

Changes to the RACGP Standards for general practices (5th edition) as of February 2023

This resource is applicable to the <u>Standards for general practices</u> (5th edition). The relevant change and the Standards document location it is applicable to is described in the table. Updates have been highlighted with red font for additional requirements and explanatory materials, and red font with strike through for deleted content.

| Section of the Standards | Changes complete |
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| Core module | |
| Criterion C1.2 - Communications | The following changes were made to the 'could' suggestions of Indicator C1.2►A: Meeting each Indicator [] You could: have a recorded phone message (which may be an introductory message or 'on hold' message) that tells patients to call 000 if they have an emergency have a policy, procedure or flow chart that shows how to manage messages from patients maintain a communication policy to manage and triage incoming communication during a crisis, emergency and or disaster demonstrate how your patients receive open, timely and appropriate communication about their health care during a crisis, emergency or disaster document what information and advice the practice team can and cannot give to patients over the phone or electronically educate reception staff about which messages need to be transferred to the clinical team have an appointment system that includes time for the clinical team to respond to patient return messages to patiente have an automatic email response (if your email system allows it) that includes the practice's telephone number and when the sender can expect to receive a reply establish a process so that patients are advised of the practice's policy for checking, responding to, and sending emails establish a back-up plan for when communication failure occurs (eg an alternative mode of communication if a telehealth appointment does not connect). |
| <u>Criterion C3.2</u> – Accountability and responsibility | The following changes were made to the explanatory materials of Criterion C3.2: Meeting this criterion Roles and responsibilities |

| | [] Your practice must also appoint one member of the team who has responsibility for risk management and one person 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 the practice team must understand the responsibility of each role, and who holds each role. For example, risk management responsibilities of this role could include a coordinated process for managing and responding to cardiac emergencies, which involve all members of the practice team, and consider staffing. |
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| <u>Criterion C3.3</u> – Emergency response plan | The following changes were made the explanatory materials of Criterion C3.3: [] Why is this important In an emergency, especially one such as a pandemic, the demand for healthcare services generally increases, ¹⁵ so it is crucial that your practice can continue to provide services during this time, if appropriate. Emergencies can occur on your premises and involve your patients (eg a patient suffering a cardiac arrest). Your practice team needs to consider the process for managing any incident, including roles and responsibilities (such as a first responder), as well as the processes for enacting your emergency response plan. If your practice is prepared for an emergency, you are more likely to provide effective continuity of care for your patients, and to continue operating your business as smoothly as possible. You might consider participating in drills that involve all members of the practice team for the emergencies you have identified in your emergency response plan. As unplanned absences of clinical team members can affect the practice's ability to provide quality patient care, your practice could consider succession planning, or encourage practice staff to share their skills and knowledge among the practice team. |
| Criterion C3.5 – Work health and safety | The following changes were made to the explanatory materials of Criterion C3.5: [] Health and wellbeing of your practice team You can support the health and wellbeing of the practice team in many ways. For example: regular breaks for practitioners during consulting time can reduce fatigue as well as enhance the quality of patient care. Fatigue and related factors (sometimes called 'human factors') are associated with increased risk of harm to patients a plan for re-allocating patient appointments if a practitioner is unexpectedly absent from the practice can reduce the burden on the other practitioners |

| | making information about support services available to the practice team can help them identify and deal with pressures and stressors. This is particularly important in rural and remote areas and in small practices provide flexible work arrangements to staff who might be impacted by a crisis, emergency or disaster, where possible. Supporting staff in emergencies or after traumatic events GPs and other health professionals play a pivotal role in caring for and supporting those affected by natural disasters and other emergencies. Medical emergencies sometimes occur within the practice, and the impact of these on your staff needs to be considered. Some emergencies see a large influx of patients requiring assistance within short timeframes, and medical emergencies can impact anyone who has assisted with patient care. These emergency events can have a significant impact on individuals in the practice team, and the practice. It is important that after any emergency event that results in significant trauma to staff, your practice team come together to debrief about the impact. This could be by using an employee assistance program or a specialist mental health practitioner. This might also include obtaining additional support to look after the health and wellbeing of your practice team. It's important that you consider the ways in which you can support all aspects of the practice team members' health and wellbeing. Dealing with violence |
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| Criterion C8.1 – Education and training of non-clinical staff | The following changes were made to the terminology within Indicator C8.1►B: Indicator […] C8.1►B Our non-clinical staff complete cardiopulmonary resuscitation (CPR) training at least once every three years. |
| Criterion C8.1 – Education and training of non-clinical staff | The following changes were made to the explanatory materials and Indicator requirements within Criterion C8.1: Cardiopulmonary resuscitation (CPR) training CPR training for administrative staff can be conducted by an accredited training provider or by members of the clinical team members, if qualified to do so if appropriate. These clinical team members must have a current CPR instructor's certificate that complies with Australian Resuscitation Council (ARC) guidelines on instructor competencies. |

