Preparing for New General Practice Standards: What Services Need to Know

Riley O'Hanlon, QIP Consulting

A quick note on parameters….

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6th Edition: Where are we right now?

Not yet released and no solidly confirmed release date (mid- to late-July)

What we are currently working with:

- **RACGP public updates and topic-specific articles**
- **a draft September 2025 version**
- **sector updates from accreditation providers**

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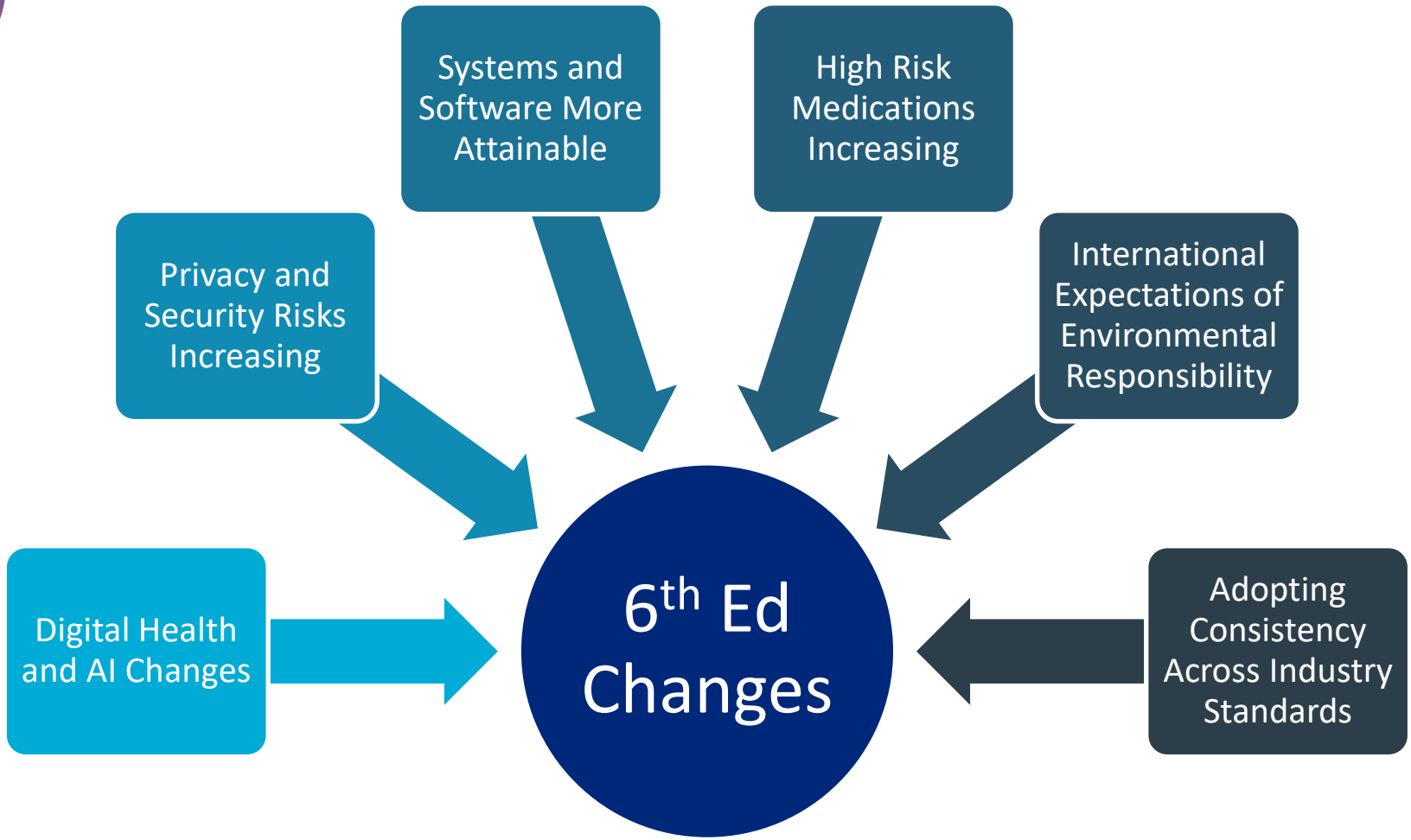
The Bigger Picture



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New Topics – Low Risk Preparation

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Why these?

