RACGP Standards for General Practices

RACGP *Standards for general practices* (5th edition)

RACGP

The Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

Learning objectives

By the end of this session you should be able to:

1. Describe
   - Why the RACGP is developing the 5th edition Standards
   - The purpose of piloting
   - Your role in the development process and
   - What the RACGP will do with the information gained through piloting
2. Outline the broad changes to the 5th edition Standards
3. Describe the intent of outcomes-focused and patient centred Indicators
4. Describe the dual process and pure process pilot survey visits

The Standards development process

RACGP *Standards for general practices* (5th edition)

RACGP

The Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

Who develops the Standards?

- RACGP Expert Committee – Standards for general practices

Made up of:

- 10 GPs from both rural and urban practices
- A representative from the Australian Association of Practice Managers (AAPM)
- A representative from the Australian Practice Nurses Association (APNA)
- A consumer representative

REC-SGP Members

- Dr Michael Civil – Chair
- Dr Louise Acland
- Ms Julianne Badenoch (APNA Rep)
- Dr Anna Dowling
- Professor Moyez Jiwa
- Associate Professor Glynn Kelly
- Dr Tammy Kimpton
- Dr Alan Leeb
- Dr Cameron Loy
- Ms Angela Mason-Lynch (AAPM Rep)
- Dr Kenneth McCroary
- Ms Diane Walsh (Consumer Rep)
- Dr Noela Whitby

Developing the 5th edition Standards

- The 4th edition of the RACGP *Standards for general practices* (the Standards) was released in October 2010.
- The Standards require updating, to reflect contemporary general practice and developments in quality and safe practice, every 4-5 years
- The RACGP started developing the 5th edition Standards in February 2015

The first draft

- RACGP conducted a literature review of current evidence for Standards in primary care
- Also conducted a gap analysis between RACGP Standards and comparable national and international primary care Standards
- RACGP also received comments and suggestions from ISQua (The Standards accreditation body)
- RACGP also sought feedback from stakeholders on the 4th edition Standards

- The first draft 5th edition Standards was released on 15 February 2016

Consultation phase

The first draft 5th edition Standards and first draft Resource Guide were released for consultation from 15 February to 1 April 2016

- During this period the RACGP conducted two workshops for specific feedback
    - NACCHO and the state affiliates
    - Consumers Health Forum
- RACGP received feedback from a number of organisations, peak bodies, GPs and other practice staff
- RACGP also conducted a small-scale pilot of the first draft 5th edition Standards with 12 practices and 5 surveyors
    - The small-scale pilot was also independently reviewed by medical students from the University of Notre Dame

Purpose of the Standards

RACGP *Standards for general practices* (5th edition)

RACGP

The Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

RACGP

Healthy Profession.
Healthy Australia.

Standards, quality and safety

- The Standards are one of the pillars of safety and quality in the Australian healthcare system and are used by over 80% of Australian general practices for accreditation.
- The Standards have evolved with the changing landscape of Australian healthcare and reflect contemporary general practice in Australia
- The Standards provide a framework for the continuing development of well performing practice teams to enable them to focus on quality care and risk management.
- The Standards also provide a framework, by which a new general practice can be set up, allowing a level of assurance that all the important systems and structures that are necessary to run a general practice have been considered and addressed

Why do Practices go through Accreditation?

- PIP payments
- A sense of achievement and professionalism
- Prompts a practice to review their systems and procedures
- Forces a practice to review the currency of their practice systems
- Some practices see accreditation as a challenge to do more and achieve more

