



Update: The RACGP Standards 5th Edition

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This session will cover

- Changes and new accreditation requirements under the RACGP 5th Edition Standards
- How the change in focus from 'process' to 'outcomes' will affect practices
- Best tools and resources to help you prepare for accreditation under the 5th Edition Standards



Transition phase between 4th & 5th edition

The Standards were launched on 26 October 2017.

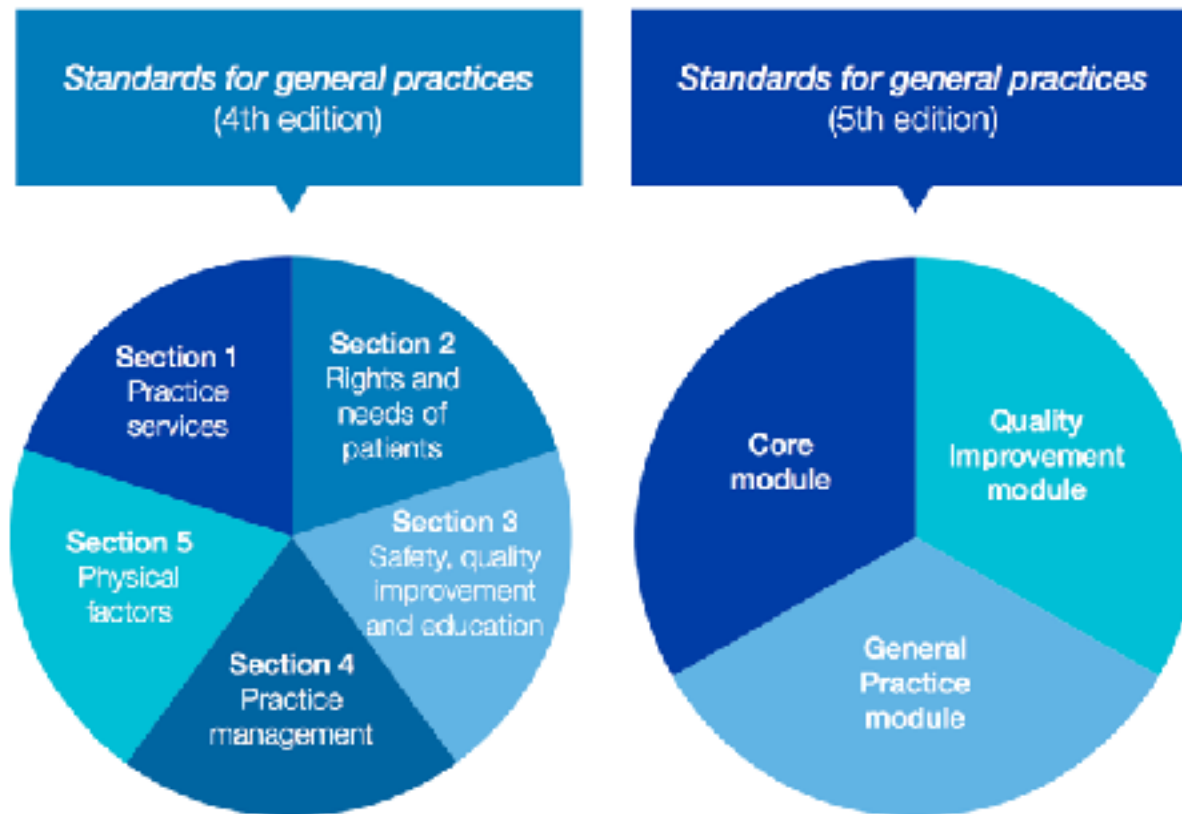
Practices undergoing accreditation **before 31 October 2018** can choose to be accredited under the **4th edition** or the **5th edition** of the Standards.

From 1 November 2018 all practices will be assessed against the **5th edition** Standards.



What's new in the 5th edition?

New 'adaptable' structure of 3 modules



Language and focus



Focus is now on outcomes and patients, instead of on prescribed processes or what the practice does

Restructured explanatory notes

Each Criterion now has three sections:

- **Why this is important:** explains importance from a quality and safety perspective.
- **Meeting this Criterion:** sets out ways to demonstrate that you meet this Criterion
- **Meeting each Indicator:** list of mandatory activities and/or optional ways to meet the Indicator.

