



RACGP Standards for general practices

Mapping of the *RACGP Standards for general practices 5th edition* Indicators to the 4th edition Indicators





Mapping of the 5th and 4th edition Indicators

AGPAL FACT SHEET

5th edition Indicator	4th edition Indicator
Core (C) Standard 1 – Communication and patient participation	
<p>C1.1 A Our patients can access up-to-date information about the practice. At a minimum, this information contains:</p> <ul style="list-style-type: none"> • our practice’s address and telephone numbers • our consulting hours and details of arrangements for care outside normal opening hours • our practice’s billing principles • a list of our practitioners • our practice’s communication policy, including when and how we receive and return • telephone calls and electronic communications • our practice’s policy for managing patient health information (or its principles and how full details can be obtained from the practice) • how to provide feedback or make a complaint to the practice • details on the range of services we provide. 	<p>1.2.1 A Our practice information sheet is available to patients and is accurate and contains at a minimum:</p> <ul style="list-style-type: none"> • 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. <p>1.2.1 B Our practice team can demonstrate how we communicate essential information to patients who are unable to understand our practice information sheet.</p> <p>1.2.1 C If our practice has a website, the information is accurate and contains at a minimum the information included in our practice information sheet and meets the advertising requirements of the MBA Code of Conduct.</p>
<p>C1.2 A Our practice manages telephone calls, telephone messages, and/or electronic messages from patients.</p>	<p>1.1.2 A Our practice team can demonstrate how we receive and return telephone and (if applicable) electronic messages from patients.</p> <p>1.1.2 B For important communications, there is evidence of practice/patient telephone or electronic advice and information in our patient health records.</p>
<p>C1.3 A Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.</p>	<p>1.2.2 A Our clinical team can demonstrate how we provide information to our patients about the purpose, importance, benefits, risks and possible costs of proposed investigations, referrals or treatments.</p>
<p>C1.3 B Our patients receive information to support the diagnosis, treatment, and management of their conditions.</p>	<p>1.2.2 B Our clinical team can describe how we use leaflets, brochures or written or electronic information to support our explanation of the diagnosis and management of conditions when appropriate.</p>



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<p>C1.4 A Our practice endeavours to use an interpreter with patients who do not speak the primary language of our practice team.</p>	<p>1.2.3 A Our clinical team can describe how they communicate with patients who do not speak the primary language of our staff or who have a communication impairment.</p> <p>1.2.3 B Our practice has a list of contact details for interpreter and other communication services including the Translating and Interpreter Service.</p>
<p>C1.4 B Our practice endeavours to use appropriate communication services to communicate with patients who have a communication impairment.</p>	<p>1.2.3 A Our clinical team can describe how they communicate with patients who do not speak the primary language of our staff or who have a communication impairment.</p> <p>1.2.3 B Our practice has a list of contact details for interpreter and other communication services including the Translating and Interpreter Service.</p>
<p>C1.4C Our patients can access resources that are culturally appropriate, translated, and/or in plain English.</p>	<p>New Indicator</p>
<p>C1.5 A Our patients are informed about out-of-pocket costs for healthcare they receive at our practice.</p>	<p>Criterion 1.2.4 Our practice informs patients about the potential for out-of-pocket expenses for health care provided within our practice and for referred services</p>
<p>C1.5 B Our patients are informed that there are potential out-of-pocket costs for referred services.</p>	<p>Criterion 1.2.4 Our practice informs patients about the potential for out-of-pocket expenses for health care provided within our practice and for referred services.</p>
<p>Core (C) Standard 2 – Rights and needs of patients</p>	
<p>C2.1 A Our practice, in providing patient healthcare, considers patients' rights, beliefs, and their religious and cultural backgrounds.</p>	<p>2.1.1 A Our practice does not discriminate against or disadvantage patients in any aspect of access, examination or treatment.</p> <p>2.1.1 G Our practice team can identify important/significant cultural groups within our practice and outline the strategies we have in place to meet their needs.</p>
<p>C2.1 B Our patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice, or procedure.</p>	<p>2.1.1 B Our clinical team can demonstrate how we provide care for patients who refuse a specific treatment, advice or procedure.</p>
<p>C2.1 C Our practice acknowledges a patient's right to seek other clinical opinions.</p>	<p>2.1.1 C Our clinical team can describe what they do when a patient informs them that they intend to seek a further clinical opinion.</p>
<p>C2.1 D Our patients in distress are provided with privacy.</p>	<p>2.1.1 F Our practice team can describe how our practice provides privacy for patients and others in distress.</p>
<p>C2.1 E Our clinical team considers ethical dilemmas.</p>	<p>New Indicator</p>