Document Management	• More complex services need clearer version control and accessible procedures. Supporting software is becoming more readily available and cost effective and expectations are higher.
Strategic/Operational Planning	• Practices need to show how safety, access, workforce and improvement are deliberately managed longer term, hopefully so that the practice remains sustainable.
Environmental Sustainability	• Climate change affects health, access, infrastructure and service continuity internationally, and we weigh up patient safety vs waste and damage.
AI and Digital Health	• Technology is moving faster than governance, consent and privacy controls can keep up with, and we need to start reeling that in.
Antimicrobial Stewardship	• Appropriate prescribing remains a national patient safety and public health priority, and the RACGP is catching up with existing expectations.
Informed Consent/patient Engagement	• Patients expect clear information, choice, cultural safety and involvement in decisions. This needed far more spelling out for the RACGP to reflect industry expectations.

Strategic and Operational Planning

5th Expectations

- Business goals relating to the practice/clinic
- Some evidence to track progress against these goals

6th Expectations

- Defined mission, vision and values
- Documented strategic plan
- Documented operational plan
- Responsible person assigned
- Planned way of monitoring progress towards strategic and operational goals

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Strategic and Operational Planning

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Strategic Vs. Operational Goal

Responsive to Community Needs

- Increase visiting allied health providers
- Instate new outreach location
- Implement after hours support roster

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Document Management

5th Expectations

…kind of nothing, technically?

6th Expectations

- Maintain currency, accuracy and accessibility of policies, procedures, and operational documents
- Review documents at least every two years
- Document version control process that assigns responsibility for sign-off and review of documents.
- Needs to include naming conventions, version control and sign off/owner responsibilities.

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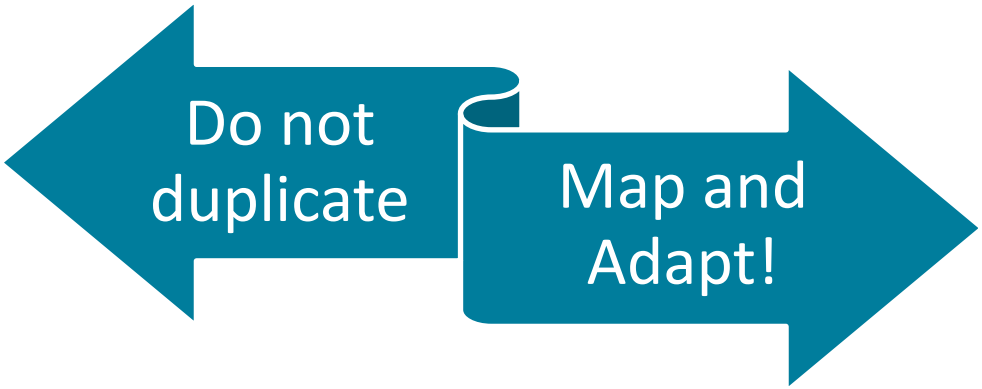
Minimise Double Handling