Using '**Must**' for mandatory and '**Could**' for optional activities

More options for collecting patient feedback

Table 2. Patient feedback methods

Method	Work/time required (indicative)	Advantages	Disadvantages	RACGP approval required?
Commercially available questionnaires	Minimal	<ul style="list-style-type: none"> Providers collate and analyse results You can conduct one large questionnaire every three years Pre-approved by the RACGP* 	<ul style="list-style-type: none"> Cost for the purchase of the questionnaire and associated services 	No
RACGP questionnaire with no changes	Minimal	<ul style="list-style-type: none"> Less expensive than commercially available questionnaires You can conduct one large questionnaire every three years You can use this guide to support the process 	<ul style="list-style-type: none"> You need to collate and analyse the results yourself 	No
Your own questionnaires (even if it is based on RACGP questions)	Moderate to significant	<ul style="list-style-type: none"> You can use/modify some or all of the questions from the RACGP questionnaires, and/or develop your own Can be practice-specific You can conduct one large questionnaire every three years The RACGP can provide support and guidance throughout the process 	<ul style="list-style-type: none"> The RACGP will charge an administrative fee* Requires more time than the use of readily available questionnaires Requires significant MS Office skills You need to collate and analyse the results yourself Requires RACGP approval (approximately 1-3 months from application, depending on how many questions you develop yourself) 	Yes
Interviews	Significant	<ul style="list-style-type: none"> Can be practice-specific You can explore more sensitive issues privately Patients can express their views in their own words 	<ul style="list-style-type: none"> The RACGP will charge an administrative fee* Requires significant time Requires significant expertise in social research methods Requires RACGP approval (approximately 1-3 months from application) 	Yes
Focus groups	Significant	<ul style="list-style-type: none"> Can be practice-specific Group settings can provide significant feedback in a single session Patients can discuss their experiences with other patients 	<ul style="list-style-type: none"> The RACGP will charge an administrative fee* Requires significant time Requires significant expertise in social research methods Requires RACGP approval (approximately 1-3 months from application) 	Yes
Other methods	If you want to use any other methods of collecting feedback, contact the RACGP to discuss the advantages and disadvantages and what you will need to do in order to gain RACGP approval			

* The RACGP's administrative fee is \$150

New aspirational indicators



C1.4C Our patients can **access resources that are culturally appropriate**, translated, and/or in plain English

C3.1B Our practice **evaluates its progress towards achieving its goals**

QI3.2A Our practice follows an **open disclosure process** that is based on the Australian open disclosure framework

GP2.2D Our practice **initiates and manages patient reminders**

GP4.1F Our practice **records the sterilisation load number from the sterile barrier system in the patient's health record** when sterile items have been used, and **records the patient's name against those load numbers in a sterilisation log or list**

Now mandatory

C5.2 ► A Our **clinical team can exercise autonomy**, to the full scope of their practice, skills and knowledge, when making decisions that affect clinical care

You must:

- Give practitioners autonomy in relation to
 - Overall clinical care of their patients
 - Referrals to other health professionals
 - Requesting investigations
 - Duration and scheduling of appointments



You could:

- Maintain a policy specifying that practitioners have clinical autonomy to deliver evidence-based care, according to their scope of practice, skills and knowledge.

Now mandatory

GP5.2 ► A Our practice has **equipment that enables us to provide comprehensive primary care and emergency resuscitation, including:**

Pulse Oximeter





Now mandatory

GP6.1 ► D Our practice has a written, **practice-specific policy that outlines our cold chain processes**

You must:

- Maintain a cold chain management policy and procedure

You could:

- Review the cold chain management policy once a year
- Discuss the cold chain management policy in team meetings



New mandatory indicators

Criterion C1.5 – Costs associated with care initiated by the practice

C1.5 ►A Our patients are informed about out-of-pocket costs for healthcare they receive at our practice

C1.5 ►B Our patients are informed that there are potential out-of-pocket costs for referred services

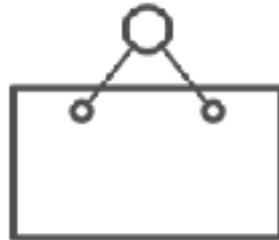
You must:

- Inform patients about out-of-pocket costs for healthcare they receive at your practice
- Let the patient know when you are making a referral or requesting investigations that there may be a cost for the service

Costs associated with care initiated by the practice

You could:

- Place **information about the practice's billing policy** on your website
- Display billing information in waiting areas
- **Explain the billing policy** in person
- Provide **contact details of service providers** so the patient can find out about the costs for that service





New mandatory indicators

C2.1 ►E Our clinical team considers ethical dilemmas

Examples of situations that might create ethical dilemmas in a practice include:

- Patient–practitioner relationships (familial relationships, friendships, romantic relationships)
- Professional differences
- Patients giving gifts to the practitioner
- Emotionally charged clinical situations (eg unwanted pregnancy, terminal illness, or wishes to discuss euthanasia)
- Reporting to the state’s driver licensing authority that a patient is unfit to drive
- A patient’s request for a medical certificate if the practitioner does not believe that the patient’s condition warrants one



New mandatory indicators

You must:

- Document any ethical dilemmas that have been considered, and the outcome or solution.

You could:

- Develop a **policy** that explains how the team must manage ethical dilemmas
- **Discuss** ethical dilemmas at clinical **team meetings**
- Provide a **mentoring** system where ethical dilemmas can be discussed
- Use an **intranet or group email** to pose common ethical dilemmas and solutions for the clinical team to consider and discuss
- Display a **notice in the waiting room listing ethical dilemmas** that practitioners encounter, and how they generally deal with them



New mandatory indicators

C2.2 ► A Our practice obtains and documents the prior consent of a patient when the practice introduces a third party to the consultation

You must:

- **Document** in their health record the patient's **consent** to the presence of a third party arranged by the practice.

You could:

- Maintain a **policy** about the presence of a third party during a consultation
- Include information about the third-party policy in the **induction manual** for the practice team
- Place **signs in the waiting room** when medical or nursing students are at the practice and observing consultations
- **Document the identity of a chaperone**

New mandatory indicators

C3.1 ► A Our practice plans and sets goals aimed at improving our services

You must:

- Plan and set business goals (eg service quality, staff retention, growth, efficiency, staff skills, new services, etc.)

You could:

- Write a statement of the practice's ethics and values
- Maintain a business strategy
- Maintain an action plan



New mandatory indicators



C3.1 ► C Our practice has a business risk management system that identifies, monitors, and mitigates risks in the practice

You must:

- Maintain a documented risk management process
- Develop procedures to mitigate risks

You could:

- Maintain a risk register (eg risks associated with poor record keeping, IT system failures, inadequate systems for updating patients' details and following up test results, etc)
- Maintain a log of risks if you are a small practice
- Keep a record of meetings where risks have been identified and actions agreed on to manage those risks



