Assessment Protocol

for use with

Entry Standards for General Practice

(9 December 1993)

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About this protocol

This Assessment Protocol has been designed for use with the RACGP's *Entry Standards for General Practice* (Draft for field testing and demonstration trials, 9 December 1993).

It is to be used by surveyors when visiting practices. By working through the protocol, the surveyors will collect all the data necessary for assessing a practice against the standards.

This protocol is an updated and expanded version of the protocol used during the standards piloting program. It incorporates the experiences and suggestions of many of the surveyors and practices involved in that program.

Indicators

The protocol contains all the indicators from the standards document (and all criteria for which there are no separate indicators), grouped by source of information eg doctor interview, medical records review etc.

In some cases the indicators may seem repetitive - many appear more than once (eg they may be assessed in both the doctor and staff interviews) and some contain slight variations of related indicators (these variations give the indicator a different emphasis, useful later in assessing criteria).

The indicators are used to determine how compliance with criteria can be assessed. While all standards and their essential criteria should be met, **it is not necessary to meet every indicator**. In many cases it is not possible to meet every indicator for a given criterion.

It is important to keep in mind that it is not necessary for practices to meet every indicator. A particular indicator may not be met and yet the criterion or standard it relates to may still be judged as having been met. During the assessment visit the surveyors should not imply that all indicators in the visit protocol should be met.

The practice visit

The assessment visit is conducted in three stages - an interview stage, an observation stage and an assessment stage. The first two stages involve data collection by the surveyors, while the third stage involves independent analysis of the data and assessment of the practice.

The first stage (interview) provides the two main sources of data about the practice:

- *Doctor interview(s)*: an interview with the principal GP in the practice. This interview, taking about an hour, covers all aspects of the standards document. Other doctors, if any, are then interviewed, usually for about 15 min-

utes each. These shorter interviews concentrate on specific aspects of the standards.

(ii) *Staff interview(s)*: all staff in the practice are interviewed. In practices with only one member of staff the interview should take approximately 20-25 minutes. In larger practices, where staff tend to specialise (eg receptionist, practice manager, nurse), each interview should take between 5 and 10 minutes. In very large practices with many staff fulfilling the same roles, a representative selection of staff may be interviewed.

The second stage of the visit, practice observation, involves four sources of data:

(i) *Medical records review*: an examination of a random selection of medical records. The number of records reviewed will depend on the size of the practice (a minimum of 25-30 records are usually reviewed).

(ii) *Appointments schedule review*: an examination of the practice's appointments schedule.

(iii) *Documents and other records*: an examination of any other practice-held records and documents that may assist in the assessment of indicators, e.g. copies of referral letters, staff manuals etc.

(iv) *Direct observation*: general observation of the practice, its facilities and equipment.

In the protocol these sources of data have been grouped into sections to assist in the collection of information.

During the third stage of the visit (assessment) the data collected is used by the surveyors to determine the extent to which the criteria (and therefore the standards) have been met. This is first done by each surveyor independently, then again jointly by both surveyors. The level of achievement on each criterion is rated as either substantial, partial or nil (or, in some cases, not applicable).

The surveyors' impressions are then discussed with the principal doctor (and others if desired by the practice) in a concluding 15 minute interview.

An additional source of information may be the patient survey. Some practices may have agreed to carry out a patient survey prior to the visit. Where available, this data will assist surveyors in assessing the practice.

After the visit the surveyors prepare a brief report. This is forwarded to the Standards Development Unit for checking before being sent to the practice.

How to use this protocol

This protocol contains all the information and instructions required to carry out a successful practice visit. Each section includes specific information on what is to be done.

Each indicator has a check box beside it. These should be ticked if, in the surveyor's opinion, the indicator has been met. Space has been provided to the right of the indicators for surveyors to make notes and record observations. Good notes will greatly assist surveyors when they write their report on the practice.

Beginning with the surveyor checklist (below), this manual should be worked through page by page (of course some variation may be necessary to accommodate the needs of different practices).

Surveyor checklist

Surveyors are responsible for checking that the visit is confirmed, that the practice understands what will be required and for ensuring that the visit runs smoothly.

In making preparations for the visit, the wishes of practices should be accommodated as far as possible, e.g. if the practice finds it more convenient to have the surveyors begin by examining the physical factors this should be done.

The following brief checklist will help surveyors to ensure a successful visit:-

One week prior to the visit

- The Standards Development Unit will contact the principal surveyor to confirm arrangements.
- The *principal surveyor* should make contact with the second surveyor for the visit and confirm arrangements.
- The *principal surveyor* should contact the practice to finalise the actual visit program and confirm arrangements.