Changes between 4th and 5th edition Standards

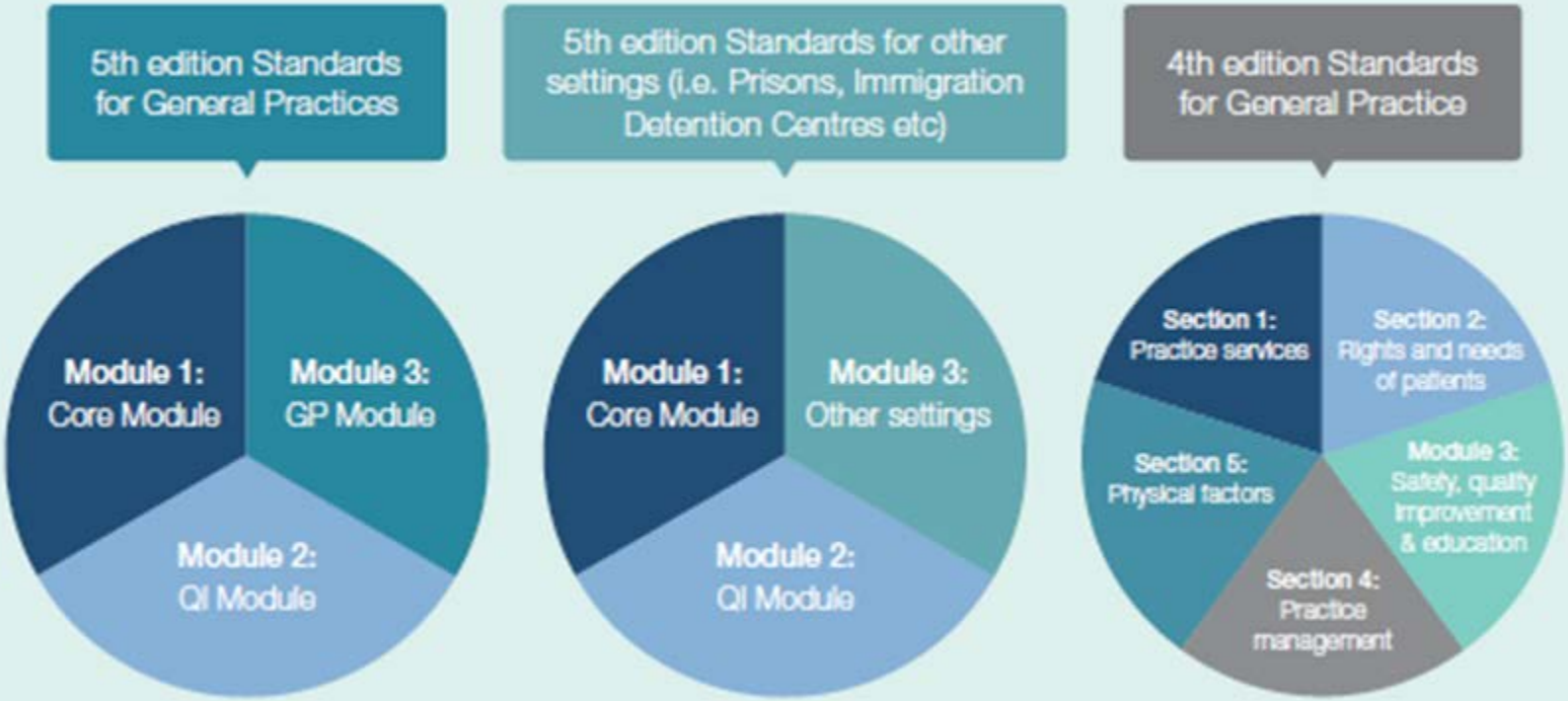
RACGP *Standards for general practices* (5th edition)

RACGP

The Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

Modular format



Standards in Core Module

Core Module

- Communication with patients
- Rights and responsibilities of patients
- Practice governance and management
- Health promotion and preventive activities
- Clinical management of health issues
- Continuity of care
- Information management
- Patient health records
- Education and training of practice staff

Standards in QI Module

Quality Improvement Module

- Quality improvement
  - Including patient feedback
- Clinical indicators
- Clinical risk management

Standards in GP Module

General Practice Module

- Comprehensive Care
- Infection prevention and control in the practice
- Practice facilities and equipment
- Vaccine potency