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C2.2 A Our practice obtains and documents the prior consent of a patient when the practice introduces a third party to the consultation.	2.1.3 A Our practice team can demonstrate how we obtain the prior consent of a patient for the presence of a third party during the consultation.
C2.3 A Our patients with disabilities or special needs can access our services.	5.1.3 B Our GPs and other practice staff can describe how they facilitate access to our practice for patients with disabilities or special needs.
Core (C) Standard 3 – Practice governance and management	
C3.1 A Our practice plans and sets goals aimed at improving our services.	New Indicator
C3.1B Our practice evaluates its progress towards achieving its goals.	New Indicator
C3.1 C Our practice has a business risk management system that identifies, monitors, and mitigates risks in the practice.	New Indicator
C3.1 D Our practice has a complaints resolution process.	2.1.2 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.
C3.2 A All members of our practice team understand their role in the practice.	4.1.1 A All members of our practice team have position descriptions and can describe their role in the practice.
C3.2 B Our practice has performance discussions with each team member.	4.1.1 G Our practice has a system to monitor team members' performance against their position descriptions.
C3.2 C Our practice inducts new members of the practice team and familiarises them with our systems and processes.	4.1.1 B Our practice has an induction system that orientates new GPs and other members of our practice team to the practice's specific systems.
C3.2 D Our practice has at least one team member who has the primary responsibility for leading risk management systems and processes.	4.1.1 C Our practice team can identify the person(s) with primary responsibility for leading our practice's quality improvement and risk management processes. 3.1.3 A Our practice has leaders who have designated areas of responsibility for safety and quality improvement systems.
C3.2 E Our practice has at least one team member who coordinates the resolution of complaints.	4.1.1 D Our practice team can identify the person(s) who coordinate the seeking of administrative feedback and the investigation and resolution of administrative and/or other complaints
C3.3 A Our practice has an emergency response plan for unexpected events, such as natural disasters, pandemic diseases, or unplanned absences of clinical team members.	3.1.2 E Our practice has a contingency plan for adverse and unexpected events such as natural disasters, pandemic disasters or the sudden, unexpected absence of clinical staff.



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<p>C3.4 A Our practice team has the opportunity to discuss administrative matters with the principal practitioners, practice directors, practice management, or owners when necessary.</p>	<p>4.1.1 E Our practice team can discuss administrative matters with the principal GPs, practice directors or owners when necessary.</p>
<p>C3.4 B Our practice encourages involvement and input from all members of the practice team.</p>	<p>4.1.1 F Our practice can show evidence of regular practice discussions that encourage involvement and input from members of the practice team.</p>
<p>C3.4 C Our clinical team discusses the practice's clinical issues and support systems.</p>	<p>1.4.1 C Our clinical team can demonstrate how we communicate about clinical issues and support systems within our practice.</p>
<p>C3.5 A Our practice supports the safety, health, and wellbeing of the practice team.</p>	<p>4.1.2 A At least two members of the practice team are present during normal opening hours.</p> <p>4.1.2 B Our practice team can describe how our practice supports their safety, health and wellbeing.</p> <p>5.1.1 F Our practice and office equipment is appropriate to its purpose.</p>
<p>C3.5 B Our practice team is encouraged to obtain immunisations recommended by the current edition of the Australian immunisation handbook based on their duties and immunisation status.</p>	<p>5.3.3 H Subject to the informed consent of individual practice team members:</p> <ul style="list-style-type: none"> • the natural immunity to vaccine preventable diseases or immunisation status of practice team members is known • staff members are offered NHMRC recommended immunisations, as appropriate to their duties.
<p>C3.6 A Our practice has all research approved by an ethics committee and indemnified.</p>	<p>4.2.1 H Whenever any member of our practice team is conducting research involving our patients, we can demonstrate that the research has appropriate approval from an ethics committee.</p>
<p>C3.6 B Our practice only transfers identified patient health information to a third party for quality improvement or professional development activities after we have obtained the patient's consent.</p>	<p>4.2.1 G When we collect patient health information for quality improvement or professional development activities, we only transfer identified patient health information to a third party once informed patient consent has been obtained.</p>
<p>Core (C) Standard 4 – Health promotion and preventive activities</p>	
<p>C4.1 A Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care.</p>	<p>Criterion 1.3.1 Our practice provides health promotion, illness prevention and preventive care and a reminder system based on patient need and best available evidence.</p>



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Core (C) Standard 5 – Clinical management of health issues	
<p>C5.1 A Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.</p>	<p>1.4.1 A Our clinical team uses current clinical guidelines relevant to general practice to assist in the diagnosis and management of our patients.</p> <p>1.4.1 D Our clinical team can explain how we access and use specific clinical guidelines for patients who identify as Aboriginal or Torres Strait Islander.</p>
<p>C5.1 B Our clinical team supports consistent diagnosis and management of our patients.</p>	<p>1.4.1 B Our clinical team can describe how we ensure consistency of diagnosis and management of our patients.</p>
<p>C5.2 A Our clinical team can exercise autonomy, to the full scope of their practice, skills and knowledge, when making decisions that affect clinical care.</p>	<p>Criterion 1.4.2 Our practice ensures that all GPs in our practice can exercise autonomy in decisions that affect clinical care.</p>
<p>C5.3 A Our practice manages the handover of patient care both within the practice to other members of the clinical team and to external care providers.</p>	<p>1.5.2 A Our practice team can demonstrate how we ensure an accurate and timely handover of patient care.</p>
Core (C) Standard 6 – Information management	
<p>C6.1 A Our practice uses a minimum of three approved patient identifiers to correctly identify patients and their clinical information.</p>	<p>3.1.4 A Our practice has a patient identification process using three approved identifiers and the practice team can describe how its applied.</p>
<p>C6.2 A Our practice has a system to manage our patient health information.</p>	<p>1.7.1 A There is evidence that each patient has a legible individual patient health record containing all health information held by our practice about that patient.</p>
<p>C6.2 B If our practice is using a hybrid patient health record system, a note of each consultation/interaction is made in each system, and that record includes where the clinical notes are recorded.</p>	<p>1.7.1 B Where our practice has an active hybrid medical record system, for each consultation/interaction, our practice can demonstrate that there is a record made in each system indicating where the clinical notes are recorded.</p>
<p>C6.3 A Our patients are informed of how our practice manages confidentiality and their personal health information.</p>	<p>4.2.1 D Our practice team can demonstrate how patients are informed about our practice's policy regarding management of their personal health information.</p>
<p>C6.3 B Our patients are informed of how they can gain access to their health information we hold.</p>	<p>4.2.1 C Our practice team can describe the processes we use to provide patients with access to their health information.</p>



