



AMA submission to Royal Australian College of General Practitioners (RACGP) consultation on the definition of a general practice for the purpose of accreditation

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The RACGP Consultation Paper posed the following question:

For the purpose of accreditation, is the RACGP definition of a general practice for the purpose of accreditation reflective of all contemporary general practices?

The AMA's response to the question is: Yes, noting that Requirement 2 of the definition requires amendment.

The AMA has consulted with the AMA Council of General Practice in developing its response to this consultation.

From the perspective of AMA Council of General Practice to be a general practice the GPs working in the practice must be practising in alignment with the characteristics of their discipline and be predominantly in the practice of that discipline.

At this time, the AMA is of the view that Requirement 1 of the current definition should be retained because the current definition reinforces the characteristics that define general practice. In this context, general practice is a discipline that does not limit its services to patients by age, gender, body system, disease process or service site.

The AMA considers that it will be necessary to update Requirement 2 of the definition to clarify the meaning of predominantly. The passing of the Health Insurance Amendment (General Practitioners and Quality Assurance) Bill 2020, the impending cessation of the Vocational Register, and the superseding of the Health Insurance Regulations 2018 has

resulted in the removal of the definition for *predominantly general practice* from the latest version of the regulations. Requirement 2 should therefore be amended, so as not to refer to superseded regulations and to focus the requirements for accreditation as a general practice on the practice not each of the individual general practitioners working within the practice. Requirement 2 should make it clear that for general practices to be eligible for general practice accreditation more than 50% of the practice's general practitioners' clinical time (ie collectively), and more than 50% of services for which Medicare benefits are claimed (from that practice) are in general practice.

The AMA considers that this definition will better support the evolution of general practice, as outlined in the [AMA 10-Year Framework for Primary Care Reform](#), towards a medical home model that supports value based care delivered by medically led health care teams, providing patient-centred and comprehensive care, supported by a blended model of funding.

The AMA is concerned that, with consideration being given to [Recommendation 56](#) from the Royal Commission in Aged Care Quality and Safety, there is risk general practice accreditation could be fragmented to support models of care that operate outside the auspices of holistic general practice.

The AMA fully supports that practices must be capable of meeting all the mandatory indicators in the Standards if they are to be eligible for accreditation. While the AMA supports the introduction of telehealth and the capabilities that enable patients to access medical care virtually, these services are an adjunct and not a replacement for face-to-face care. General practices for the purposes of accreditation must have the facilities for undertaking physical examinations of patients, equipment that is appropriately sterile and maintained for conducting any procedures or assessments, and the capacity to safely store and provide preventive therapeutics.

To ensure the definition of a general practice for the purpose of accreditation continues to be reflective of contemporary general practices, the AMA suggests that the College undertake to review the definition periodically, perhaps every five years.

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