Explanatory notes

- In response to stakeholder feedback, the explanatory notes for each Criterion have been re-structured and include three sections:
  - ***Why this is important*** – explains why the Indicators are important from a quality and safety perspective
  - ***Meeting this Criterion*** – provides more information and sets out ways that a practice may choose to demonstrate that it meets the Indicator and/or Criterion.
  - ***Demonstrating how you meet this Criterion*** – is a list containing some of the ways to demonstrate how a practice meets the Criterion. Practices may choose other forms of evidence to demonstrate how they meet the Criterion.
- The explanatory notes provide the context around the Indicators, it is important to read the whole Criterion to understand the requirements

Criterion C3.3 – Clinical communication

Indicator

► A. Our clinical team discusses the practice's clinical issue

Why this is important

Having clinical guidelines and appropriate ilitate discussions helps to identify and address clinical issues and deliver co

Meeting this Criterion

Good communication between members c achieved with face-to-face meetings. Communication tools such as message systems and notice boards can be used to record clinical issues and ideas that people have.

Clinical staff must have access to up-to-date resources about a ran the treatment of patients and for their own professional developme

Demonstrating how you meet this Criterion

The following table contains ways for your practice to demonstrate how you meet the requirements of this Criterion.

- Items listed in red are mandatory to meet this Criterion.
- Items listed in **black** are optional to meet this Criterion.

C3.3► A	Keep a record of clinical staff meetings. Create and document of buddy system. Ensure access to up to date and accurate clinical guidelines. Use the practice intranet or email to facilitate discussions.

Mandatory Indicator that needs to be met by the practice

Explains how the Criterion links to quality and safety

Explain the Criterion and gives context to the Indicators

Includes practical ways that the practice can meet the Indicators

This is an example Criterion in the 5th edition Standards

RACGP

Healthy Profession.
Healthy Australia.

Changes to Indicators

- The Indicators of the draft 5th edition Standards are written in such a way as to be outcome-focused and patient-centred where appropriate
  - **Outcome-focused** means that the Indicator focuses on the outcome or the intent rather than the process
  - **Patient-centred** means that Indicator focuses on what the patient receives rather than what the practice does
- Practices can choose a number of different ways to show how they meet the intent of the Indicator. This provides practices with increased flexibility to develop systems and processes that reflect their preferred way of working
- There are still some high-risk areas that are prescriptive such as infection prevention and control

New Indicators in the 5th edition

- The 5th edition Standards covers all areas currently in the 4th edition plus 19 new Indicators not previously assessed
- There are however fewer Indicators overall as some repetitive Indicators have been merged or removed
  - **4th edition – 140 Indicators**
  - **5th edition – 123 Indicators**
- Some new Indicators cover areas in the 4th edition that were mentioned in the explanatory notes, or in Criterion with no Indicators
- Some new Indicators cover gaps identified during the Consultation Phases or by ISQua

New Indicators in the 5th edition – CORE

Core	**1.4 C**	**Our patients can access translated resources.**	This was identified as a gap in the 4th edition Standards during the Initial Consultation Phase.
Core	**1.5 ► A**	**Our patients are informed of the out-of-pocket expenses for health care provided within our practice.**	This Criterion in the 4th edition did not have any Indicators associated with it. Indicators have now been created from the explanatory notes.
Core	**1.5 ► B**	**Our patients are informed of the potential for out-of-pocket expenses relating to referred services.**	This Criterion in the 4th edition did not have any Indicators associated with it. Indicators have now been created from the explanatory notes.

