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Standards for general practices A template for up-to-date quality practice

The 4th edition of the RACGP *Standards* has been finalised and will be launched at GP10.

The 4th edition of the *Standards for general practices* was developed by GPs, practice nurses, practice managers and consumer representatives. Almost 700 people gave feedback on the draft through online surveys, focus groups, written submissions and field trials.

Dr Lynton Hudson, Chair of the RACGP National Expert Committee on Standards for General Practices, said that the feedback from practice teams, consumers, accrediting agencies and other College stakeholders was crucial in determining what changes needed to be made.

Practices have more choice in demonstrating how they implement the standards

"The feedback we received from the profession has provided a depth of insight that has given the committee confidence that the *Standards* will be relevant and useful and will be of value to practices into the future. We would like to thank everyone who provided feedback. This enabled us to produce a new set of standards that are achievable, feasible and acceptable.

"The vision of the College is that the *Standards* and their assessment will be an education process that allows general practice to move forward," he said.

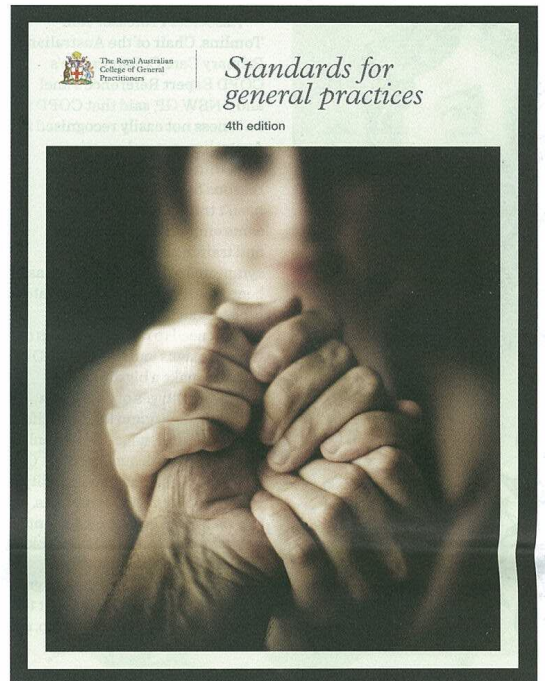
Key changes in the draft 4th edition have meant there are now fewer criteria and indicators. New criteria include clinical handover, clinical leadership, patient identification and safe and quality use of medicines.

Practices have more choice in demonstrating to surveyors how they implement the standards in their practice.

The new edition layout is more user friendly with an index, updated and expanded glossaries and appendices, as well as a summary for explanatory notes with each criterion.

There are additional tools to support the implementation of the standards, with the development of a guide on using patient feedback and on managing computer security.

"In the 4th edition, we are adapting the *Standards* to changes that are occurring in primary



care. We have addressed issues surrounding managing team based care and a part time GP workforce, more complex medication lists, more sophisticated IT and the availability of better and more affordable equipment," said Dr Hudson.

Spirometers and ECGs remain as 'timely access to' equipment while height adjustable beds have been added to the list of essential equipment.

The RACGP received many written submissions from individuals (patients and carers) as well as disability advocate groups (including the Disability Discrimination Commissioner, and Women with Disabilities Australia) supporting the inclusion of height adjustable beds in the *Standards*. In order to meet the standards, only one height adjustable bed per practice is required. Many practices make this available in the shared treatment room to ensure ready access when it is needed.

In his research into the issue, Disability Discrimination Commissioner, Graeme Innes AM, came to the conclusion that "there were a number of additional

potential consequences for general practices including vulnerability to *Disability Discrimination Act 1992* complaints of discrimination and vulnerability to occupational health and safety workplace claims from staff injured while trying to assist patients during an examination."

Dr Hudson said that although there may be understandable concerns from practices about the cost of new equipment included in the *Standards*, access to this equipment is important in delivering care to our communities.

"The availability of height adjustable examination beds makes a contribution to achieving equitable health outcomes and it is therefore the view of the standards committee that it would be indefensible for the College to not recommend height adjustable beds," said Mr Innes.

The College will continue to advocate to government for better infrastructure support for general practices.

Submissions to the Standards can be viewed at www.racgp.org.au/standards