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<p>C6.3 C In response to valid requests, our practice transfers relevant patient health information in a timely, authorised, and secure manner.</p>	<p>4.2.1 F Our practice team can demonstrate how we facilitate the timely, authorised and secure transfer of patient health information in relation to valid requests.</p> <p>4.2.2 F Electronic data transmission of patient health information from our practice is in a secure format.</p> <p>4.2.1 E Our practice team can describe the procedures for transferring relevant patient health information to another service provider.</p>
<p>C6.3 D Only authorised team members can access our patient health records, prescription pads, and other official documents.</p>	<p>4.2.1 B Our practice team can demonstrate how patient health records can be accessed by appropriate team members when required.</p> <p>5.1.1 E Prescription pads, letterhead, administrative records and other official documents are accessible only to authorised persons.</p> <p>4.2.1 A Our practice team can describe how we ensure the confidentiality of patient health records.</p>
<p>C6.4 A Our practice has a team member who has primary responsibility for the electronic systems and computer security.</p>	<p>4.2.2 D Our practice has a designated person with primary responsibility for the practice's electronic systems and computer security.</p>
<p>C6.4 B Our practice does not store or temporarily leave the personal health information of patients where members of the public could see or access that information.</p>	<p>4.2.2 A Our practice team can demonstrate that the personal health information of patients of our practice is neither stored, nor left visible, in areas where members of the public have unrestricted access or where constant staff supervision is not easily provided.</p> <p>4.2.2 E Our communication devices are accessible only to authorised staff.</p>
<p>C6.4 C Our practice's clinical software is accessible only via unique individual passwords that give access to information according to the person's level of authorisation.</p>	<p>4.2.2 B Our practice ensures that our practice computers and servers comply with the RACGP computer security checklist and that:</p> <ul style="list-style-type: none"> • computers are only accessible via individual password access to those in the practice team who have appropriate levels of authorisation • computers have screensavers or other automated privacy protection devices are enabled to prevent unauthorised access to computers • servers are backed up and checked at frequent intervals, consistent with a documented business continuity plan • back up information is stored in a secure off site environment • computers are protected by antivirus software that is installed and updated regularly • computers connected to the internet are protected by appropriate hardware/software firewalls.



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C6.4 D Our practice has a business continuity and information recovery plan.	4.2.2 C If our practice uses computers to store personal health information, we have a business continuity plan that has been developed, tested and documented.
C6.4 E Our practice has appropriate procedures for the storage, retention, and destruction of records.	4.2.2 G Our practice has an appropriate method of destroying health record systems before disposal (eg shredding of paper records, removal and reformatting of hard drives).
C6.4 F Our practice has a policy about the use of email.	New Indicator
C6.4 G Our practice has a policy about the use of social media.	New Indicator
Core (C) Standard 7 – Content of patient health records	
C7.1 A Our practice has an individual patient health record for each patient, which contains all health information held by our practice about that patient.	1.7.1 A There is evidence that each patient has a legible individual patient health record containing all health information held by our practice about that patient.
C7.1 B Our active patient health records contain, for each active patient, their identification details, contact details, demographic, next of kin, and emergency contact information.	1.7.1 C Our active patient health records include patient identification, contact and demographic information (where appropriate) including: <ul style="list-style-type: none"> • the patient’s full name • date of birth • gender • contact details. 1.7.1 D Our practice can demonstrate that we routinely record the person the patient wishes to be contacted in an emergency.
C7.1 C Our patient health records include records of consultations and clinical related communications.	1.7.3 A Our patient health records document consultations including consultations outside normal opening hours, home or other visits and telephone or electronic consultations where clinically significant, comprising: <ul style="list-style-type: none"> • date of consultation • patient reason for consultation • relevant clinical findings • diagnosis • recommended management plan and, where appropriate expected process of review • any medicines prescribed for the patient (including name, strength, directions for use/dose frequency, number of repeats, and date medicine started/ceased/changed) • complementary medicines used by the patient • any relevant preventive care undertaken • any referral to other healthcare providers or health services • any special advice or other instructions • who conducted the consultation (eg by initial in the notes, or audit trail in electronic record).