On arrival at the practice

- If record review is to be based on a "typical day" (see page 34 for record review options) make arrangements for staff to draw the sample of records.
- Remind the doctor(s) that you will need to see their doctors bag later in the visit (these are often in their car!).

The practice profile

Practice profile information appears on a separate computer print-out.

Stage I
Interviews

Doctor interview(s)

Surveyors note:
The surveyors should begin with an explanation of the standards and the standards development process.

The interview should take the form of a discussion about the practice, rather than a direct question and answer session. The visit is not simply an assessment - it is, ideally, an educational interaction between the surveyors and the practice. Surveyors should feel free (and are encouraged) to relate their own experiences, describe other practices they have seen and make constructive suggestions.

The questions are provided as a prompt only and are therefore fairly 'blunt'. They need not be read directly, and may be ignored if the information required for the indicator has been obtained elsewhere in the interview. Indicators may also be used to promote discussion.

A "principal" doctor will have been identified by the Standards Development Unit - this may be the formal or informal `head' of the practice or a doctor chosen by the Unit. The principal doctor should be interviewed on all aspects of the standards as set out below. 60-75 minutes should be allowed for this interview.

Interviews with remaining doctors should be scheduled to last no more than 15 minutes. The surveyors should cover those aspects of the standards which need further exploration or clarification as a result of the interview with the principal.

Introduction

* **Outline the visit as it is scheduled, for example:-**

Doctor interview (1 hour)
Other doctors (15 minutes each)
Staff interviews (30-40 minutes)
Observation of practice (1 hour)
Surveyor assessment (40 minutes)
Concluding debrief (15 minutes)

* **Outline this interview, for example:-**

For the next hour or so we will be discussing with you various aspects of the standards as they relate to your practice. We will begin with a discussion of patient access, for example how patients can get in to see you or talk to you on the phone. Other topics to be covered are your availability to patients, the consultation, patient rights, health promotion, continuing education, staff and practice administration. As I have said we would like to begin with a discussion of patient access to the practice...

Patient access

❖**Do you take phone calls from patients? Under what circumstances?**
Is a time set aside for taking or returning calls?

. 1.1.2 A. The doctor takes or returns phone calls from patients when appropriate *(doctor interview).*

❖Do you do house calls or other visits?
Do you have any criteria for visiting patients outside the surgery?
Tell us about a few recent visits you have done.

. 1.1.3 A. The doctor visits patients when appropriate *(doctor interview)*.

. 1.1.3 D. The doctors indicate what the practice has decided is a reasonable distance in terms of the area and types of problems *(doctor interview)*.

. 1.1.3 E. The doctors can describe a few recent off-site visits and the reasons for the visits *(doctor interview)*.

. 1.1.3 G. The practice does not have any disincentives for home visits for substantial medical reasons *(doctor interview, staff interview, documents and other records)*.

5.3.2 Where physical access is limited, the practice provides off-site visits to patients with disabilities.
Indicator: . 5.3.2 A. *(doctor interview, staff interview)*.

❖How do you ensure that patients with an urgent medical problem can get through to you on the phone or can get straight in to see you?

. 1.1.4 A. Staff have been trained to recognise urgent medical matters *(doctor interview)*.

❖How does your appointments system allow for urgent problems and longer consultations?

. 1.1.6 A. The doctor(s) can describe how patients with urgent problems and those needing longer consultations are accommodated *(doctor interview)*.

❖[GROUP PRACTICES ONLY] Are you able to vary your own appointments schedule to suit your style of practising? How ?

. 4.3.1 A. The doctors are free to determine their own appointments schedule, subject to criterion 1.2.2 (length of consultation) *(doctor interview)*.

❖How do you ensure reasonable 24 hour cover for your patients?

. 1.1.5 A. There is evidence of one of the following:

(a) the practice doctor(s) provide(s) their own 24 hour cover either individually or through a roster of practice doctors; or

(b) an agreement with a nearby practice; or
(c) formal collaboration with a local hospital in rural areas; or
(d) an arrangement with a suitable deputising service *(doctor interview, staff interview, documents and other records)*.

. 1.1.5 B. Doctor(s) and staff can describe how patients are made aware of after hours arrangements *(doctor interview, staff interview)*.

Communicating with patients

❖How do you know when a consultation has been successful, ie that the patient's concerns and needs have been met?

. 1.2.2 B. After each consultation the doctor routinely checks that the patient believes that their needs have been met and that the patient has understood the doctor's advice *(doctor interview, patient survey)*.

❖Do you ever give patients written information on their condition during the consultation?

. 1.2.3 B. & 1.2.6 C. The doctor(s) can describe how they use leaflets, brochures or written information to support their explanation of conditions to patients when appropriate *(doctor interview)*.

❖Under what circumstances do you discuss the risks of proposed treatments with patients? How do you determine whether this information is desired by patients?

