- clarity and usefulness of explanatory materials
- structure and presentation of the Standards
- any gaps and issues in implementation of the Standards.

#### **3.2 When will the sixth edition be published? / When can practice be assessed against the sixth edition?**

The sixth edition is planned to be published in early 2026.