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C7.1 D Our patient health records show that matters raised in previous consultations are followed up.	1.7.3 B Our patient health records show evidence that problems raised in previous consultations are followed up.
C7.1 E Our practice routinely records the Aboriginal or Torres Strait Islander status of our patients in their patient health record.	1.7.1 E Our practice can demonstrate that we routinely record Aboriginal and Torres Strait Islander status in our active patient health records.
C7.1 F Our practice routinely records the cultural backgrounds of our patients in their patient health record.	1.7.1 F Our practice can demonstrate that we are working toward recording the other cultural backgrounds of our patients in our active patient health records.
C7.1 G Our patient health records contain, for each active patient, lifestyle risk factors.	1.7.3 C Our practice can demonstrate that we are working toward recording preventative care status (eg currency of immunisation, smoking, nutrition, alcohol, physical activity, blood pressure, height and weight (body mass index)).
Core (C) Standard 8 – Education and training of non-clinical staff	
C8.1 A Our non-clinical staff complete training appropriate to their role and our patient population.	3.2.3 A Our administrative staff can provide evidence of training relevant to their role in the practice.
C8.1 B Our non-clinical staff complete cardiopulmonary resuscitation (CPR) training at least every three years.	3.2.3 B Our administrative staff have CPR training at least every 3 years.
Quality Improvement (QI) Standard 1 – Quality improvement	
QI1.1 A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.	4.1.1 C Our practice team can identify the person(s) with primary responsibility for leading our practice's quality improvement and risk management processes.
	3.1.3 A Our practice has leaders who have designated areas of responsibility for safety and quality improvement systems.
QI1.1 B Our practice team internally shares information about quality improvement and patient safety.	3.1.3 B Our practice shares information about quality improvement and patient safety within the practice team.
QI1.1 C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.	New Indicator
QI1.1 D Our practice team can describe areas of our practice that we have improved in the past three years.	3.1.1 A Our practice team can describe aspects of our practice we have improved in the past three years.



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<p>QI1.2 A Our practice collects feedback from patients, carers and other relevant parties in accordance with the RACGP's Patient feedback guide.</p>	<p>2.1.2 C At least once every 3 years, our practice actively seeks feedback about patients' experience of our practice by:</p> <ul style="list-style-type: none"> • 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). <p>2.1.2 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.</p>
<p>QI1.2 B Our practice analyses, considers and responds to feedback.</p>	<p>2.1.2 D Our practice can demonstrate improvements we have made in response to analysis of patient feedback.</p>
<p>QI1.2 C Our practice informs patients, carers and other relevant parties about how we have responded to feedback and used feedback to improve quality.</p>	<p>2.1.2 E Our practice provides information to patients about practice improvements made as a result of their input.</p>
<p>QI1.3A Our practice team uses a nationally recognised medical vocabulary for coding.</p>	<p>1.7.2 C Our practice has documented standardised clinical terminology (such as coding) which the practice team uses to enable data collection for review of clinical practice.</p>
<p>QI1.3 B Our practice uses relevant patient and practice data to improve clinical practice (eg chronic disease management, preventive health).</p>	<p>3.1.1 B Our practice uses relevant patient and practice data for quality improvement (e.g patient access, chronic disease management, preventative health).</p>
<p>Quality Improvement (QI) Standard 2 – Clinical indicators</p>	
<p>QI2.1 A Our active patient health records contain a record of each patient's known allergies.</p>	<p>1.7.2 A Our practice can demonstrate that at least 90% of our active patient health records contain a record of known allergies.</p>
<p>QI2.1 B Each active patient health record has the patient's current health summary that includes, where relevant:</p> <ul style="list-style-type: none"> • adverse drug reactions • current medicines list • current health problems • past health history • immunisations • family history • health risk factors (eg smoking, nutrition, alcohol, physical activity) • social history, including cultural background. 	<p>1.7.2 B Our practice can demonstrate that at least 75% of our active patient health records contain a current health summary. A satisfactory summary includes, where appropriate:</p> <ul style="list-style-type: none"> • adverse drug reactions • current medicines list • current health problems • relevant past health history • health risk factors (eg. smoking, nutrition, alcohol and physical activity) • immunisations • relevant family history • relevant social history including cultural background where clinically relevant.