. 1.2.3 A. The doctor(s) can describe the ways in which patients are given the opportunity to discuss the risks and benefits of proposed treatments or investigations *(doctor interview)*.

❖Under what circumstances do you discuss the costs of proposed treatments, investigations or referral visits with patients?

. 1.2.4 A. The doctor(s) can describe the ways in which patients who have been referred to another practice are advised about billing procedures at that practice or, where billing procedures at such practices are unknown, the doctor(s) can confirm that patients are advised to check for themselves *(doctor interview)*.

. 1.2.4 B. The doctor(s) can describe the ways in which patients are advised of any

substantial or unusual costs that may be involved in proposed treatments or investigations *(doctor interview)*.

❖Do you see many patients who speak a different language from you? How do you communicate in these circumstances?

. 1.2.5 A. The doctor(s) and staff are aware of the availability and methods of access to interpreter services *(doctor interview, staff interview)*.

. 1.2.5 B. The doctor(s) can describe how they manage patients who speak a different language e.g. allowing patients to choose between using an interpreter service or using family members and friends *(doctor int.)*.

. 1.2.5 C. The doctor(s) can describe circumstances in which using family members and friends to interpret may be inappropriate *(doctor interview)*.

❖How do you ensure continuity of care for your patients?

. 1.5.1 C. The practice has policies or strategies which encourage continuity of care *(doctor interview, staff interview)*.

The practice and the community

❖What other health services (eg specialists, hospitals, physiotherapists, self-help groups) are available to you in this area or nearby?

. 1.6.1 A. The doctor(s) can describe a variety of local medical services such as diagnostic services, hospitals and consultant services *(doctor interview)*.

. 1.6.1 B. The doctor(s) can describe a variety of local allied health services (eg physiotherapists etc) *(doctor interview)*.

. 1.6.1 C. The doctor(s) can describe a variety of local community, social and other health services (eg self help groups etc) *(doctor interview)*.

❖Could you describe some of these services, and how you work with them?

. 1.6.1 D. The doctor(s) can describe their interaction with a variety of local services *(doctor interview)*.

❖[GROUP PRACTICES ONLY] **Does anyone predetermine which consultants, pathology labs, diagnostic services are used by doctors within this practice?**

. 4.3.1 B. The doctors are free to determine the consultants to whom they refer *(doctor interview).*

. 4.3.1 C. The doctors are free to determine what pathology they order, and where they order it *(doctor interview).*

. 4.3.1 D. The doctors are free to determine what diagnostic services they order and where they order those services *(doctor interview).*

. 4.3.1 I. The practice is generally free from any financial integration of general practitioners with services to which the general practitioners may refer *(doctor interview).*

❖**Could you describe your procedures for referral, for example what you usually include in a referral letter? Do you keep any referral letters on file? What happens to the responses to referral letters?**

. 1.6.1 E. The doctor(s) and staff can describe the practice procedures for referral to consultants, diagnostic and community health and other community services *(doctor interview, staff interview).*

. 1.6.2 A. Referral letters:

a. are legible (and preferably typed);
b. contain relevant background social information and history;
c. contain problem, key examination findings and current treatment;
d. include reason for referral and expectation of referral;
e. are on appropriate practice stationery - plain paper or practice letterhead is considered 'appropriate stationery'. Routine use of drug company notepads is considered unacceptable *(documents and other records, doctor interview, staff interview).*

. 4.2.1 D. Procedures exist for incorporation of responses to referrals to be included in the patient's individual file *(doctor interview, staff interview, medical record review).*

❖**What procedures are followed when test results are returned to the practice?**

. 4.2.4 A. The doctor(s) can describe the procedure for follow up and recall of patients with significantly abnormal test results *(doctor interview).*

. 4.2.4 B. There is a system for taking appropriate action on test results, eg the doctor initials each result and indicates appropriate action *(doctor interview, staff interview)*.

❖With regard to test results etc, under what circumstances is a follow-up appointment required? Do patients have access to results by phone?

. 4.3.1 J. The practice does not require patients to return for a consultation to receive negative results of routine tests, unless for substantial medical reasons *(doctor interview)*.

❖[GROUP PRACTICES ONLY] When a follow-up appointment is required is this appointment made with the same doctor or is there another arrangement?

. 4.3.1 E. The doctors are free to determine how and when to schedule follow-up appointments with individual patients *(doctor interview)*.

Health promotion and disease prevention

❖Do you get many opportunities for health promotion and disease prevention activities during your consultations? Could you describe some examples?

. 1.7.1 B. The doctor(s) can describe the opportunities for health promotion and disease prevention presented by a range of common patient problems *(doctor interview)*.

. 1.7.3 D. The doctor(s) can describe how they educate and counsel their patients on illness prevention *(doctor interview)*.

