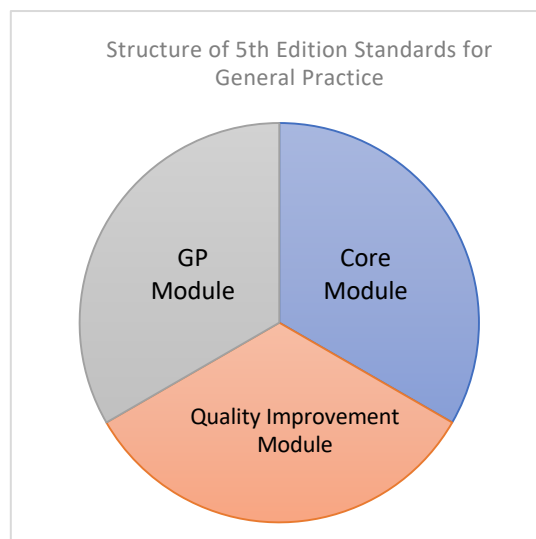
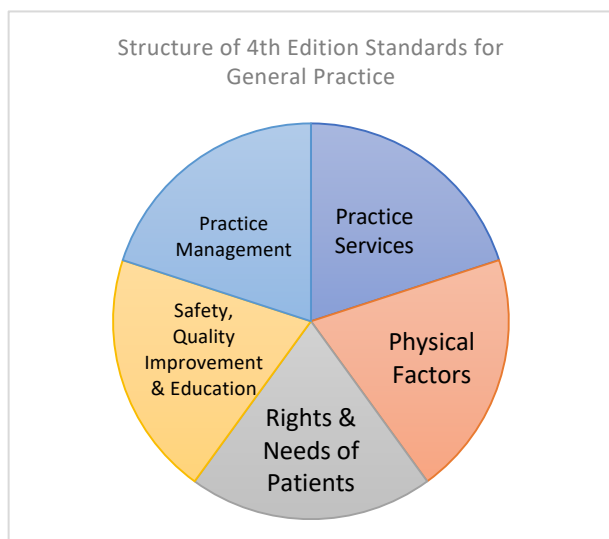


# RACGP 5<sup>th</sup> Edition Standards for General Practice

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The RACGP 5<sup>th</sup> Edition Standards for General Practice were released in October 2017. In 2018, practices have the choice of accrediting to the 4<sup>th</sup> or 5<sup>th</sup> Edition Standards. From 2019, only the 5<sup>th</sup> Edition Standards apply.

Practices will need to take time to become familiar with the changes to the new Standards. They are summarised in the table below and should be read in conjunction with the detailed explanatory notes which can be found on the RACGP website [https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-\(5th-edition\)/](https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)/)

Module & Standard	Focus	New indicators
<b>Core 1</b>	<b>Communication &amp; patient participation</b>	<b>3</b>
	C.1.4C  Our patients can access <b>resources that are culturally appropriate</b> , translated and/or in plain English C1.5A  Our patients are informed of the <b>out of pocket costs</b> for healthcare they receive at our practice C1.5B  Our patients are informed that there are <b>potential out of pocket costs for referred services</b>	
<b>Core 2</b>	<b>Rights &amp; needs of patients</b>	<b>1</b>
	C2.1E  Our clinical team considers <b>ethical dilemmas</b>	
<b>Core 3</b>	<b>Practice governance &amp; management</b>	<b>3</b>
	C3.1A  Our practice plans and <b>sets goals</b> aimed at improving our services C3.1B Our practice <b>evaluates its progress</b> towards achieving its goals C3.1C  Our practice has a <b>business risk management</b> system that identifies, monitors and mitigates risk in the practice	
<b>Core 4</b>	<b>Health promotion &amp; preventive activities</b>	<b>1</b>
	C4.1A  Our patients receive appropriately tailored information about health promotion, illness prevention and preventive care	
<b>Core 5</b>	<b>Clinical management of health issues</b>	<b>1</b>
	C5.2A  Our clinical team can exercise autonomy, to the full scope of their practice, skills and knowledge, when making decisions that affect clinical care	
<b>Core 6</b>	<b>Information management</b>	<b>2</b>

	C6.4F  Our practice has a policy about the use of <b>email</b> C6.4G  Our practice has a policy about the use of <b>social media</b>	
<b>Core 7</b>	<b>Content of patient health records</b>	<b>None</b>
<b>Core 8</b>	<b>Education &amp; training of non-clinical staff</b>	<b>None</b>
<b>QI 1</b>	<b>Quality Improvement</b>	<b>1</b>
	QI 1.1 C  Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems	
<b>QI 2</b>	<b>Clinical indicators</b>	<b>None</b>
<b>QI 3</b>	<b>Clinical risk management</b>	<b>1</b>
	QI 3.2A Our practice follow an open disclosure process that is based on the Australian Open Disclosure Framework	
<b>GP 1</b>	<b>Access to care</b>	<b>None</b>
<b>GP 2</b>	<b>Comprehensive care</b>	<b>2</b>
	GP 2.2D Our practice initiates and manages patient reminders <ul style="list-style-type: none"> <li>• Contained in Criterion 1.3.1 (4<sup>th</sup> ed) but did not have specific indicators</li> </ul> GP 2.2E  High risk (seriously abnormal and life threatening) results identified outside normal opening hours are managed by our practice <ul style="list-style-type: none"> <li>• Included in explanatory notes (4<sup>th</sup> ed), now specific indicator</li> </ul>	
<b>GP 3</b>	<b>Qualifications of our clinical team</b>	<b>2</b>
	GP 3.1C  Our clinical team is trained to use the practice's equipment that they need to properly perform their role GP 3.1D  Our clinical team is aware of the potential risks associated with the equipment they use	
<b>GP 4</b>	<b>Reducing the risk of infection</b>	<b>1</b>
	GP 4.1 F Our practice records the sterilization 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 sterilization log or list	
<b>GP 5</b>	<b>The medical practice</b>	<b>1</b>
	GP 5.2E Our practice has a defibrillator	
<b>GP 6</b>	<b>Vaccine potency</b>	<b>1</b>
	GP 6.1D  Our practice has a written, practice-specific policy that outlines our cold chain processes <ul style="list-style-type: none"> <li>• Identified as gap in 4<sup>th</sup> ed. Specified in Strive for 5</li> </ul>	

 Denotes mandatory requirement

Other key features are:

- Change from 'process' to 'outcome' based indicators. The importance is the achievement of an outcome rather than the method by which this was achieved. This provides some flexibility for practices reflecting their working environment
- Assessment will apply the question 'has the intent of the standard been achieved'?
- Where the word 'must' is used, it indicates a mandatory requirement
- Where the word 'could' is used, it indicates methods by which practices might meet requirements
- Prescriptive evidence is required for high risk areas of practice services such as information management, health records, privacy, risk of infection and vaccine management
- Higher focus on patient-centred care