| | CPR training must comply with ARC guidelines and include the operation of an automated external defibrillator (AED) according to manufacturer's instructions. The ARC requires that CPR trainees physically demonstrate their skills and competency at the completion of the CPR course. CPR training that is completed solely online does not meet this requirement. |
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| | Practice equipment |
| | Training requirements depend on the specific equipment at your practice and the equipment's relevance to non-clinical roles. Your practice needs to consider all equipment used by non-clinical staff and ensure they are trained to use it safely and effectively. |
| | Meeting each Indicator |
| | C8.1►A Our non-clinical staff complete training appropriate to their role and our patient population. |
| | You must: • provide evidence that non-clinical staff have completed all are provided with relevant training. |
| | C8.1►B Our non-clinical staff complete CPR training at least once every three years. |
| | You must: • provide evidence that non-clinical staff complete CPR training at least once every three years. |
| General practice (GP) module | |
| | The following change was made to Indicator GP1.1►C: |
| Criterion GP1.1 – Responsive system for | Indicators |
| patient care | [] |
| | GP1.1►C Our recorded phone message advises patients to call 000 in case of an emergency |
| <u>Criterion GP1.1</u> – Responsive system for patient care | The following changes were made to Indicator GP1.1 ► C, and its associated 'must' requirements: |
| | Meeting each Indicator |
| | [] |

| | GP1.1►C Our recorded phone message advises patients to call 000 in case of an emergency |
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| | You could must: • have a recorded phone message (which may might be an introductory message or 'on hold' message) that tells patients to call 000 if they have an emergency |
| | You could: train reception staff members in triage and how to respond to an emergency have triage guidelines at the reception area have a triage flowchart available for reception staff members. |
| | The following changes were made to the terminology of Indicator GP3.1►A: |
| | Indicator |
| Criterion GP3.1 - Qualifications, education and training of healthcare practitioners | GP3.1►A Members of our clinical team: |
| | [] |
| | have undertaken training in cardiopulmonary resuscitation (CPR), in accordance with the recommendations of their professional organisation, or at least every three years. |
| | The following changes were made to the explanatory materials and Indicator requirements within Criterion GP3.1: |
| | [] |
| <u>Criterion GP3.1</u> - Qualifications, education and training of healthcare practitioners | CPR training |
| | All healthcare practitioners must be trained in CPR so they can respond appropriately in the event of an emergencyhelp in emergencies. CPR training must comply with Australian Resuscitation Council (ARC) guidelines and include the operation of an automated external defibrillator (AED) according to manufacturers' instructions. |
| | CPR training can be conducted by an accredited training provider or by clinical team members who are appropriately qualified-if appropriate. These clinical team members must have 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. For clinical team members, CPR training must be undertaken within the RACGP Continuing Professional Development QI&(CPD) triennium, or in accordance with CPR recommendations set by their professional organisation, or at least every three years. |