❖Are you involved with any local health promotion or community education programs?

. 1.7.4 A. The doctor(s) can describe local health promotion programs, if any, and indicate how they have co-operated with programs they have determined to be appropriate *(doctor interview)*.

. 1.7.4 B. The doctor(s) can describe how they provide health education to community groups *(doctor interview)*.

Patient rights

❖Are there any circumstances in which a person wanting to see a doctor in this practice would be denied access?

. 2.1.1 A. No new patient is ever refused access to a practice doctor on the basis of their sex, age, religion, ethnicity, sexual preference or medical condition. *(doctor interview, staff interview).*

. 4.3.1 F. The doctors are free to determine whether to accept new patients, subject to indicator 2.1.1 A (above) *(doctor interview).*

❖How do you ensure the confidentiality of information relating to patients? This includes the confidentiality of records, notes, conversations etc.

. 2.1.2 A. The doctor(s) and staff can describe how they ensure patient confidentiality *(doctor interview, staff interview).*

. 2.1.3 A. The doctor(s) and staff can describe how they ensure confidentiality of medical records and other documents pertaining to patients *(doctor interview, staff interview).*

. 4.2.2 B. The doctor(s) and staff can describe how they ensure confidentiality of medical records *(doctor interview, staff interview).*

. 2.1.3 B. There is an appropriate method of disposal of material containing patient identifying information *(doctor interview, staff interview).*

❖Sometimes a patient will refuse (or fail) to carry out the advice you have given them. What do you do in such a situation?

. 2.1.4 A. The doctor(s) can describe how they manage a patient who refuses specific treatments *(doctor interview).*

❖Some patients may want a second opinion. What do you do in this situation?

. 2.1.5 A. The doctor(s) can describe how they manage a patient who intends to seek a further opinion *(doctor interview).*

❖How do you manage a patient who wants to leave the practice?
What do you do with a patient you no longer wish to treat?

. 2.1.6 A. The doctor(s) can describe how they manage a patient who wants to leave the practice *(doctor interview).*

. 2.1.6 B. The doctor(s) can describe how they manage a patient who they no longer wish to treat *(doctor interview)*.

. 4.2.3 A. The doctor(s) and staff can describe the procedures for transferring records to another practice *(doctor interview, staff interview)*.

❖What do you do when a patient (or someone else) comes into the waiting room in distress (e.g. in pain) or very upset?

5.1.5 The practice provides privacy for patients and others in distress.
Indicators: . 5.1.5 A. *(doctor interview, staff interview, direct observation)*

❖Do you ever get complaints from patients?
How are these dealt with in the practice?

. 2.1.9 A. The doctor(s) and staff can describe the practice procedures for dealing with complaints from patients and others *(doctor interview, staff interview)*.

Quality assurance, continuing education and clinical care

❖How do you ensure that the way you treat a condition, eg asthma, is broadly consistent with the way most doctors in Australia would treat that condition?

. 1.3.1 A. The doctor(s) can describe how they ensure that their approaches to common and serious conditions are broadly consistent with approaches adopted by the wider profession *(doctor interview)*.

❖[GROUP PRACTICES ONLY] How do you ensure that you are not giving advice to patients that conflicts with advice given to them by other doctors in this practice?

. 1.3.2 A. The doctors in a group practice can describe how they ensure consistency, within the practice, of diagnosis and management of common and serious conditions *(doctor interview)*.

. 1.3.2 B. There is a regular clinical meeting *(doctor interview)*.

❖What sort of quality assurance and continuing education have you been involved in?

. 3.1.1 A. The practice is able to demonstrate that all GPs are involved in quality assurance and continuing education *(doctor interview)*.

❖**Do you have a practice library or other method of access to GP journals and other medical information? What journals do you find useful?**

. 5.2.5 B. The practice has an organised system of access to appropriate GP journals *(doctor interview, direct observation)*.

. 5.2.5 C. The practice has a computerised access system for medical information *(doctor interview, direct observation)*.

❖**Do any of the staff have special qualifications for working in a medical practice?**
Does the practice allow staff to attend educational courses or is there any in-house training program for staff?

. 3.1.2 A. Staff have completed a St. John's ambulance first aid course or equivalent *(doctor interview, staff interview, documents and other records)*.

. 3.1.2 B. Appropriate practice staff have participated in medical receptionist training, for example an RACGP course, an Australian Association of Practice Managers course or local TAFE course *(doctor interview, staff interview, documents and other records)*.

. 3.1.2 C. Appropriate practice staff have completed a medical terminology course *(doctor interview, staff interview, documents and other records)*.

. 3.1.2 D. Practice nursing staff have appropriate nursing training and experience and participate in appropriate continuing education *(doctor interview, staff interview, documents and other records)*.