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<p>Q12.2 A Our patients are informed of the purpose, importance, benefits, and risks of their medicines and treatments.</p>	<p>5.3.1 A Our clinical team can demonstrate how our patients are informed about the purpose, importance, benefits and risks of their medicines and how patients are made aware of their own responsibility to comply with the recommended treatment plan.</p> <p>1.2.2 C Our clinical team can describe how we provide information (printed or otherwise) about medicines and medicine safety to patients.</p>
<p>Q12.2 B Our patients are made aware of their role in their own treatment.</p>	<p>5.3.1 A Our clinical team can demonstrate how our patients are informed about the purpose, importance, benefits and risks of their medicines and how patients are made aware of their own responsibility to comply with the recommended treatment plan.</p>
<p>Q12.2 C Our clinical team accesses current information on medicines, and reviews our prescribing patterns, in accordance with best available evidence.</p>	<p>5.3.1 B Our clinical team can demonstrate how we access current information on medicines and review our prescribing patterns in accordance with best available evidence.</p>
<p>Q12.2 D Our clinical team ensures that patients and other health providers to whom we refer them receive an accurate and current medicines list.</p>	<p>5.3.1 C Our clinical team can demonstrate how we ensure patients and other health providers to whom we refer receive an accurate and current medicines list.</p>
<p>Q12.2 E Our clinical team ensures that medicines, samples and medical consumables are acquired, stored, administered, supplied and disposed of in accordance with manufacturers' directions and relevant laws.</p>	<p>5.3.1 D Our clinical team can demonstrate how we ensure that medicines (including samples and medical consumables) are acquired, stored, administered, supplied and disposed of in accordance with manufacturers' directions and jurisdictional requirements.</p>
Quality Improvement (QI) Standard 3 – Clinical risk management	
<p>Q13.1 A Our practice monitors, identifies, and reports near misses and adverse events in clinical care.</p>	<p>3.1.2 A Our practice team can demonstrate how we:</p> <ul style="list-style-type: none"> regularly monitor, identify and report near misses and mistakes in clinical care identify deviations from standard clinical practice that may result in patient harm. <p>3.1.2 B Our practice has documented systems for dealing with near misses and mistakes.</p>
<p>Q13.1 B Our practice team makes improvements to our clinical risk management systems in order to prevent near misses and adverse events in clinical care.</p>	<p>3.1.2 C Our practice team can describe improvements made to our systems to prevent near misses and mistakes in clinical care.</p> <p>3.1.2 D Our practice monitors system improvements to ensure successful implementation of changes made to our clinical risk management systems.</p>



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QI3.2A Our practice follows an open disclosure process that is based on the Australian open disclosure framework.	New Indicator
General Practice (GP) Standard 1 – Access to care	
GP1.1 A Our practice provides different consultation types to accommodate patients' needs.	1.1.1 A Our practice can demonstrate that we have a flexible system for determining the order in which patients are seen, to accommodate patients' needs for urgent care, non-urgent care, complex care, planned chronic disease management, preventive healthcare and longer consultations.
GP1.1 B Our practice has a triage system.	1.1.1 B Our practice can demonstrate how we identify, prioritise and respond to life threatening and urgent medical matters (triage).
GP1.1C Our recorded phone message advises patients to call 000 in case of an emergency.	1.1.2 C Our practice's 'on hold' message (if we have one) provides advice to call 000 in case of an emergency.
GP1.2 A Our patients can access home and other visits when safe and reasonable.	1.1.3 A There is evidence that patients of our practice access home and other visits both within and outside normal opening hours. 1.1.3 B Our practice team can demonstrate our practice's policy on home and other visits, both within and outside normal opening hours, and the situations in which a visit is deemed appropriate. 1.1.3 C Our practice has a written policy on home and other visits, both within and outside normal opening hours.
GP1.3 A Our patients are informed about how they can access after-hours care.	1.1.4 B Practices have processes in place to alert their patients to these arrangements.
GP1.3 B Our patients can access after-hours care.	1.1.4 A Practices are aware of the arrangements in place for their patients to access after-hours care.
General Practice (GP) Standard 2 – Comprehensive care	
GP2.1 A Our patients can request their preferred practitioner.	1.5.1 A Our staff can describe how patients can request their preferred GP when making an appointment or attending our practice.
GP2.1 B Our practice provides continuity of care and comprehensive care.	1.5.1 B Our practice team can describe how we encourage continuity of comprehensive care.



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<p>GP2.2 A Pathology results, imaging reports, investigation reports, and clinical correspondence that our practice receives are:</p> <ul style="list-style-type: none"> • reviewed • electronically notated, or, if on paper, signed or initialled • acted on where required • incorporated into the patient health record. 	<p>1.5.3 A Our patient health records contain evidence that all pathology results, imaging reports, investigation reports and clinical correspondence received by or performed in our practice have been:</p> <ul style="list-style-type: none"> • reviewed by a GP • signed or initialled or electronic equivalent • where appropriate, acted upon in a timely manner. <p>1.5.3 B Our practice team can describe the system by which pathology results, imaging reports, investigation reports and clinical correspondence received by our practice are:</p> <ul style="list-style-type: none"> • reviewed • signed or initialled (or the electronic equivalent) • acted on in a timely manner • incorporated into the patient health record. <p>1.5.3 C Our practice has a written policy describing the review and management of pathology results, imaging reports, investigation reports and clinical correspondence received by our practice.</p>
<p>GP2.2 B Our practice recalls patients who have clinically significant results.</p>	<p>1.5.3 E Our practice team can describe how we follow up and recall patients with clinically significant tests and results.</p> <p>1.5.3 F Our practice has a documented system to identify, follow up and recall patients with clinically significant results.</p>
<p>GP2.2 C Our patients are advised of the practice's process for follow-up of tests and results.</p>	<p>1.5.3 D Our practice team can describe how patients are advised of the process for the follow up of results.</p>
<p>GP2.2D Our practice initiates and manages patient reminders.</p>	<p>Criterion 1.3.1 Our practice provides health promotion, illness prevention and preventive care and a reminder system based on patient need and best available evidence.</p>
<p>GP2.2 E High-risk (seriously abnormal and life-threatening) results identified outside normal opening hours are managed by our practice.</p>	<p>New Indicator</p>
<p>GP2.3 A Our practice collaborates with other health services to deliver comprehensive care.</p>	<p>1.6.1 A Our practice team can demonstrate how we plan and coordinate comprehensive care by our interaction with other services such as:</p> <ul style="list-style-type: none"> • medical services including diagnostic services, hospitals and specialist consultant services • primary healthcare nurses • allied health services • pharmacists • disability and community services • health promotion and public health services and programs.



