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AMA submission to the RACGP on administrative changes to the Standards for General Practices (5th edition)

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The AMA's feedback on the changes as outlined in the Consultation Paper: Administrative changes to the RACGP Standards for general practices (5th edition) is as follows:

General comment

It is the AMA's view the guidance that may be appropriate for specific areas of general practice such as in prisons and immigration detention centres are not necessarily relevant for mainstream general practice.

Core 1.4 – Interpreter and other communication services

The AMA supports the proposed changes and has no further comments.

Core 1.5 – Costs associated with care initiated by the practice

The proposed change does not easily fit under this criterion, which is about care initiated by the practice. The AMA appreciates that patients may be reluctant to seek care without knowing what the cost to them will be, but this change would effectively create a hidden indicator. The AMA would suggest that this advice would be more appropriately positioned under Criterion 1.1 "Information about your practice", as Indicator C 1.1A stipulates that this must include providing information about the practice's billing principles. The guidelines could then advise that where services are typically provided to the patient at no cost that patients are advised accordingly.

Core 2.3 – Accessibility of services

The AMA supports amending the language of C 2.3A to better account for patients with disabilities or impairment.

Core 8.1 – Education and training of non-clinical staff

The AMA supports the proposed changes and has no further comments.

QI1.1 – Quality improvement activities

The AMA supports the proposed changes and has no further comments.

QI 1.2 - Patient feedback

The AMA acknowledges that patient feedback may be one possible element to demonstrate that GP2.1A and GP 2.1B has been met. However, given the subjective nature of patient feedback and that a certain level of health literacy is required, results from patient feedback may be more reflective of the patient then whether the practice does provide patient choice of practitioner or continuity of care. On this basis the AMA does not support the inclusion of the proposed change unless other more reliable mechanisms for demonstrating compliance are also included.

More reliable ways for practices to demonstrate they have the indicator may be for:

- GP2.1A - patients ability to book an appointment with their preferred GP via the practices online booking system, or that practice policy is to ask patients which practitioner they would like the appointment with, would be another ways to demonstrate this indicator has been met.
- GP2.1B - generating reports demonstrating the proportion of patients who have received a service from the practice three more than once in the last 24 months, or who've had a Shared Health Summary uploaded to their My Health Record, or who have a Health Summary in their clinical record, or who have had a review of their care plan, or been recalled to the practice for preventive screening or to discuss test results.

QI 3.2 - Open disclosure

The language of the proposed change is more respectful of the patient. The AMA supports the proposed changes and has no further comments.

GP 2.1 – Continuous and Comprehensive care

The AMA acknowledges the double-barrelled nature of the current GP 2.1B and agrees that having a separate indicator and guidance enables greater clarity for meeting the Standard. However, the AMA suggests that under the proposed changes for GP 2.1B "Our health service provides continuity of care" that the "You could" dot point "provide a list of services offered by the practice on your website and/or in an information leaflet" would be more appropriate under the "You could" dot points for GP 2.1B. This could be in addition to or instead of "conduct regular reviews of patient's health assessments". Given the conducting of health assessments is preventive care perhaps an additional example could be include as follows –

"report on the proportion of patients who had a preventive health service provided in the last year (this could include a health assessment, vaccination, cervical screen, completed cycle of care etc).

GP 2.2 - Follow-up systems

The AMA supports the proposed changed but to avoid repetitiveness, suggests amending it to "*have a policy, which outlines the process, for your practice's management for high-risk results identified outside of normal opening hours* and deleting the dash point "*have a process for managing high-risk results identified outside of normal opening hours."*

GP 3.1 - Qualifications, education and training of healthcare practitioners

The AMA supports the proposal to remove GP 3.1D indicator but suggests that GP 3.1C be amended as follows: "Our clinical team is trained to use the practice's equipment that they need to properly and safely perform their role" to better tie in the proposed "You could" inclusions of register near misses etc related to the use of the equipment and recording any discussion, actions and/or quality improvement action taken.

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