New Indicators in the 5th edition - CORE

Core	**2.1 ► F**	**Our clinical team considers ethical dilemmas.**	This was identified as a gap in the 4th edition Standards during the Initial Consultation Phase.
Core	**3.1 ► A**	**Our practice plans and sets goals aimed at improving our services.**	Included in response to feedback from the International Society for Quality in Health Care (ISQua) - who assess the Standards against their accreditation requirements – who identified this as a gap in the previous edition.
Core	**3.1 B**	**Our practice evaluates its progress towards achieving its goals.**	Included in response to feedback from the International Society for Quality in Health Care (ISQua) who identified this as a gap in the 4th edition Standards.

Polling Questions

New Indicators in the 5th edition - CORE

Core	**3.1 ► C**	**Our practice has a business risk management system that identifies, monitors, and mitigates risks in the practice.**	Included in response to feedback from the International Society for Quality in Health Care (ISQua) who identified this as a gap in the 4th edition Standards.
Core	**4.1 ► A**	**Our patients receive information on health promotion, illness prevention, and preventive care.**	This Criterion in the 4th edition did not have any Indicators associated with it. Indicators have now been created from the explanatory notes.
Core	**5.2 ► A**	**Our clinical team can exercise autonomy in decisions that affect clinical care.**	This Criterion in the 4th edition did not have any Indicators associated with it. Indicators have now been created from the explanatory notes.

New Indicators in the 5th edition - CORE

Core	**7.4 ► H**	**Our practice has a policy on the use of email and social media.**	This was identified as a gap in the 4th edition Standards during the Initial Consultation Phase.
Core	**9.1 ► B**	**Our clinical team is trained to use the practice's equipment.**	Included in response to feedback from the International Society for Quality in Health Care (ISQua) who identified this as a gap in the previous edition.
Core	**9.1 ► C**	**Our practice team is aware of the risks associated with equipment use.**	This was identified as a gap in the 4th edition Standards during the Initial Consultation Phase.

Polling Questions

New Indicators in the 5th edition - QI

QI	**1.1 ► C**	**Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.**	This Criterion in the 4th edition did not have any Indicators associated with it. Indicators have now been created from the explanatory notes. This Indicator has been included in response to that identified gap in the 4th edition Standards.
QI	**1.3 B**	**Our practice team implements activities aimed at improving clinical practice.**	This Criterion in the 4th edition did not have any Indicators associated with it. Indicators have now been created from the explanatory notes. This Indicator has been included in response to that identified gap in the 4th edition Standards.
QI	**3.2 A**	**Our practice has an open disclosure process based on the national Open Disclosure Framework.**	This was identified as a gap in the 4th edition Standards during the Initial Consultation Phase.

New Indicators in the 5th edition - GP

GP	**1.3 ► C**	**► C. Time critical results identified outside normal opening hours are managed by our practice.**	This Criterion in the 4th edition did not have any Indicators associated with it. Indicators have now been created from the explanatory notes. This Indicator has been included in response to that identified gap in the 4th edition Standards.
GP	**1.5 D**	**Our practice initiates and manages patient reminders.**	This Criterion in the 4th edition did not have any Indicators associated with it. Indicators have now been created from the explanatory notes. This Indicator has been included in response to that identified gap in the 4th edition Standards.

New Indicators in the 5th edition - GP

GP	**2.1 F**	**Our practice records the sterilisation load number from the sterile barrier system in the patient's medical record when sterile items have been used, and records the patient's name against those load numbers in a sterilisation log or list.**	This was identified as a gap in the 4th edition Standards during the Initial Consultation Phase.
GP	**3.2 G**	**Our practice has a defibrillator.**	A number of stakeholders suggested that defibrillators be included in this edition of the Standards during the Initial Consultation Phase. This new Indicator is not mandatory.