Org wide Policies/Frameworks

- Need to be endorsed by Board

Org wide procedures

- Can be endorsed by CEO/Exec managers

Local processes

- Can be controlled, updated and adapted by managers

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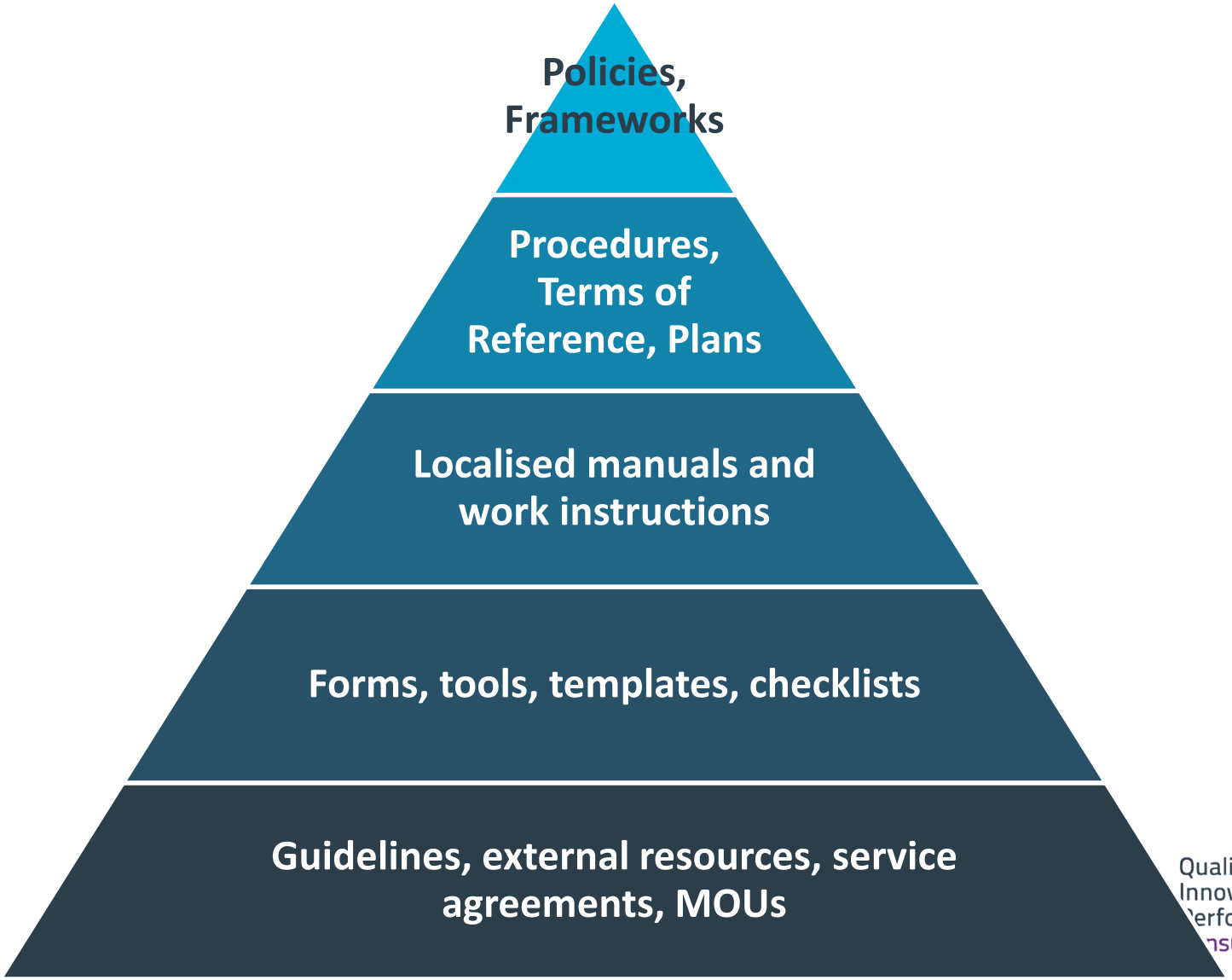
A Solid Document Structure



