

**RACGP *Standards for
general practices*
(4th edition)**

**GP NSW workshop
March 2011**



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*RACGP Standards for general
practices (4th Edition)*

***The RACGP Standards for general
practices 4th edition provide a
template for quality care and risk
management in contemporary
Australian general practices.***



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Principles for change

- Remove references to legislation
- Primary focus on safety & quality
- Standards workable in the field
- Remove assessment methods
- Streamline
- Improve explanations



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Structure

- Same 5 sections of Standards
- No new Standards
- 3 less criteria
- 38 less indicators



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*Transition year
Phase 1*

- 10 October 2010 to 30 June 2011
- Register for accreditation or commence reaccreditation
- 3rd edition Standards



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*Transition year
Phase 2*

- 1 July 2011 to 31 October 2011
- Register for accreditation or commence reaccreditation
- 3rd or 4th edition Standards



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Transition year Phase 3

- 1 November 2011
- Register for accreditation or commence reaccreditation
- 4th edition Standards



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Aim of workshop

By the end of the session participants should be able to:

- **Have an understanding of the core concepts in the RACGP Standards relating to patient feedback, identification of Aboriginal and Torres Strait Islanders and clinical governance**
- **Consider their role in supporting practices improve in these core areas**



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Criterion 2.1.2 Patient feedback

Our practice seeks and responds to patients' feedback on their experience of our practice to support our quality improvement activities.



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Indicator A

Our practice has a process for seeking and responding to feedback from patients and other people and our practice team can describe this process.

- **day-to-day mechanisms for gaining feedback from patients (such as a 'suggestion box' at reception)**
- What is the practice specific process?
- Who is responsible to make it happen?
- Who responds?
- When and how?



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Indicator B

Our practice has a complaints resolution process and makes contact information for the state/territory health complaints agencies readily available to patients if we are unable to resolve their concerns ourselves.

- Before any action is taken contact the relevant insurer to seek early advice on resolving the complaint
- Practices should attempt to resolve patient complaints themselves
- If the matter cannot be resolved, the relevant Health Complaints Commissioner can be contacted by the practice or by the patient for advice and possible mediation



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Resources

MBA Code of Conduct contains advice about managing complaints at the practice level (available at www.medicalboard.gov.au/codesand-guidelines.aspx)

ACSQHC *Better practice guidelines on complaints management for health care services* (available at [www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/F3D3F3274D393DFCCA257483000D8461/\\$file/guidecomplnts.pdf](http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/F3D3F3274D393DFCCA257483000D8461/$file/guidecomplnts.pdf).)

RACGP Fact Sheet: Managing patient feedback (available at <http://www.racgp.org.au/standards/fourthedition/factsheets>)



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Basic steps of complaints resolution

- acknowledging the patient's right to complain
- where possible working with the patient to resolve the issue
- providing a prompt, open and constructive response, including an explanation and if appropriate an apology
- ensuring the complaint does not adversely affect the patient's care. In some cases, it may be advisable to refer the patient to another doctor
- complying with relevant complaints law, policies and procedures.



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Indicator C

At least once every 3 years, our practice actively seeks feedback about patients' experiences of our practice by:

- using a validated patient experience questionnaire that has been approved by the RACGP, or
- developing and using our own individual practice specific method that adheres to the requirements outlined in the RACGP *Patient feedback guide: learning from our patients* (questionnaire or focus group or patient interviews).



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Patient feedback guide



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Domains

- **Access and availability of care in the practice**
- **Information provision to patients**
- **Privacy and confidentiality of care in the practice**
- **Continuity of care**
- **Communication skills of clinical staff**
- **Interpersonal skills of clinical staff**



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Questionnaires

Either need approval by:

RACGP (if developed for a practice)

OR

Accreditation agency (if developed by a practice for their own use)



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When can practices choose to design their own method?

When there is a compelling reason.