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5th edition Indicator	4th edition Indicator
<p>GP2.3 B Our practice's referral letters are legible and contain all required information.</p>	<p>1.6.2 A Our practice can demonstrate that referral letters are legible, contain at least three approved patient identifiers, state the purpose of the referral and where appropriate:</p> <ul style="list-style-type: none"> • are on appropriate practice stationery • include relevant history, examination findings and current management • include a list of known allergies, adverse drug reactions and current medicines • the doctor making the referral is appropriately identified • the healthcare setting from which the referral has been made is identified • the healthcare setting to which the referral is being made is identified • if known, the healthcare provider to whom the referral is being made is identified • if the referral is transmitted electronically then it is done in a secure manner • a copy of referral documents is retained in the patient health record.
<p>GP2.4 A Our practice team transfers care to another practitioner (in our practice or in another practice) when a patient requests the transfer.</p>	<p>2.1.1 D Our practice team can describe what they do to transfer care in a timely manner, to another GP in our practice or to another practice when a patient wants to leave the GP's care.</p> <p>4.2.1 E Our practice team can describe the procedures for transferring relevant patient health information to another service provider.</p>
<p>GP2.4 B Our practice facilitates the transfer of care of a patient when the practitioner requests transfer of care.</p>	<p>2.1.1 E Our practice team can describe arrangements for informing a patient and transferring the care of a patient whom a GP within our practice no longer wishes to treat.</p>



Mapping of the 5th and 4th edition Indicators

AGPAL FACT SHEET

5th edition Indicator	4th edition Indicator
General Practice (GP) Standard 3 – Qualifications of our clinical team	
<p>GP3.1 A Members of our clinical team:</p> <ul style="list-style-type: none"> • have current national registration where applicable • have accreditation/certification with their relevant professional association • actively participate in continuing professional development (CPD) relevant to their position and in accordance with their legal and professional organisation's requirements • have undertaken training in cardiopulmonary resuscitation (CPR), in accordance with the recommendations of their professional organisation or at least every three years. 	<p>3.2.1 A All of our doctors can provide evidence of appropriate current national medical registration.</p> <p>3.2.1 C Our practice can provide:</p> <ul style="list-style-type: none"> • evidence of satisfactory participation in the RACGP QI&CPD Program by all our GPs; or • evidence that our doctors participate in quality improvement and continuing professional development to at least the same standard as the RACGP QI & CPD Program. <p>3.2.1 D Our GPs have undertaken training in cardiopulmonary resuscitation (CPR) in accordance with RACGP QI&CPD recommendations</p> <p>3.2.2 A All our nurses and allied health professional have:</p> <ul style="list-style-type: none"> • current national registration where applicable • appropriate credentialing and competence • work within their current scope of practice • actively participate in continuing professional development relevant to their position in accordance with their professional organisation's requirements. <p>3.2.2 B Our other team members involved in clinical care have appropriate qualifications, training and competence and participate in continuing education relevant to their role</p> <p>3.2.2 C Our other team members involved in clinical care have undertaken training in CPR in accordance with the requirements of the relevant registration Act or professional organisation or at least every three years.</p>
<p>GP3.1 B GPs working in our practice are one or more of the following:</p> <ul style="list-style-type: none"> • A vocationally registered (VR) GP • A medical practitioner on a pathway to general practice Fellowship • A general practice registrar under appropriate supervision from a qualified VR GP • Working under an approved workforce program <p>Where recruitment of recognised GPs or doctors on a pathway to Fellowship has been unsuccessful, our practice ensures doctors have the qualifications and training necessary to meet the needs of patients.</p>	<p>3.2.1 B Our practice demonstrates that all our doctors are recognised GPs, with the exception of:</p> <ul style="list-style-type: none"> • doctors enrolled in a recognised general practice training program • other specialists practising within their speciality • trainees undertaking a placement to gain experience in general practice as part of another specialist training program • Where recruitment of recognised GPs has been unsuccessful, our practice demonstrates that doctors have the qualifications and training necessary to meet the needs of our patients.
<p>GP3.1 C Our clinical team is trained to use the practice's equipment that they need to properly perform their role.</p>	<p>New Indicator</p>