. 3.1.2 E. The practice provides in-house training for staff *(doctor interview, staff interview, documents and other records)*.

❖**Is the practice ever involved in undergraduate clinical training programs, vocational programs such as the RACGP training program (FMP), or research programs?**
[If so] How are patients informed about the programs and how is their consent obtained?

. 2.1.7 A. The doctor(s) can describe how they obtain patient consent for involvement in clinical training programs *(doctor interview)*.

. 2.1.8 A. The doctor(s) can describe how they obtain patient consent for involvement in research projects *(doctor interview)*.

Practice Administration

❖How do you ensure that the administration of the practice flows smoothly?

. 3.1.3 A. Staff are able to discuss administrative matters with the doctor(s) when necessary *(doctor interview, staff interview).*

. 3.1.3 B. There is a regular staff meeting *(doctor interview, staff interview).*

❖Do you usually have staff support in the practice when you are seeing patients?

. 4.1.1 A. When the practice is open a person is available who can, for example, dial for an ambulance, assist in lifting an unconscious person etc *(doctor interview, staff interview).*

. 4.1.1 B. At least one staff member is present when the practice is open *(doctor interview, staff interview).*

❖Who makes the major management decisions in the practice eg who decides what new medical equipment is to be obtained? Who decides if a bad-debt is to be pursued?

. 4.3.1 G. The doctor(s) decide(s) what equipment and supplies the practice orders *(doctor interview, staff interview).*

. 4.3.1 H. The doctor(s) decide(s) whether particular bad-debts are to be pursued *(doctor interview, staff interview).*

❖Who undertakes responsibility for keeping the practice and its equipment clean? How is this done?

. 5.1.9 B. The doctor(s) and staff can describe procedures undertaken for sterilisation / disinfection / decontamination of surfaces *(doctor interview, staff interview).*

. 5.1.9 C. The doctor(s) and staff can describe procedures undertaken for sterilisation / disinfection / decontamination of equipment *(doctor interview, staff interview).*

. 5.1.9 E. The practice has an arrangement for “off-site” sterilisation of equipment *(doctor interview, staff interview, documents).*

❖**Who undertakes responsibility for disposal of sharps and contaminated waste? How are these disposed of?**

. 5.1.10 A. The doctor(s) and staff are aware of, and implement, appropriate methods of contaminated waste disposal ***(doctor interview, staff interview).***

. 5.1.11 A. The doctor(s) and staff are aware of, and implement, appropriate methods of 'sharps' disposal ***(doctor interview, staff interview).***

❖**What does the practice do to reduce the risks of infection and injury to doctors and staff?**

. 5.1.12 A. The practice has clear procedures for manual handling (ie lifting of heavy objects etc) ***(doctor interview, staff interview, direct observation).***

. 5.1.12 B. The practice provides counselling regarding risks of infection to female staff of child bearing age ***(doctor interview, staff interview).***

. 5.1.12 C. All staff are offered immunisation appropriate for their situation ***(doctor interview, staff interview).***

. 5.1.12 D. The practice has a sharps injury protocol ***(doctor interview, staff interview, documents and other records).***

. 5.1.12 F. The practice implements universal precautions for the control of infection eg wearing gloves when taking blood samples ***(doctor interview, staff interview, direct observation).***

❖**Do you have a doctors bag?**
Who ensures that the `use by date' on drugs carried has not expired?

. 5.2.2 B. Drugs carried are checked regularly to ensure that their "use by date" has not expired ***(doctor interview, staff interview, direct observation).***

Overview of practice

❖**Finally, what do you think are the best things about this practice? What does it do well?**

❖**Do you think there are any areas in which the practice could do better?**

Concluding remarks

* Thank the doctor for their time.

* Outline the remainder of the visit.

* Seek permission to examine medical records (if not done already) and give assurance of confidentiality.

* Remind the doctor that you will want to see their doctor's bag.

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Staff interview(s)

Surveyors note:
Surveyors should be aware that staff may be quite nervous about being interviewed. Every effort should be made to explain the purpose of the interview and to create a relaxed atmosphere. The interview should be as `chatty' and conversational as possible.

In practices with a large number of staff it may not be necessary to interview every staff member. Specialist staff (eg nurses, practice managers) need only be interviewed about their particular roles. Appropriate specialist staff are suggested after each subject heading - this should be taken as a rough guide only as roles and titles vary significantly from practice to practice.

If there is only one staff member to be interviewed, this will take between 25 and 35 minutes. In practices with multiple staff each interview may only take 5-10 minutes. In practices with many staff performing the same role (eg three receptionists), only one staff member in each area needs to be interviewed.

