



5th edition of the RACGP Standards for General Practice – APNA submission

29 MAY 2015

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the consultation process for the development of the 5th edition of the RACGP Standards for General Practice (Standards). We are providing this submission on behalf of our membership group, Australian primary health care nurses.

To inform its submission, APNA asked its Members to complete a survey in which a series of questions were asked about the current Standards and how these could be improved. APNA received a good response to this survey, and the result of feedback received from respondents is incorporated in the submission below.

APNA Submission

In contributing to the RACGP's consultation, APNA wishes to express our unconditional support for Standards driven by the general practice profession. It is critically important that the profession most closely involved with the delivery of care sets the Standards by which the quality of that care is upheld.

We also wish to emphasise the important role that primary health care nurses play (as part of multidisciplinary primary health care teams) in applying and monitoring the Standards. The need to ensure quality and safety of care has always been paramount to primary health care nurses.

While nurses are well positioned to provide quality care, they cannot do this in isolation and need to be well supported by appropriate systems and processes to ensure whole team approach to quality improvement as a 'business as usual' quality and safety culture within general practice.

1. General comments

The majority of APNA Members who provided feedback were of the view the current 4th edition of the Standards is clear and easy to understand. The overwhelming majority also indicated the practice in which they worked had no problems in meeting the current Standards.

2. Issues with meeting the Standards

Where respondents indicated they did have problems in meeting the Standards they were asked to comment on what areas of the Standards they had difficulty in meeting.

The feedback APNA received was that there were a number of issues around governance, privacy and procedures for the process of collecting patient experience feedback (this is expanded on later in this submission). Additionally, there were concerns over the volume of paperwork, requirements and the meetings involved when undergoing the accreditation process.

Issues relating to infection control were raised around the physical space required to both create isolation areas and to cater for the specific needs of children within the waiting room, with the costs and difficulties with retro fitting practices being seen as barriers to meeting these aspects of the Standards.

3. Steps to assist practices in meeting the current Standards

Where respondents indicated they had problems in meeting areas of the Standards, they were also asked what would assist practices to meet these areas.

One suggestion was to ensure all areas of the Standards are easy to comprehend, use plain English and clearly indicate the intent of the particular criterion. The use of explanatory notes and several simple examples would assist in achieving clarity.

Suitable funding for practices was also raised as a key 'enabler'. It was acknowledged there could be significant costs incurred by a practice in preparation for accreditation, the accreditation itself and taking post accreditation steps (particularly in terms of staff and building costs) and government funding would be of considerable assistance to practices.

It was proposed there could be the ability to submit some documentation prior to the day of accreditation, thereby making the requirements of the accreditation day less onerous. If, having submitted this advance documentation, any follow-up action was required, suitable notification could be given and follow-up action could occur on the accreditation day.

Finally, a suggestion was made to simplify the requirements around the collection of patient experience feedback.

4. Patient experience feedback

Most respondents to APNA (57%) expressed the view that the process of collecting patient experience feedback in the current Standards works. However, a significant minority (43%) felt this process didn't work.

Where respondents felt this process did not work, they were asked to provide reasons why this was the case. One theme that emerged was around ensuring objectivity and accuracy of survey responses. Suggestions for how to deal with this included having an electronic survey where patients could give anonymous feedback. In addition, one respondent thought the accrediting body could select a timeframe (for example, a specified two to four week period) and request the practice provide a questionnaire to all patients who attended during this time. A self addressed envelope would then be provided for the return of the survey.

Other feedback was that too many questions in the survey were the same and the survey didn't take account of the different needs/environments/settings of different practices. Finally, the process was seen as too costly.

5. Providing a better service

Respondents were asked what areas of the Standards help practices to provide a better service.

The importance of ensuring all policies, procedures, processes and standards were actually reviewed and discussed in order to maintain the accreditation was raised as one area that could result in better service.

The areas of safety and quality in the Standards were seen as some of the most beneficial areas. The clear view expressed was that it is critically important to ensure the quality and safety culture is embedded in practice as 'business as usual'.

Other key areas were as follows:

- Recall and reminder systems
- Staff health standards
- Staff training
- Immunisation
- Infection control
- Health promotion and prevention of disease
- Clinical support processes
- Customer feedback (it was mentioned this was often one of the few times 'clients' were asked what they thought of the service they received)
- Ensuring clinical records are up to date – coding, medications, etc.

6. Items/matters to include in the next edition of the Standards

Respondents were asked to suggest whether there was any content which is not in the current edition of the Standards but which should be included in the next edition of the Standards.

One general comment was the next edition of the Standards should, where possible, be drafted using plain, simple language which meets health literacy standards (given the number of overseas trained GPs and nurses in Australian general practice).

Another comment was more emphasis should be placed on the clinical support processes to ensure improved care is provided, particularly in regard to immunisation.

Respondents also commented that with the revised Standards there should be a focus on education around quality and safety and the quality improvement process behind the Standards and accreditation. The desired outcome is to embed a culture whereby meeting the Standards and accreditation is regarded as an investment for a practice rather than just an expense. Primary health care nurses are well positioned to lead this culture shift.

Other areas/matters to include were as follows:

- Staff safety
- Greater emphasis on Infection control
- Evidence of suitable supervision of Enrolled Nurses by Registered Nurses

- Clearer guidelines on 'direct marketing'; how this impacts reminders, recalls etc.
- Minimum standards for Chronic disease management (CDM)
- Requirements around support for practice staff to engage in continuing professional development (CPD)
- Requirements around suitable equipment for bariatric patients (for example, bariatric scales, BP cuffs etc.).

7. Items/matters not to include in the next edition of the Standards

Respondents were asked whether there was content in the current edition of the Standards which should not be included in the next edition of the Standards.

Respondents commented the current requirements around computer information security standards were overly complex and could be simplified (one suggestion was to provide a list of suggested security requirements which could be given to external IT support, given many practices now use external IT services).

Some respondents felt the next edition of the Standards should take more account of smaller practices, where certain current requirements may not be appropriate (for example, the requirement for regular staff meetings when the practice has minimal staff who communicate closely).

Two other areas which respondents felt could be omitted from the next edition of the Standards were as follows:

- Feedback
- Some of the requirements around risk management for non medical emergencies requirements (particularly paperwork).

8. Proposed core and individualised module approach

Respondents were asked whether they agreed with the RACGP's proposal to incorporate a 'core and individualised module' approach in the next edition of the Standards. Most respondents (63%) said they agreed with this approach.

9. Timing of accreditation cycles

Respondents were asked whether the accreditation cycle should be extended to once every four years. Most respondents (63%) said it should be extended to once every four years.

Respondents were also asked whether the accreditation cycle should be reduced to once every two years. The majority of respondents (86%) said it should not be reduced to once every two years.

Respondents were asked whether the accreditation process should require one activity to be completed each year. Most respondents (67%) said the accreditation process should require one activity to be completed each year.

10. Other comments

Finally, respondents were asked whether they had any further comments about the Standards. The main theme that was evident was around the costs and time incurred by practices in undergoing accreditation accompanied by concerns this was taking valuable time away from patient care.

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care including general practice. APNA provides primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities. APNA strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

www.apna.asn.au