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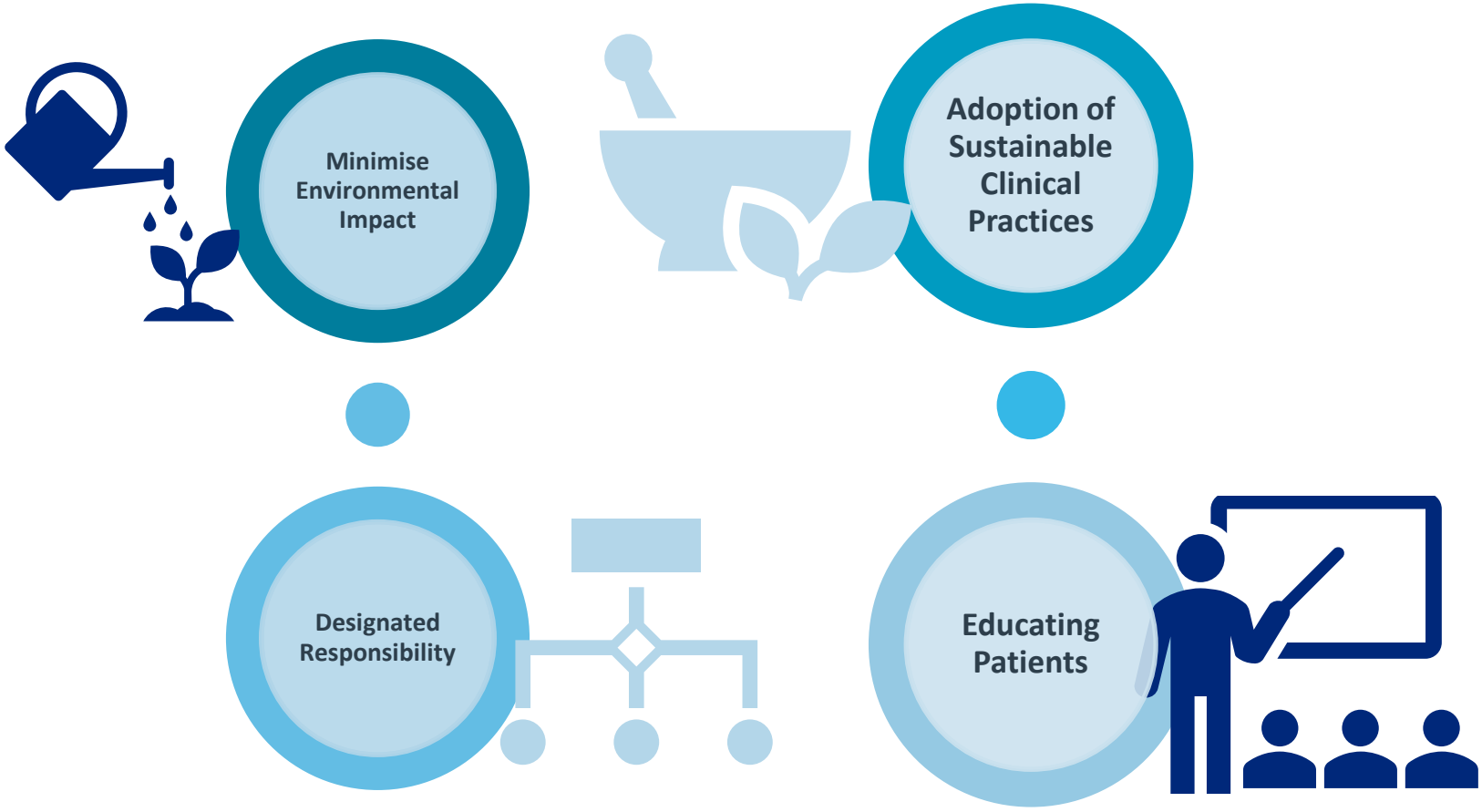
Environmental Sustainability



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Potential Actions Suggested by RACGP

- HVAC (aircon settings)
- Purchasing energy efficient items
- E-prescriptions/reducing paper usage
- LED globes
- Donation loops especially for e waste
- Digital posters rather than printed
- Recycling and responsible waste management
- Rainwater tanks
- Solar
- Planting native greenery

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Potential Actions Suggested by RACGP

- Evidence-based comparisons of therapeutic goods to the clinical team for consideration
- Checklists or quick guides for common clinical scenarios, for example when to use reusable vs. single-use
- PPE, or ways to reduce waste when prescribing
- Environmental sustainability topics in CPD activities/team discussions
- Inform patients about how to minimise the environmental impact of medications, such as returning unused drugs to a pharmacy to be destroyed.
- Information to patients about managing the impact of climate change on their health
- Posters in the waiting area such as the RACGP Climate change and health practice posters

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Connection to Land and Country

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Antimicrobial Stewardship

Prescribers

- Use appropriate clinical guidelines
- Responsible prescribing practices
- Providing CMI Handouts
- Narrow spectrum options
- Limiting duration
- Regimes conducive to adherence

Non-Prescribers

- Understanding what antimicrobials are for and when they are not helpful (viral infections)
- Reinforcing the importance of taking antimicrobials correctly and as directed
- Supporting patients to understand the purpose of the treatment
- Noticing and escalating concerns about side effects, poor response, deterioration or non-adherence
- Contributing to good antimicrobial health literacy and awareness of antimicrobial resistance

Informed Consent

Express

Inferred

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Informed Consent and Decision-Making Capacity

Shared Decision Making

What this looks like

Patient and clinician make decisions together

Information about options, risks and benefits is shared clearly

Patient values, goals and preferences guide decisions

When this is used

The patient has capacity to make decisions

This is the **default approach** for care

Supported Decision-Making

What this looks like

Interpreter or advocate involvement

extra time or simplified information

visual aids or written summaries

involvement of a trusted support person

The patient remains the decision-maker

When this is used

The patient has decision-making capacity **with appropriate supports**

Communication, distress, cognitive load or disability affects understanding

Substitute Decision-Making

What this looks like

An authorised person makes decisions **on behalf of** the patient based on the patient's best interests, known wishes, values and preferences