•language or cultural barriers prevent use of existing approved questionnaires

•practices want to target specific subpopulations of their patients, e.g. young people, diabetics



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Questionnaires must demonstrate

- **Validity**
- **Reliability**
- **Be tested and refined**
- **Cover all domains**
- **Results must be analysed and report produced**



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Focus groups

At least two focus groups to be conducted:

Questions must cover each of the domains

- **Each group has 5 – 10 participants**
- **Group participants have common characteristics**
- **Groups are audio or video recorded or detailed notes recorded**
- **Results are analysed for themes, topics or ideas and a report generated**



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Focus groups cont

- Moderator must not be a person who provides clinical care to the patients
- Moderator should be experienced in focus group methodology



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Interviews

- At least three interviews per FTE GP to be conducted
- Must be face to face or telephone interviews
- All domains must be covered
- Interviews must be recorded (as per focus groups)
- Data must be analysed for themes, topics or ideas and a report produced



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Interviews cont

- Moderator must not be a person who provides clinical care to the patients
- Moderator should be experienced in interview methodology



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What can Division staff do to support practices

- Explore whether the practice really needs to use own methodology
- Contact accreditation agency or RACGP for early advice, before commencing any validation activities



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Indicator D

Our practice can demonstrate improvements we have made in response to analysis of patient feedback.

- **Reports need to be useful for the practice to identify areas for improvement**
- **Improvements need to relate to the results of patient feedback**



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Indicator E

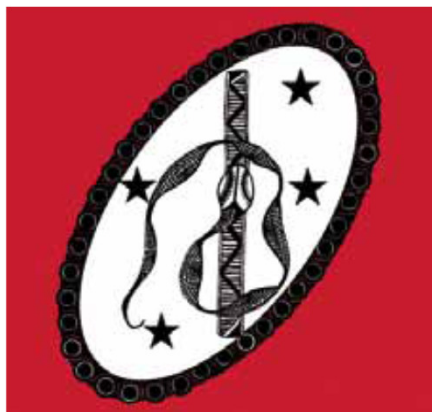
Our practice provides information to patients about practice improvements made as a result of their input (unflagged indicator)

- **Suggestion by consumer representatives**
- **How can practices do this?**



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Identification of Aboriginal and Torres Strait Islander people in Australian general practice



New flagged indicator 1.7.1 E Patient health records

Our practice can demonstrate that we routinely record Aboriginal and Torres Strait Islander status in our active patient health records.

- This means all patients
- It is no longer up to patient to self identify, practice needs to actively ask the question

Indigenous status

Authorised by COAG, the Australian Institute of Health and Welfare introduced National Guidelines for Indigenous status in 2010

- **All health settings must routinely ask Standard question of all their patients**
- **Address known health risk factors**
- **Close the gap in health outcomes**



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Standard Indigenous status question

'Are you [is the person] of Aboriginal or Torres Strait Islander origin?'

(NB Question must not be changed)

The standard response options (either verbally or on a written form):

No

Yes, Aboriginal

Yes, Torres Strait Islander

For clients of both Aboriginal and Torres Strait Islander origin, both 'Yes' boxes should be marked.

OR

Yes, both Aboriginal and Torres Strait Islander



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GPs and their concerns

Discrimination – why only Aboriginal people?

Software discrepancies – where to record?

Who and when and how to collect information?

What evidence of Aboriginality is required?



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What can Division staff do to support identification?

•**Education on why it is needed**

•**Provide update forms**

•**Assist practices to identify and adopt methods that works for them – who, when, where recorded**



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Clinical governance



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Purpose of clinical governance

The purpose of clinical governance is the promotion of safety and quality.



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Definitions of clinical governance

RACGP Definition

The RACGP defines clinical governance as a framework through which clinicians and health service managers are jointly accountable for patient safety and quality care.

ACSQHC Definition

The Australian Commission on Safety and Quality in Health Care describes a model of governance that includes both corporate and clinical governance where corporate governance provides a structure through which corporate objectives (social, fiscal, legal and human resources) are set and achieved and performance is monitored.