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| | [] |
| | Meeting each Indicator |
| | GP3.1►A Members of our clinical team: |
| | [] |
| | have undertaken training in cardiopulmonary resuscitation (CPR), in accordance with the recommendations of their professional organisation, or at least every three years. |
| | You must: |
| | [] |
| | • keep records of each practitioner's CPR training. |
| | |
| | The following changes were made to three (3) Indicators of Criterion GP5.2: |
| | Indicators |
| <u>Criterion GP5.2</u> – Practice equipment | GP5.2►A Our practice has equipment that enables us to provide comprehensive primary care and emergency resuscitation, including: the-ability to view X-rays auriscope blood glucose monitoring equipment disposable syringes and needles |
| | electrocardiograph equipment for resuscitation (ie equipment for maintaining an airway for adults and children, and equipment to assist ventilation, including bag and mask) equipment for sensation testing emergency medicines |
| | examination light eye examination equipment (eg fluorescein staining) gloves (sterile and non-sterile) height measurement device |
| | intravenous access measuring tape ophthalmoscope |

| | oxygen patella hammer peak flow meter personal protective equipment (PPE) pulse oximeter scales spacer for inhaler specimen collection equipment sphygmomanometer (with small, medium and large cuffs) stethoscope surgical masks thermometer torch tourniquet urine testing strips, including pregnancy testing kits vaginal specula visual acuity charts. [] GP5.2> D Our practice has timely access to a spirometer-and electrocardiograph. |
|--------------------------------------|---|
| | The following changes were made to the explanatory materials of Criterion GP5.2: Meeting this criterion |
| | [] |
| Criterion GP5.2 – Practice equipment | Maintaining clinical equipment |
| | Your practice must ensure that all clinical equipment is maintained and in working order at all times. You could maintain a register that lists all clinical equipment in the practice, along with schedules for servicing and maintenance. |
| | Equipment that requires calibration, has consumables with expiration dates, or which is electrical or battery powered (eg electrocardiographs, spirometers, autoclaves, vaccine refrigerators, scales and defibrillators), must be serviced regularly in accordance with the manufacturer's instructions so that it remains in good working order. You could keep documentation receipts from companies |

| | that have provided external equipment testing and calibration so you can schedule regular maintenance checks. You could also maintain a checklist of equipment used in your consultation rooms so you can record dates of servicing and regularly check that maintenance is up to date. |
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| | Electrocardiograph and Spirometer |
| | You must have timely access to an electrocardiograph and a spirometer. You can purchase this equipment or make arrangements with a service that has this equipment (eg a nearby hospital) so you have timely access to the equipment. |
| | If you have an electrocardiograph or spirometer onsite, the clinical team must be properly trained in how to use and maintain the equipment, and be able to analyse the results produced. |
| | You must determine what 'timely access' means for your practice, based on clinical need and what peers would consider an acceptable timeframe. |
| | Automated external defibrillator |
| | Your practice must have a defibrillator. decide whether your practice needs to install an AED, based on the risks of harm from cardiac arrest, by considering: the location of the nearest AED, hospital and other emergency services the number and composition of practice staff members, patients and other people who visit your practice (an AED is useful in workplaces that are visited by many members of the public²⁰) records of injuries, illnesses and near misses. |
| | If you have an AED: |
| | There must be clear signs to indicate where the defibrillator is located. |
| | The defibrillator: it-must be maintained according to the manufacturer's instructions specifications the practice team must be properly trained to use and maintain it it-must be placed where it is clearly visible and accessible, and not exposed to extreme temperatures there must be clear signs to indicate where it is located. |
| Criterion GP5.2 – Practice equipment | The following changes were made to Indicator GP5.2 A and its associated 'must' requirements: Meeting each Indicator |

| | [] |
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| | GP5.2►D Our practice has timely access to a spirometer and electrocardiograph. |
| | You must: demonstrate that you have timely access to a spirometer and an electrocardiograph. |
| | GP5.2►E Our practice has a defibrillator |
| | You could must: |
| | have a defibrillator |
| | |
| | The following changes were made to Indicator GP5.3►A: |
| | Indicator |
| | GP5.3►A Each of our GPs has access to a fully equipped doctor's bag for routine visits and emergency care, containing: |
| | • auriscope |
| | disposable gloves equipment for maintaining an airway in adults and children |
| | hand sanitiser |
| Criterion GP5.3 – Doctor's Bag | intravenous access |
| | in-date medicines for medical emergencies practice stationery (including prescription pads and letterhead) |
| | ophthalmoscope |
| | sharps container |
| | sphygmomanometer stethoscope |
| | sterioscope surgical mask |
| | syringes and needles in a range of sizes |
| | thermometer |
| | tongue depressors torch. |
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