Polling Questions

Outcome-focused Indicators

RACGP *Standards for general practices* (5th edition)

RACGP

The Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

Outcome-focused Indicators

- **Outcome-focused** means that the Indicator focuses on the **outcome** or the **intent** rather than the process
- Previous editions of the Standards dictated how practices should demonstrate compliance with the Standards
- The 4th edition Standards focused on processes
- The 5th edition Standards is outcome-focused
  - practices can choose how they demonstrate that they meet the intent of each Indicator and, provided that the practice team can explain this and provide evidence to the surveyor's satisfaction, the practice will be assessed as having met the Indicator
- This approach gives practices greater scope to set up systems and processes that reflect the working arrangements in their practice and will be easier to maintain after their accreditation assessment

Understanding the intent

- Surveyors and practices should seek to understand the intent of the Indicator rather than just taking it on face value
- Allowing flexibility into how the intent of the indicator can be met, by **not dictating** how something must be done, allows practices to show how they have addressed and met the intent of the Indicator
- If you understand the intent of the 4th edition Indicators, you will see that most of the Indicators in the 5th edition have the same intent

- When reviewing 5th edition Indicators, surveyors should be practical and should take a 'common sense' approach
- The intent will be addressed differently by practices, i.e. those that are large / solo, those that are rural / metro

4th edition process-focus

Criterion 1.2.1

Practice information

Our practice provides patients with adequate information about our practice to facilitate access to care.

Indicators

► A. Our practice information sheet is available to patients and is accurate and contains at a minimum:

- our practice address and telephone numbers
- our consulting hours and arrangements for care outside our practice's normal opening hours, including a contact telephone number
- our practice's billing principles
- our practice's communication policy, including receiving and returning telephone calls and electronic communication
- our practice's policy for the management of patient health information (or its principles and how full details can be obtained from the practice)
- the process for the follow up of results
- how to provide feedback or make a complaint to the practice including contact details of the local state or territory health complaints conciliation body.

5th edition outcome-focus

Criterion C1.1 – Practice information

Indicators

► A. Our patients can access up to date information about the practice. At a minimum, this information contains:

- our practice address and telephone numbers
- our consulting hours and details of arrangements for care outside normal opening hours
- our practice's billing principles
- our list of practitioners
- our practice's communication policy, including receiving and returning telephone calls and electronic communication
- our practice's policy for managing patient health information (or its principles and how full details can be obtained from the practice)
- the process for the follow up of results
- how to provide feedback or make a complaint to the practice
- information on the range of services we provide.

Differences between 4th and 5th

- Under the 4th edition practices were required to use a **practice information sheet** to disseminate information about the practice
- The process to meet the Indicator is defined
- There was no flexibility if practices wanted to use a different method
- The intent of the 4th edition Indicator is that **practices publicise information to their patients**

- Under the 5th edition the intent of the Indicator remains the same - that **practices publicise information to their patients**
- The Indicator is written with an outcome rather than a process focus
- This means that the practice can define the process they will use to meet the outcome

Polling Questions

The Resource Guide

RACGP *Standards for general practices* (5th edition)

RACGP

The Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

The Resource guide

- The Resource Guide has been developed to be a supplementary resource to accompany the 5th edition Standards.
- The Resource Guide includes additional resources and links to support practices in meeting the Criterion and Indicators.
- It is available in two formats
  - **Resources by Criterion**
  - **Resources by theme**
- It will be available **online** and updated regularly with any new resources that become available

The Resource guide

- Split by **Criterion** to match the Standards

STANDARD 1: COMMUNICATION WITH PATIENTS

The Indicators in this section of the Standards relate to communication with patients.

CRITERION 1.1 - Practice information

Practices may find the following resources and links useful when meeting this Criterion:

- Font style and size can be an issue for people with vision limitations. Vision Australia has produced print and web accessibility guidelines that practices may find useful. The guidelines are available at www.visionaustralia.org/business-and-professionals
- All advertising needs to comply with the Medical Board of Australia Code of Conduct available at www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx

The Resource guide

- Split by **Theme**

2. RIGHTS AND RESPONSIBILITIES OF PATIENTS

This section address delivery of respectful and culturally appropriate care, the presence of a third party during a consultation, and access to services.