Introduction

* Outline the background to the visit, for example:-

The RACGP has produced a set of entry standards for general practice. These standards have been produced by a committee of experts using research, standards in other areas and the advice of many GPs around Australia. The purpose of this visit is to test the standards to see if they can be measured in practices and whether they are set at a fair level. It is important to understand that *we are testing ourselves* and the standards rather than you or this practice.

* Outline this interview, for example:-

[Example for practices with only one staff member] For the next half hour or so we will be discussing with you various aspects of the standards as they relate to this practice. We will begin with a discussion of patient access, for example how patients can get in to see the doctor or talk to them on the phone. Other topics to be covered are the doctor's availability, patient rights, and practice administration. As I have said we would like to begin with a discussion of patient access to the practice...

Patient access reception staff and practice managers]

❖**Does the doctor ever take phone calls from patients?**
What is the doctor's policy on taking calls from patients?

. 1.1.2 B. Staff responsible for answering telephones are aware of the doctor's policy on receiving and returning phone calls from patients and can describe how phone calls are triaged. *(staff interview)*.

❖**Do you ever arrange home or other visits for the doctor?**
Are any particular types of patient entitled to a home visit?

. 1.1.3 B. Staff are aware of the doctor's policy on home or other visits and can describe situations in which a visit is appropriate *(staff interview)*.

5.3.2 Where physical access is limited, the practice provides off-site visits to patients with disabilities.
Indicators: . 5.3.2 A. *(doctor interview, staff interview).*

❖**How do you know if a patient has an urgent medical problem?**
What do you do under these circumstances?

. 1.1.4 B. Staff can describe urgent medical matters and procedures for obtaining urgent medical attention *(staff interview).*

❖**What do patients do if they need to see a doctor outside normal practice hours?**
How do patients find out about after hours arrangements?

. 1.1.5 A. There is evidence of one of the following:

(a) the practice doctor(s) provide(s) their own 24 hour cover either individually or through a roster of practice doctors; or
(b) an agreement with a nearby practice; or
(c) formal collaboration with a local hospital in rural areas; or
(d) an arrangement with a suitable deputising service *(doctor interview, staff interview, documents and other records).*

. 1.1.5 B. Doctor(s) and staff can describe how patients are made aware of after hours arrangements *(doctor interview, staff interview).*

The appointments system ception staff and practice managers]

❖**If a patient rang up with a medical problem that was not urgent, how long would it usually take for them to get an appointment?**

. 1.1.1 A. Staff confirm that patients are usually able to obtain a consultation within two working days for non-urgent matters *(staff interview).*

❖**How does your appointments system work?**
What happens when a patient needs urgent attention or a long consultation - does this disrupt the schedule?

. 1.1.6 B. The staff can describe how patients with urgent problems and those needing longer consultations are accommodated within the practice's appointments system *(staff interview).*

❖[GROUP PRACTICES ONLY] **When a patient makes an appointment can they choose which doctor they will see?**

. 1.5.2 A. Staff can describe how patients, when making an appointment or attending the practice, are able to request their preferred doctor, if they have one *(staff interview)*.

. 1.5.2 B. Staff give patients a brief explanation if their preferred doctor is not available and tell them when he/she will be available *(staff interview)*.

. 1.5.2 D. Patients are free to see the doctor of their choice for follow-up visits *(staff interview, patient survey)*.

❖**Is there any type of person the doctor will not see, or for whom you would refuse to make an appointment with a doctor?**

. 2.1.1 A. No new patient is ever refused access to a practice doctor on the basis of their sex, age, religion, ethnicity, sexual preference or medical condition. *(doctor interview, staff interview)*.

Assisting and working with patients staff working in patient areas]

❖**Do you ever have patients who do not speak the same language as the doctor? What arrangements could you make to assist them to communicate with the doctor?**

. 1.2.5 A. The doctor(s) and staff are aware of the availability and methods of access to interpreter services *(doctor interview, staff interview)*.

. 1.2.5 B. The doctor(s) and staff can describe how they manage patients who speak a different language e.g. allowing patients to choose between using an interpreter service or using family members and friends *(doctor interview, staff interview)*.

❖**Do you ever have patients or others who are very distressed or upset? Is there anywhere a patient can go in this situation?**

5.1.5 The practice provides privacy for patients and others in distress.
Indicators: . 5.1.5 A. *(doctor interview, staff interview, direct observation)*

❖What are the practice procedures when a patient is referred to a consultant or specialist, eg do you send a typed letter or help the patient with phone numbers etc?