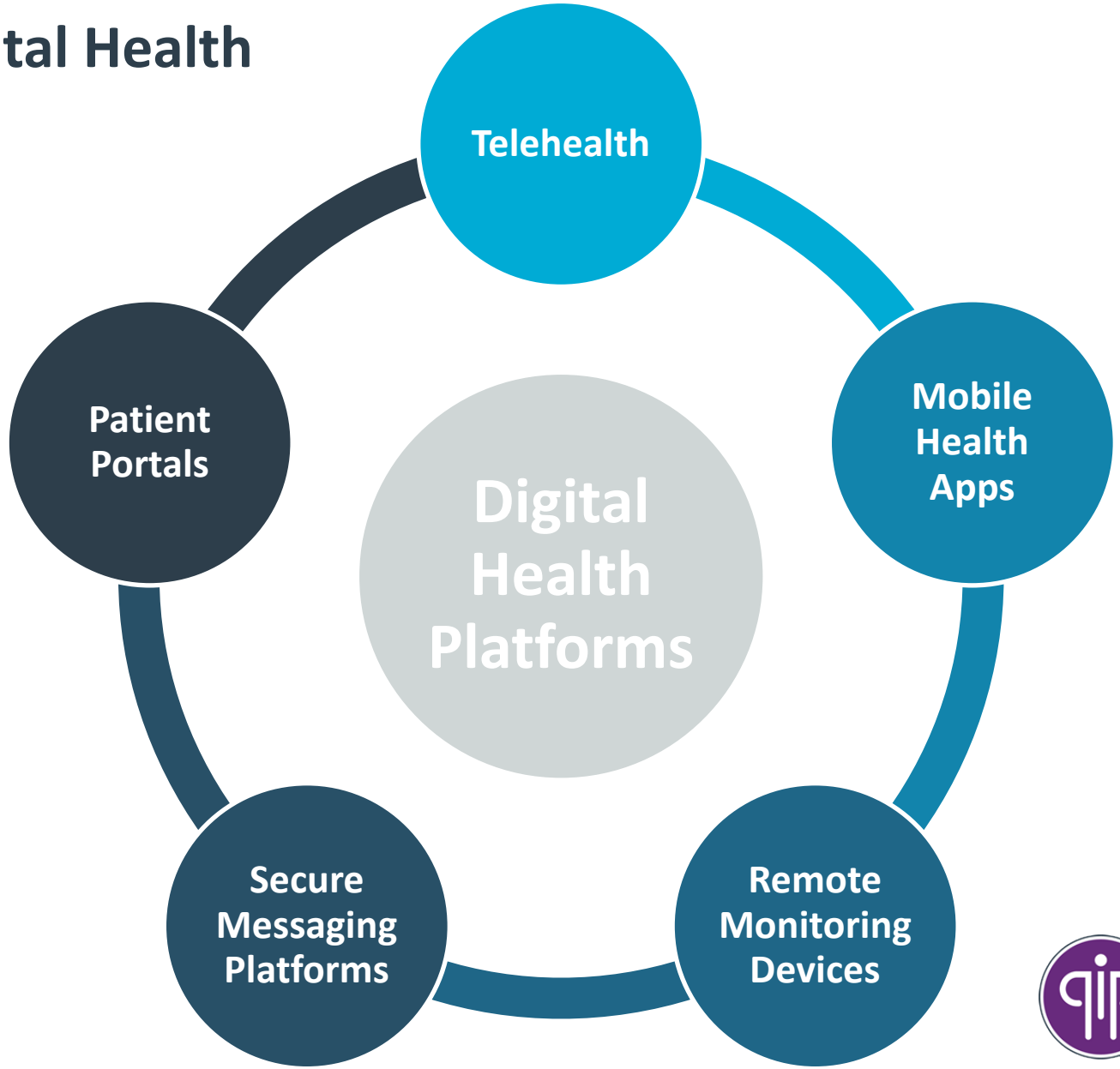
When this is used

The patient **does not have decision-making capacity**

Legal requirements apply (e.g. guardianship, child protection, serious risk)