Respectful and culturally appropriate care

Practices may find the following resources and links useful:

- The RACGP's *General practice patient charter* is available for members at www.racgp.org.au/gppatientcharter
- The RACGP's National Faculty of Aboriginal and Torres Strait Islander Health has developed *An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives.* This document provides background information on Aboriginal and Torres Strait Islander perspectives, along with an understanding of important protocols and other relevant cultural issues. It is available at www.racgp.org.au/yourracgp/faculties/aboriginal/guides/cultural-protocols/

Piloting the 5th edition Standards

RACGP *Standards for general practices* (5th edition)

RACGP

The Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

Why pilot the Standards?

- The term 'pilot' refers to a study to pre-test the feasibility of an instrument such as the Standards
- Piloting the draft Standards will test the **real-world application of the Standards** in practice
- Piloting the draft Standards will:
  - Give advance warning about areas inappropriate or too complicated
  - Identify practical issues with implementation
- This allows the RACGP to address any areas that cause issues to practices or surveyors before Standards are finalised

Piloting the 5th edition Standards

- The large pilot will test Standards in variety of general practice settings
- ***Dual process pilot*** for practices who are undergoing 4th edition accreditation
  - Review of 5th edition Indicators during 4th edition accreditation visit
  - Test the **content** in the 5th edition
- ***Pure 5th edition process pilot*** for practices who have recently completed 4th edition accreditation
  - **Full mock survey visit** and assessment based on the draft 5th edition
  - Test both the **content** and the **processes** in the 5th edition
- Data from the pilots will be used to revise the draft Standards

Pilot - Dual process

- The pilot will take place during a 4th edition Standards accreditation survey visit
- Practices will complete a self-assessment against the draft 5th edition Standards using a tool developed by the RACGP
- Surveyors will use the data collection tool developed in partnership with the RACGP
- Surveyors will:
  - assess against the Indicators of the 4th edition
  - review the corresponding Indicator/s in the 5th edition
  - complete the relevant sections of the data collection tool at the same time
- New Indicators in the Standards 5th edition will be assessed during the process as a non-mandatory Indicator.

Pilot – pure 5th edition process

- The pilot will take place at any time between 6 June and 30 September 2016
- Practices will complete a self-assessment against the draft 5th edition Standards using a tool developed by the RACGP
- A GP surveyor and a Co-surveyor will attend the practice and complete a full mock accreditation survey visit of them against the draft 5th edition
- Surveyors will use data collection tool developed in partnership with the RACGP

Polling Questions

Current consultation phase

- Second draft 5th edition Standards and Resource Guide are currently out for stakeholder consultation
- The consultation period runs from **6 June** until **30 September 2016**
- The RACGP is hoping to receive broad feedback from a wide variety of stakeholders
- Large-scale pilot will also be run during this period
- Patient feedback guide will also be put out for consultation and pilot during this period

Next steps

- In late 2016 RACGP will conduct hot spot review to iron out final issues and produce the final draft 5th edition Standards
- In 2017 the final draft will seek approval from RACGP Council and ISQua
- Embargoed copies of the draft will be provided to the accreditation agencies so that they can modify their training program for surveyors
- Final 5th edition Standards will be released at GP17
- Practices can use 5th edition for accreditation from October 2017
- All practices will need to gain accreditation against 5th edition Standards after October 2018

Review the 5th edition

- The second draft of the 5th edition Standards and the Resource Guide are available on the Standards development webpage
- http://www.racgp.org.au/standardsdevelopment/
- Consultation runs from 6 June to 30 September 2016
- General or specific comments are welcome
- Call us on (03) 9998 8630 or email standards@racgp.org.au

- Talk to your colleagues, your staff, other practice staff about how the 5th edition could impact them and encourage them to provide feedback
- RACGP wants as much feedback as possible from a variety of sources and perspectives to refine the draft

Any questions?

- Please use the question box to ask your question
- Alternately you can email standards@racgp.org.au following this webinar

Thank you!

RACGP

The Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.