New mandatory indicators

C4.1 ► A Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care

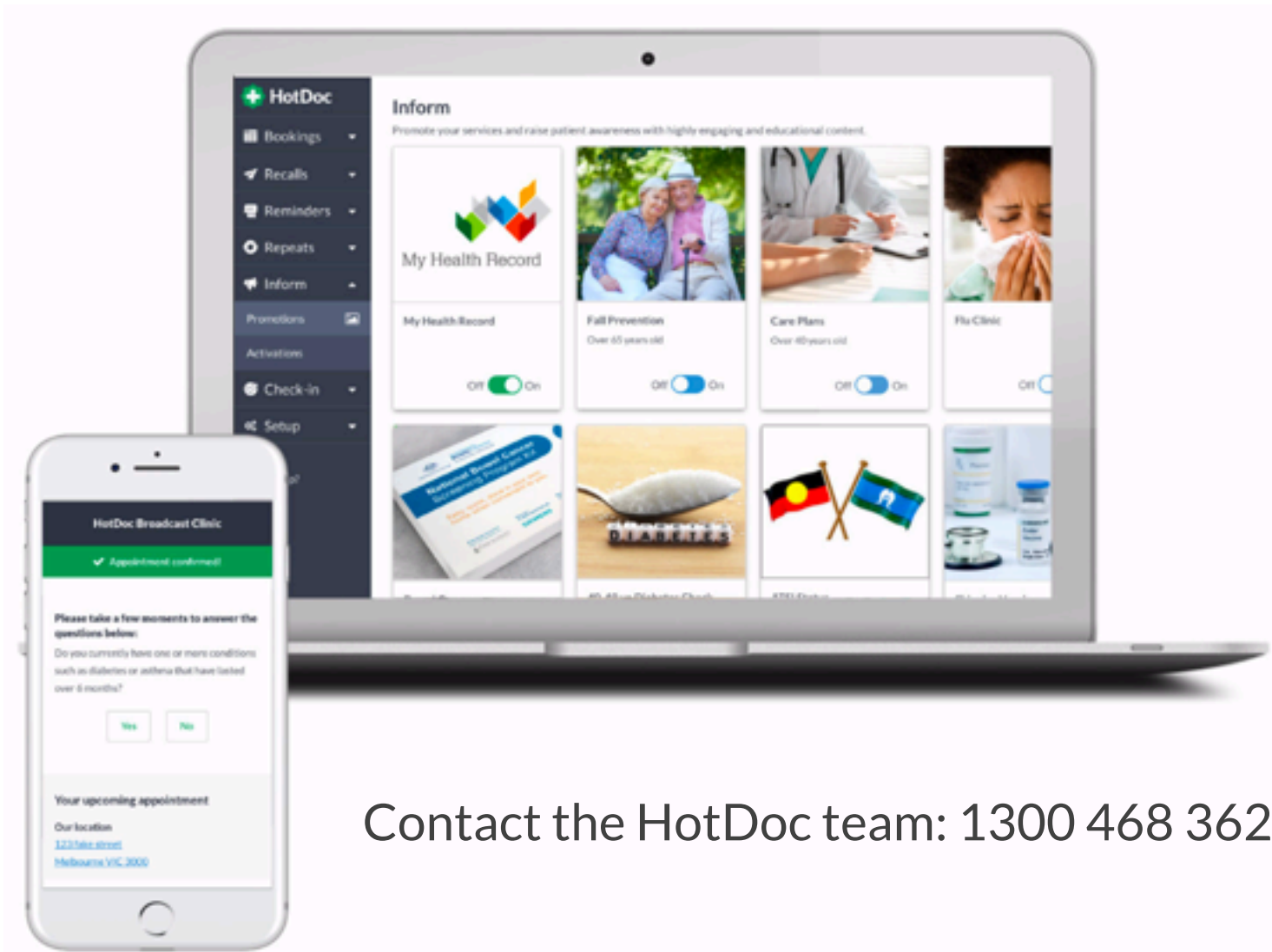
You must:

- **Document** in the patient's health record **discussions or activities relating to preventive health**

You could:

- Use preventive health guidelines and resources
- Hand out up-to-date pamphlets and brochures
- Provide information on the practice's website
- Run preventive health activities, such as diabetic education groups and groups to help patients quit smoking
- Have a **reminder system** to prompt patients of screening activities

HotDoc Inform Pro



Contact the HotDoc team: 1300 468 362



New mandatory indicators

C6.4 ► F Our practice has a policy about the use of email

C6.4 ► G Our practice has a policy about the use of social media

You must:

- Maintain an email policy and a social media policy (where applicable)

You could:

- Put your email and/or social media **policy on your website**
- Have an **automated response to patient emails** that advises them of when they are likely to receive a response.



New mandatory indicators

QI1.1 ► C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems

You must:

- **Keep a record of feedback** from the practice **team** about quality improvement systems.

You could:

- Have notice boards or **suggestion boxes** the team can use to contribute their ideas
- Create **short surveys** for the team to complete that are incorporated into a quality improvement plan



New mandatory indicators

QI1.3 ► B Our practice uses relevant patient and practice data to improve clinical practice (eg chronic disease management, preventive health).

You must:

- Show evidence that you have conducted a **quality improvement activity, such as a PDSA cycle or clinical audit**, at least once every three years.