Mapping of the 5th and 4th edition Indicators

AGPAL FACT SHEET

5th edition Indicator	4th edition Indicator
<p>GP3.1 D Our clinical team is aware of the potential risks associated with the equipment they use.</p>	<p>New Indicator</p>
<p>General Practice (GP) Standard 4 – Reducing the risk of infection</p>	
<p>GP4.1 A Our practice has at least one clinical team member who has primary responsibility for:</p> <ul style="list-style-type: none"> • coordinating prevention and control of infection • coordinating the provision of an adequate range of sterile equipment (reprocessed or disposable) • where relevant, having procedures for reprocessing (sterilising) instruments onsite or offsite, and ensuring there is documented evidence that this reprocessing is monitored and has been validated • safe storage and stock rotation of sterile products • waste management. 	<p>5.3.3 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.</p> <p>5.3.3 C The practice team member with designated responsibility for the sterilisation process can describe in detail how sterile procedures are undertaken, including, where relevant:</p> <ul style="list-style-type: none"> • provision of an adequate range of sterile reprocessed or disposable equipment • procedures for having instruments sterilised off-site, including documentary evidence of a validated process • procedures for on site sterilisation of equipment, including monitoring the integrity of the whole sterilisation process, validation of the sterilisation process and steriliser maintenance • safe storage and stock rotation of sterile products. <p>5.3.3 F The practice team member with delegated responsibility for environmental cleaning can describe the process for the routine cleaning of all areas of the practice and can provide documentation on the practice's cleaning policy.</p>
<p>GP4.1 B Our practice has a written, practice-specific policy that outlines our infection control processes.</p>	<p>5.3.3 B Our practice has a written, practice specific policy that outlines our infection control processes.</p>
<p>GP4.1 C Our practice has a clinical team member who has primary responsibility for educating the practice team about infection prevention and control.</p>	<p>5.3.3 G The practice team member with delegated responsibility for staff education on infection control can describe how the induction program for new staff covers our infection control policy as relevant to their role, and the requirements for providing ongoing staff education and assessing staff competency.</p>
<p>GP4.1 D All members of our practice team manage risks of potential cross-infection in our practice by methods that include:</p> <ul style="list-style-type: none"> • good hand hygiene practices • the use of PPE • triage of patients with potential communicable diseases • safe storage and disposal of clinical waste including sharps • safe management of blood and body fluid spills. 	<p>5.3.3 D All members of our practice team can demonstrate how risks of potential cross infection within our practice are managed (as appropriate) including procedures for:</p> <ul style="list-style-type: none"> • hand hygiene • the use of personal protective equipment (PPE) • triage of patients with potential communicable disease • safe storage and disposal of clinical waste including sharps • managing blood and body fluid spills.



Mapping of the 5th and 4th edition Indicators

AGPAL FACT SHEET

5th edition Indicator	4th edition Indicator
<p>GP4.1 E Our patients are informed about respiratory etiquette, hand hygiene, and precautionary techniques to prevent the transmission of communicable diseases.</p>	<p>5.3.3 I Our practice team can explain how patients are educated in respiratory etiquette, hand hygiene and precautionary techniques to prevent the transmission of communicable diseases.</p>
<p>GP4.1F Our practice records the sterilisation load number from the sterile barrier system in the patient's health record when sterile items have been used, and records the patient's name against those load numbers in a sterilisation log or list.</p>	<p>New Indicator</p>
General Practice (GP) Standard 5 – The medical practice	
<p>GP5.1 A Our practice's facilities are fit for purpose.</p>	<p>5.1.1 A Our practice has at least one dedicated consulting/examination room for every member of our clinical team working in our practice at any time.</p> <p>5.1.3 A There is wheelchair access to our practice and its facilities, or if physical access is limited, our practice provides home or other visits to patients with disabilities or special needs.</p>
<p>GP5.1 B All face-to-face patient consultations in our practice take place in a dedicated consultation or examination space.</p>	<p>5.1.1 B Each of our consultation rooms (which may include an attached examination room/area):</p> <ul style="list-style-type: none"> • is free from excessive noise • has adequate lighting • has an examination couch • is maintained at a comfortable ambient temperature • ensures patient privacy when the patient needs to undress for a clinical examination (eg. by the use of adequate curtain or screen and gowns or sheets).
<p>GP5.1 C Our consultation spaces permit patient privacy and confidentiality.</p>	<p>5.1.2 A The physical facilities of our practice support patient privacy and confidentiality.</p> <p>5.1.2 B Visual and auditory privacy of consultations and treatments is supported.</p>
<p>GP5.1 D Our practice has a waiting area that accommodates its usual number of patients and other people who would be waiting at any given time.</p>	<p>5.1.1 C Our practice has a waiting area sufficient to accommodate the usual number of patients and other people who would be waiting at any time</p> <p>5.1.1 H Our practice waiting area caters for the specific needs of children.</p>
<p>GP5.1 E Our practice has access to toilets and hand-cleaning facilities.</p>	<p>5.1.1 D Our practice has toilets and hand cleaning facilities readily accessible for use of both patients and staff.</p>
<p>GP5.1 F Our practice is visibly clean.</p>	<p>5.3.3 E Our practice is visibly clean.</p>