This is a **last-resort approach**, not routine practice

Digital Health



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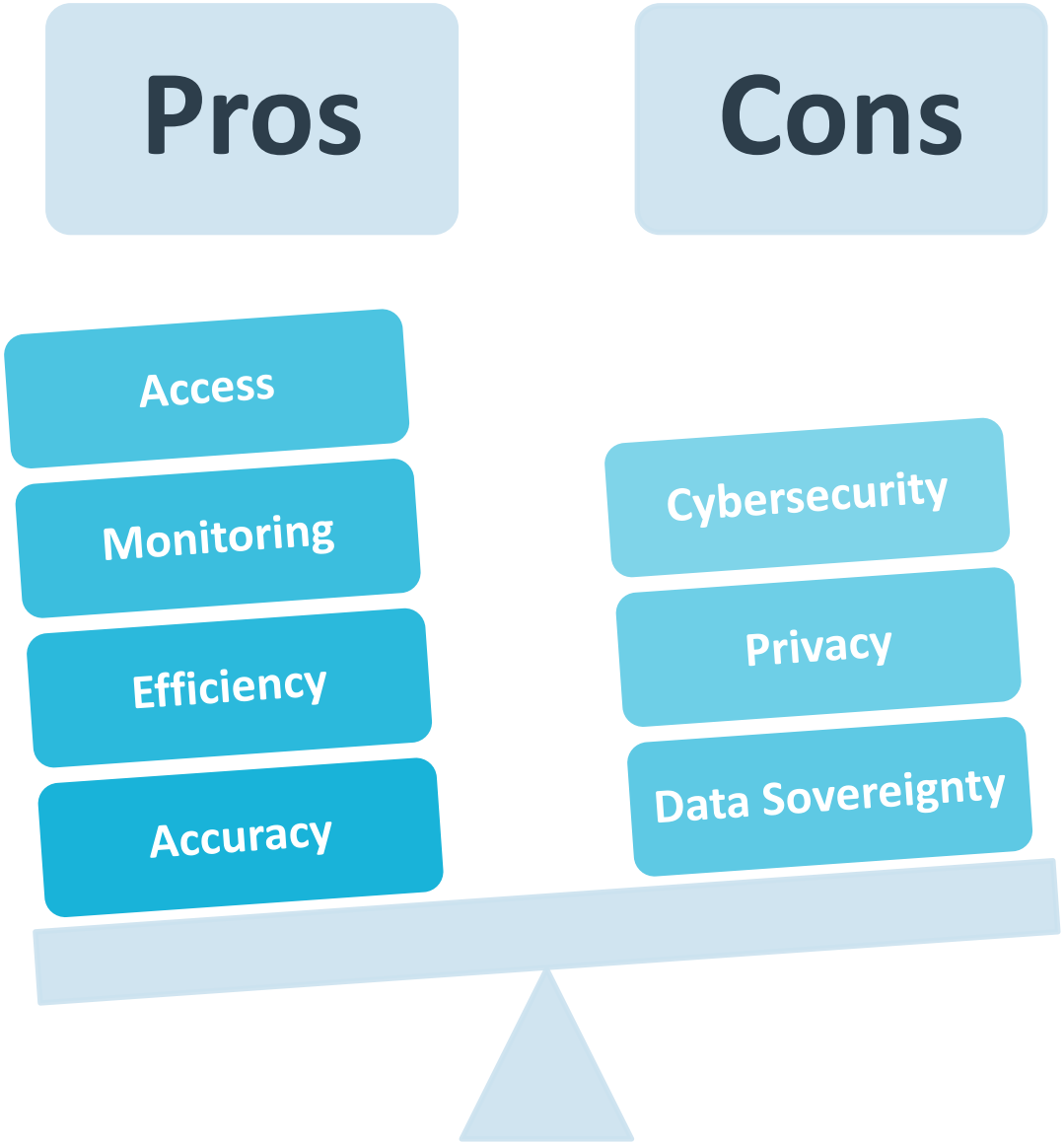
Pros and Cons



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AI Use

Is it safe?

- Does the AI vendor confirm compliance with the Privacy Act and APPs?
- Can collected data be used or sold for secondary purposes?

Is it effective?

- Will it help us?
- Will it improve accuracy/efficiency?
- Can the clinicians provide strong oversight?

Do we understand it?

- What's the use case?
- How do we seek permission from patients?
- What do patients need to know to make an informed choice?

Can we control it?

- How can we ensure governance and control?
- What are the costs?
- What are the pros and cons?