You could:

- Use **coded** patient health information to **audit patient health records** and compare clinical practice
- Maintain a **continuous improvement register**
- Maintain a **clinical audit** based on a **quality improvement plan** completed by the practice team

New mandatory indicators

GP2.2 ► E High-risk (seriously abnormal and life-threatening) results identified outside normal opening hours are managed by our practice

You must:

- **Give diagnostic services the contact details of the practitioner who ordered the investigation**
- **Have a process for managing high-risk results identified outside of normal opening hours.**





New mandatory indicators

GP3.1 ►C Our clinical team is trained to use the practice's equipment that they need to properly perform their role

GP3.1 ►D Our clinical team is aware of the potential risks associated with the equipment they use.

You must:

- Demonstrate that the team has been provided with training on the safe use of equipment

You could:

- Keep training logs and/or development calendar
- Conduct annual performance reviews that identify learning and development goals
- Educate clinical team members so they know how to use the practice equipment relevant to their role

Resources

RACGP Standards 5th Edition



Resource Guide



Resources

Patient Feedback Guide



RACGP Questionnaire

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2023/2024 Practice Review

Q1. Making an appointment and waiting to see a clinician at your last visit
Please see last customer

Statements	Very good	Good	Fair	Not good	Excellent	N/A	Don't Know
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A = Not applicable

Q2. Your experience with reception staff at your last visit
Please see last customer

Statements	Very good	Good	Fair	Not good	Excellent	N/A	Don't Know
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A = Not applicable

Q3. Your experience of the interpersonal skills of the clinician at your last visit
Please see last customer

Statements	Very good	Good	Fair	Not good	Excellent	N/A	Don't Know
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A = Not applicable

Resources

Risk matrix - Using email in general practice



RACGP

Using email in general practice – privacy and security matrix

This matrix is to assist practices in determining the level of privacy and security required in order to use email in general practice for communication. The matrix is intended for use as a guide of a general nature only to flag issues for GPs and general practices for further consideration when using email.

Will your practice use email with patients, other healthcare providers and external organisations?	Email Policies and Processes	Additional Guidance	Privacy and Security risk to Practice
No email communication will be used & is not expected to be used	Not required	Not required	None
Email communications with patients is undertaken	No formal policy, no supporting resources, communications undertaken without the use of passwords or encryption. Inadequate steps taken to ensure email address of recipient is correct or email is sent to a generic inbox.	No password or encryption creates a risk that if the email is intercepted in transit, it can be easily be read. Emails may be sent to the wrong person or could be read by an unintended recipient.	High
	Documented policies and resources exist, no written consent is obtained or recorded , email communications undertaken without the use of passwords or encryption.	No password or encryption creates a risk that if the email is intercepted in transit, it can be easily be read by unauthorised person.	Medium - High
	Documented policies and resources exist, consent obtained and recorded , email communications undertaken without the use of passwords or encryption. Email address is verified by the practice.	The written information document available, for example "discussing the privacy risks of the usual unencrypted email, patient is aware of same and waives the use of unencrypted email for communication" Consent documented in Electronic Health Record.	Low - Medium
	Documented policies and resources exist, consent obtained and recorded , email communications using a verified email address is undertaken with password protection.	Password provided by another channel i.e. in person, phone or SMS Secure method	Low
	Documented policies and resources exist, email communications undertaken using desktop software encryption or via a secure website (TLS) (ipad)	Very secure method	Very Low
Email communications with other healthcare providers and third parties is undertaken	No formal policy, no supporting resources, communications undertaken without the use of passwords or encryption; Inadequate steps taken to ensure email address of recipient is correct or email is sent to a generic inbox.	No password or encryption creates a risk that if the email is intercepted in transit, it can be easily be read. Emails may be sent to the wrong person or could be read by an unintended recipient.	High
	Documented policies and resources exist, no consent obtained , email communications undertaken without the use of passwords or encryption	As above	Medium - High
	Documented policies and resources exist. Secure messaging software with digital certificates is used. (Refer to RACGP Guide to Secure Communications – Product List)	Very secure method	Very Low
Communicating using Government Databases			
Medicare Online, I-PDS	Medicare Digital Credentials (FK)	Highly secure method	Very low
Personally Controlled Electronic Health Record (PCEHR)	NASH (FK)	Highly secure method	Very low

Resources

Social media in general practice



Open Disclosure Framework



Thank you for participating!

Got a question?
Email: md@hotdoc.com.au