. 1.6.1 E. The doctor(s) and staff can describe the practice procedures for referral to consultants, diagnostic and community health and other community services *(doctor interview, staff interview).*

. 1.6.2 A. Referral letters:

a. are legible (and preferably typed);
b. contain relevant background social information and history;
c. contain problem, key examination findings and current treatment;
d. include reason for referral and expectation of referral;
e. are on appropriate practice stationery - plain paper or practice letterhead is considered 'appropriate stationery'. Routine use of drug company notepads is considered unacceptable *(documents and other records, doctor interview, staff interview).*

❖How do you ensure that confidential information about patients (especially information contained in medical records and accounts) remains confidential?
Have you ever been aware of confidential information about a person you know outside the practice? How do you cope with such situations?

. 2.1.2 A. The doctor(s) and staff can describe how they ensure patient confidentiality *(doctor interview, staff interview).*

. 2.1.3 A. The doctor(s) and staff can describe how they ensure confidentiality of medical records and other documents pertaining to patients *(doctor interview, staff interview).*

. 2.1.3 D. Medical records, and other files containing patient information, are not stored or left in areas where members of the public have unrestricted access *(staff interview, direct observation).*

. 2.1.10 A. Staff can describe how they ensure confidentiality of patient accounts *(staff interview).*

. 4.2.2 A. Medical records are not stored or left in areas where members of the public have unrestricted access *(direct observation, staff interview).*

. 4.2.2 B. The doctor(s) and staff can describe how they ensure confidentiality of medical records *(doctor interview, staff interview).*

❖What do you do with papers, letters and notes containing patient information that you no longer need?

. 2.1.3 B. There is an appropriate method of disposal of material containing patient identifying information *(doctor interview, staff interview).*

❖You would probably learn quite a lot about the patients that come to this practice, how do you make sure that what you learn remains confidential?

. 2.1.3 C. Staff are aware of confidentiality requirements for all patient encounters and recognise significant breaches of confidentiality as a 'dismissible offence' *(staff interview).*

❖Do you get much feedback from patients? Do you ever get complaints and, if so, what do you do about the complaints?

. 2.1.9 A. The doctor(s) and staff can describe the practice procedures for dealing with complaints from patients and others *(doctor interview, staff interview).*

Staff training [all staff]

❖In some practices staff have had some extra training for working in a general practice. Have you ever had any special training for working in a medical practice?

. 3.1.2 A. Staff have completed a St. John's ambulance first aid course or equivalent *(doctor interview, staff interview, documents and other records).*

. 3.1.2 B. Appropriate practice staff have participated in medical receptionist training, for example an RACGP course, an Australian Association of Practice Managers course or local TAFE course *(doctor interview, staff interview, documents and other records).*

. 3.1.2 C. Appropriate practice staff have completed a medical terminology course *(doctor interview, staff interview, documents and other records).*

. 3.1.2 D. Practice nursing staff have appropriate nursing training and experience and participate in appropriate continuing education *(doctor interview, staff interview, documents and other records).*

. 3.1.2 E. The practice provides in-house training for staff *(doctor interview, staff interview, documents and other records).*

❖Do you ever discuss the administration of the practice or problems you may be having with your job with the doctors?

. 3.1.3 A. Staff are able to discuss administrative matters with the doctor(s) when necessary *(doctor interview, staff interview).*

. 3.1.3 B. There is a regular staff meeting *(doctor interview, staff interview).*

❖Who makes the decisions about what medical equipment and supplies the practice needs and about what to buy?

. 4.3.1 G. The doctor(s) decide(s) what equipment and supplies the practice orders *(doctor interview, staff interview).*

❖Who decides if a particular bad debt is to be pursued?

. 4.3.1 H. The doctor(s) decide(s) whether particular bad-debts are to be pursued *(doctor interview, staff interview).*

❖What are the normal hours in the practice?
Are you, or is someone else, always present when the doctor is seeing patients?

. 4.1.1 A. When the practice is open a person is available who can, for example, dial for an ambulance, assist in lifting an unconscious person etc *(doctor interview, staff interview).*

. 4.1.1 B. At least one staff member is present when the practice is open *(doctor interview, staff interview).*

❖What is the usual procedure when letters and test results come back from consultants or specialists?

. 4.2.1 D. Procedures exist for incorporation of responses to referrals to be included in the patient's individual file *(doctor interview, staff interview, medical record review).*

. 4.2.4 B. There is a system for taking appropriate action on test results, eg the doctor initials each result and indicates appropriate action *(doctor interview, staff interview).*

❖Do you ever transfer a patient's records to another practice?
How is this done?

. 4.2.3 A. The doctor(s) and staff can describe the procedures for transferring records to another practice *(doctor/staff interview).*

❖Do you ever have any problems with the phone system? Are there usually enough lines to dial out? Do patients ever complain that they can't get through?

. 5.1.6 A. The practice has a telephone system with sufficient inward and outward call capacity *(direct observation, staff interview, patient survey)*.

❖Does the practice have rules about lifting heavy objects?