Controlling AI

- Collecting structured feedback from members of the practice team on their experiences with AI systems, including effectiveness and usability
- Auditing outcomes from AI-generated recommendations, e.g. checking for over-diagnosis or missed diagnosis
- Monitoring consumer feedback and complaints related to the use of AI in their care
- Tracking the number and nature of technical support requests or issues raised about AI system performance
- Collecting data on how often AI is used in clinical decision-making or administrative processes
- Creating parameters for use via an approved AI register or policy

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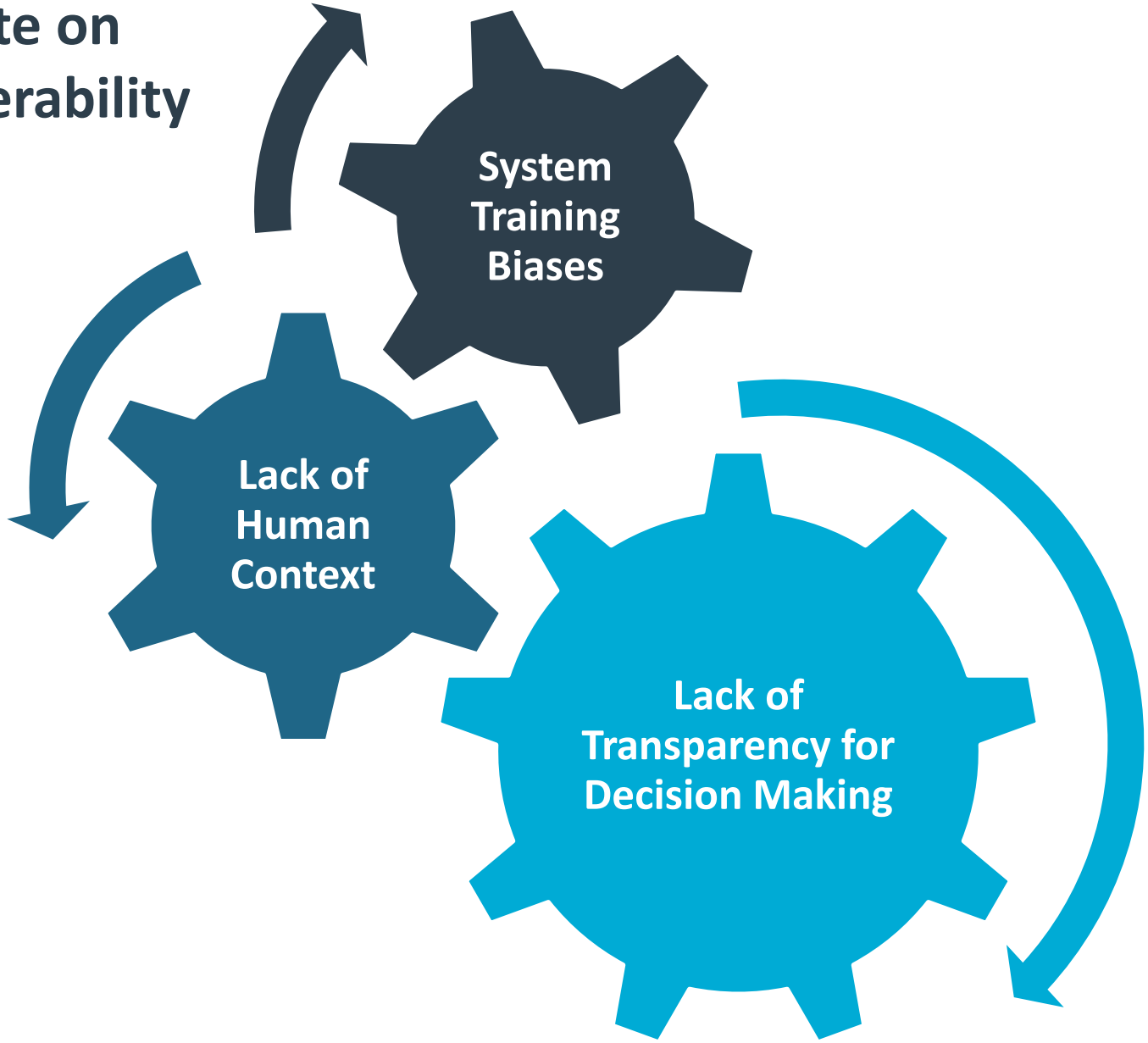
A Note on Vulnerability



Consumer Statements in the Standards – What does this feel like in practice?