Mapping of the 5th and 4th edition Indicators

AGPAL FACT SHEET

5th edition Indicator	4th edition Indicator
<p>GP5.2 A Our practice has equipment that enables us to provide comprehensive primary care and emergency resuscitation, including:</p> <ul style="list-style-type: none"> • auriscope • blood glucose monitoring equipment • disposable syringes and needles • equipment for resuscitation, maintaining an airway (for children and adults), equipment to assist ventilation (including bag and mask) • intravenous access • emergency medicines • examination light • eye examination equipment (eg fluorescein staining) • gloves (sterile and non-sterile) • height measurement device • measuring tape • equipment for sensation testing • ophthalmoscope • oxygen • patella hammer • peak flow meter • PPE • pulse oximeter • scales • spacer for inhaler • specimen collection equipment • sphygmomanometer (with small, medium and large cuffs) • stethoscope • surgical masks • thermometer • torch • tourniquet • urine testing strips, including pregnancy testing kits • vaginal specula • visual acuity charts • the ability to view X-rays. 	<p>5.2.1 A Our practice has equipment for comprehensive primary care and emergency resuscitation including:</p> <ul style="list-style-type: none"> • auriscope • blood glucose monitoring equipment • disposable syringes and needles • equipment for resuscitation, equipment for maintaining an airway (for children and adults), equipment to assist ventilation (including bag and mask), IV access, and emergency medicines • examination light • eye examination equipment (e.g. fluorescein staining) • gloves (sterile and non-sterile) • height measurement device • measuring tape • monofilament for sensation testing • ophthalmoscope • oxygen • patella hammer • peak flow meter • scales • spacer for inhaler • specimen collection equipment • sphygmomanometer with small, medium and large cuffs • stethoscope • surgical masks • thermometer • torch • tourniquet • urine testing strips • vaginal specula • visual acuity charts • X-ray viewing facilities. <p>5.2.1 C Our practice can demonstrate that the equipment we use is sufficient for the procedures we commonly perform</p> <p>5.2.1 E Our practice has a pulse oximeter.</p>
<p>GP5.2 B Our practice maintains our clinical equipment in accordance with each manufacturer's recommendations.</p>	<p>5.2.1 D Our practice can demonstrate how we maintain our key equipment, according to a documented schedule.</p>
<p>GP5.2 C Our practice has one or more height-adjustable beds.</p>	<p>5.1.1 G Our practice has one or more height adjustable beds.</p>
<p>GP5.2 D Our practice has timely access to a spirometer and electrocardiograph.</p>	<p>5.2.1 B Our practice has timely access to a spirometer and electrocardiograph.</p>
<p>GP5.2E Our practice has a defibrillator.</p>	<p>New Indicator</p>

5th edition Indicator	4th edition Indicator
<p>GP5.3 A</p> <ul style="list-style-type: none"> • Each of our GPs has access to a fully equipped doctor's bag for routine visits and emergency care, containing: <ul style="list-style-type: none"> • auriscope • disposable gloves • equipment for maintaining an airway in adults and children • in-date medicines for medical emergencies • practice stationery (including prescription pads and letterhead) • sharps container • sphygmomanometer • stethoscope • syringes and needles in a range of sizes • thermometer • tongue depressors • torch. 	<p>5.2.2 A</p> <p>Each of our GPs has access to a fully equipped doctor's bag for emergency care and routine visits and the bag contains:</p> <ul style="list-style-type: none"> • auriscope • disposable gloves • equipment for maintaining an airway in both adults and children • in-date medicines for medical emergencies • ophthalmoscope • practice stationery (including prescription pads and letterhead) • sharps container • sphygmomanometer • stethoscope • syringes and needles in a range of sizes • thermometer • tongue depressors • torch.
<p>General Practice (GP) Standard 6 – Vaccine potency</p>	
<p>GP6.1 A</p> <p>Our practice has at least one team member who has primary responsibility for cold chain management in the practice.</p>	<p>5.3.2 A</p> <p>Our practice team can identify the person with primary responsibility for cold chain management within the practice.</p>
<p>GP6.1 B</p> <p>The team member who has primary responsibility for cold chain management ensures that the process used complies with the current edition of the National vaccine storage guidelines: Strive for 5.</p>	<p>5.3.2 B</p> <p>The person with primary responsibility for cold chain management has this responsibility defined in their position description and can describe how the process used for cold chain management complies with the current edition of the National Vaccine Storage Guidelines.</p>
<p>GP6.1 C</p> <p>The team member who has primary responsibility for cold chain management reviews the following processes to ensure potency of our vaccine stock:</p> <ul style="list-style-type: none"> • Ordering and stock rotation protocols • Maintenance of equipment • Annual audit of our vaccine storage procedures • Continuity of the cold chain, including the handover process between designated members of the practice team • Accuracy of our digital vaccine refrigerator thermometer. 	<p>5.3.2 C</p> <p>Our practice can demonstrate how we review the following processes to ensure potency of our vaccine stock:</p> <ul style="list-style-type: none"> • ordering and stock rotation protocols • maintenance of equipment • annual audit of our vaccine storage procedures • continuum of cold chain management, including the handover process between designated members of the practice team • accuracy of our digital vaccine refrigerator thermometer.
<p>GP6.1 D</p> <p>Our practice has a written, practice-specific policy that outlines our cold chain processes.</p>	<p>New Indicator</p>