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What clinical governance involves

Clinical governance requires:

- establishment of long term and trusting working relationships
- respect and ongoing open communication
- mentoring and nurturing
- encouraging self discipline and the willingness to be responsible for one's actions
- mindfulness of risk and opportunity



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New criterion

3.1.3 Clinical governance

Our practice has clear lines of accountability and responsibility for encouraging improvement in safety and quality of clinical care.

Indicators

- ▶ **A. Our practice has leaders who have designated areas of responsibility for safety and quality improvement systems.**
- ▶ **B. Our practice shares information about quality improvement and patient safety within the practice team.**



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Other Standards related to clinical governance

1.4.1 Consistent evidence based practice

- ▶ C. Our clinical team can demonstrate how we communicate about clinical issues and support systems within our practice.

3.1.1 Quality improvement activities

- ▶ A. Our practice team can describe aspects of our practice that we have improved in the past three years.
- ▶ B. Our practice uses relevant patient and practice data for quality improvement (eg. patient access, chronic disease management, preventive health).



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Other Standards related to clinical governance cont

3.1.2 Clinical risk management systems

Our practice has clinical risk management systems to enhance the quality and safety of our patient care.

Standard 3.2 EDUCATION AND TRAINING

Our practice supports and encourages quality improvement and risk management through education and training.

[Criterion 3.2.1 Qualifications of general practitioners](#)

[Criterion 3.2.2 Qualifications of clinical staff other than medical practitioners](#)

[Criterion 3.2.3 Training of administrative staff](#)



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Other Standards related to clinical governance cont

4.1.1 HR system

- ▶ A. All members of our practice team have position descriptions and can describe their role in the practice.
- ▶ B. Our practice has an induction system that orientates new GPs and other members of our practice team to the practice's specific systems.
- ▶ C. Our practice team can identify the person(s) with primary responsibility for leading our practice's quality improvement and risk management processes.
- ▶ F. Our practice can show evidence of regular practice discussions that encourage involvement and input from members of the practice team.
- ▶ G. Our practice has a system to monitor team members' performance against their position descriptions.



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Other Standards related to clinical governance cont

5.3.2 Vaccine potency

- ▶ A. Our practice team can identify the person with primary responsibility for cold chain management within the practice.
- ▶ B. The person with primary responsibility for cold chain management has this responsibility defined in their position description

5.3.3 Healthcare associated infections

- ▶ A. Our practice team can identify the person with primary responsibility for coordinating infection control processes within our practice and this person has such responsibility defined in their position description.



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What GPs and others think about clinical governance?

Does that mean one person is responsible for everything in the practice?



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What can Division staff do to assist practices

- **Ensure all staff, including GPs, have PDs and contracts**
- **Essentials for contracts include:**
 - **What record system is used by the practice**
 - **Payments, including splitting of PIP, SIP and other income, and expenses**
 - **Who can break a contract and on what grounds**
 - **What is expected of people in terms of maintaining education, registration, insurance**



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What can Division staff do to assist practices cont

- **Assist in education and support implementation of:**
 - **Risk analysis and treatment**
 - **Leadership in general practice: team building, human resource management**
 - **Portfolio activities e.g. IT security, vaccine management, prevention of healthcare associated prevention**



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Resources

RACGP Standards for general practices (4th Edition):

Criterion 3.1.3 Explanatory material

Appendix B Clinical governance

Useful articles

Braithwaite J, Travaglia F. An overview of clinical governance, policies, practices and initiatives. Aust Health Review 2008;32:10-22

Huntington J, Gillam S, Rosen R. Organisational development for clinical governance. BMJ Vol 321 16 Sept 2000



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RACGP Standards for general practices (4th edition)

New resources



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New resources

- RACGP *Patient feedback guide*
- RACGP *Computer security guidelines* (3rd edition)
- RACGP website:
www.racgp.org.au/standards



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More information

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