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Patient Engagement

Connections with the right partners

Advocates and carers involved appropriately

Using patient input to shape service delivery

Responsive to changing environments

Empowering and protecting client choice and dignity

Inclusive, accessible and culturally safe services

Services shaped by patient need

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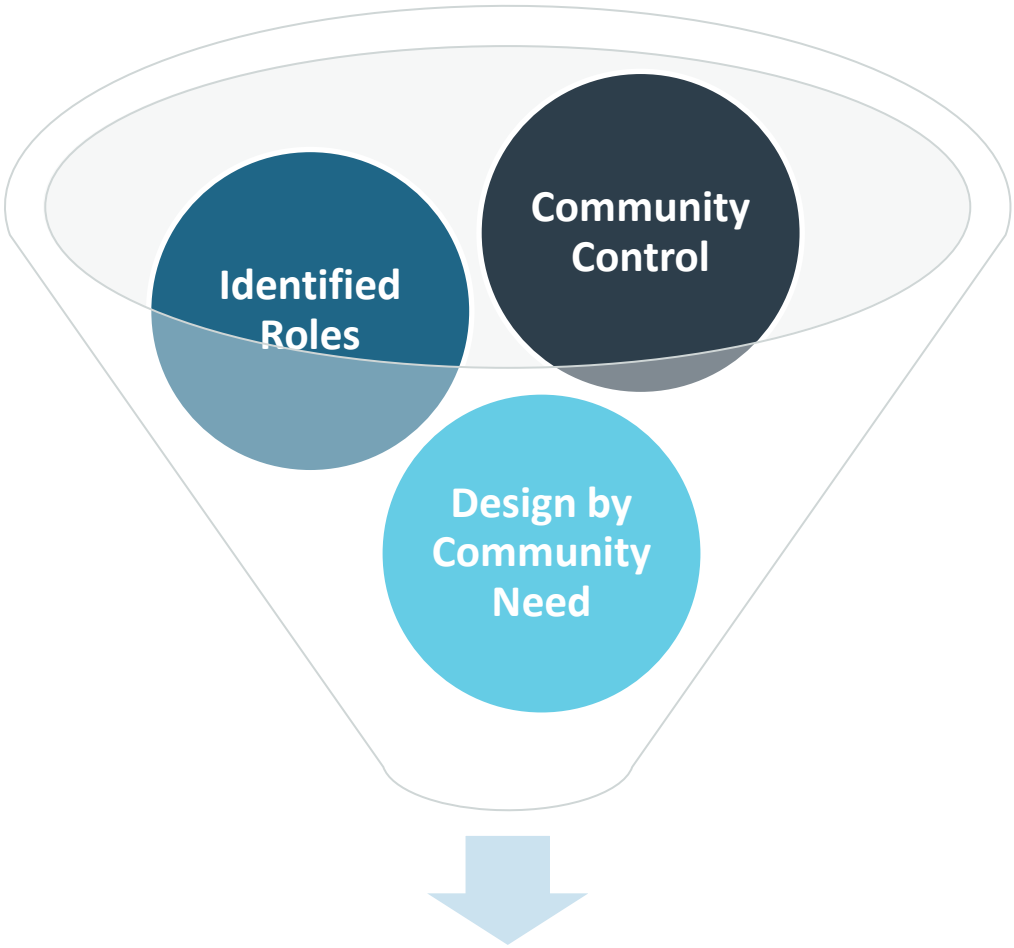
Patient Engagement Continuum

Empower	Engage in the governance of the practice
Collaborate	Consumer advisory councils Quality improvement committees
Involve	Collect PREMs and PROMs Speak at practice events of sessions on relevant topics Participate in practice meetings Review resources such as factsheets or website copy with a consumer lens
Consult	Follow up calls Workshops and community events Yarning circles Text surveys/Suggestion Boxes
Inform	Social media and online platforms Newsletters Annual reports Posters

Existing Efforts



Community Engagement

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Low Risk, Low Regret Preparation Suggestions

- Map existing whole-of-organisation systems before creating anything new.
- Clean up document registers and SharePoint libraries.
- Check that GP clinic documents are current, approved and accessible.
- Review strategic and operational planning links.
- Identify sustainability actions and a responsible person.
- Review existing use of AI and digital technologies.
- **Do not create isolated mini-systems for every new topic.**
- Use existing committees, registers and reporting structures.

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Questions?

Riley O’Hanlon

rcohanlon@qipconsulting.com.au

0408 409 450

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