. 5.1.12 A. The practice has clear procedures for manual handling (ie lifting of heavy objects etc) *(doctor interview, staff interview, direct observation)*.

❖Has the doctor or another staff member ever discussed the possible health risks of working in a medical practice and ways to minimise those risks?

. 5.1.12 B. The practice provides counselling regarding risks of infection to female staff of child bearing age *(doctor interview, staff interview)*.

. 5.1.12 C. All staff are offered immunisation appropriate for their situation *(doctor interview, staff interview)*.

. 5.1.12 D. The practice has a sharps injury protocol *(doctor interview, staff interview, documents and other records)*.

. 5.1.12 F. The practice implements universal precautions for the control of infection eg wearing gloves when taking blood samples *(doctor interview, staff interview, direct observation)*.

Practice maintenance [practice nurse, practice manager]

❖Who keeps the practice and its equipment clean?
How do you dispose of sharps (eg used needles and scalpel blades) and contaminated waste?

. 5.1.9 B. The doctor(s) and staff can describe procedures undertaken for sterilisation / disinfection / decontamination of surfaces *(doctor interview, staff interview)*.

. 5.1.9 C. The doctor(s) and staff can describe procedures undertaken for sterilisation / disinfection / decontamination of equipment *(doctor interview, staff interview)*.

. 5.1.9 E. The practice has an arrangement for "off-site" sterilisation of equipment *(doctor interview, staff interview, documents)*.

. 5.1.10 A. The doctor(s) and staff are aware of, and implement, appropriate methods of contaminated waste disposal *(doctor interview, staff interview)*.

. 5.1.11 A. The doctor(s) and staff are aware of, and implement, appropriate methods of ‘sharps’ disposal *(doctor interview, staff interview)*.

❖**Who checks that drugs, particularly those in the doctor's bag, have not past their `use by date'?**

. 5.2.2 B. Drugs carried are checked regularly to ensure that their “use by date” has not expired *(doctor interview, staff interview, direct observation)*.

❖**How are vaccines stored? How do you ensure that they remain potent?**

. 5.2.3 A. Vaccines are stored in a separate or an infrequently used refrigerator, i.e. a refrigerator not used for other purposes such as storing lunches etc *(direct observation, doctor interview, staff interview)*.

Concluding remarks

* Thank the staff member for their time.

* Reassure them about the purpose of the interview.

* Give them some positive feedback - comment on aspects of their job which are obviously done well or on positive aspects of the practice.

* Outline the remainder of the visit and inform them that you may need their assistance in carrying out some of the remaining tasks e.g. finding equipment etc.

Stage II
Direct observation of the practice

Surveyors note:
The remainder of the visit can be carried out independently by the surveyors, although the occasional assistance of doctors or staff will be required - e.g. to explain procedures or locate items of equipment.

The waiting room and reception area

> **Surveyors note:**
> *Sit in the waiting room for 5-10 minutes (it may be possible to do this on arrival at the practice). Observe the waiting room and reception area.*

❖**Check the following indicators by direct observation:-**

. 1.2.1 B. The practice information sheet is freely available to patients *(direct observation).*

. 1.2.4 C. The practice fees are clearly displayed within the practice *(direct observation).*

. 1.2.6 A. There is a range of posters, leaflets and brochures freely available or on display in the waiting room, reception and/or consulting rooms. Where appropriate these are available in other languages *(direct observation).*

. 1.7.3 A. The practice has a range of health promotion information materials and resources *(direct observation).*

. 1.7.3 E. The practice uses posters and brochures in the waiting room to encourage health promotion *(direct observation).*

. 2.1.2 D. The practice attempts to ensure auditory privacy in the waiting room, for example by using background music to mask conversations *(direct observation).*

. 2.1.2 E. The waiting room is separate from the reception area *(direct observation).*

. 2.1.3 D. Medical records, and other files containing patient information, are not stored or left in areas where members of the public have unrestricted access *(staff interview, direct observation).*

. 4.1.2 A. Staff demonstrate adequate communication skills in direct communication or on the telephone *(direct observation).*

. 4.2.2 A. Medical records are not stored or left in areas where members of the public have unrestricted access *(direct observation, staff interview).*

5.1.3 The practice has a patient waiting area sufficient to accommodate the usual number of patients and others who would be waiting at any one time.
Indicators: . 5.1.3 A. *(direct observation).*

❖Check the following indicators with the assistance of staff:-

. 1.1.5 C. There is an appropriate after-hours message on an answering machine, where one exists. Alternatively, the practice has call diversion, a paging system or a mobile phone *(direct observation)*.

. 1.7.2 A. There should be one of the following:
(a) card based system showing due dates for preventive activities *(documents and other records, direct observation)*; or
(b) systematic flagging of medical records for opportunistic preventive activities *(medical record review)*; or
(c) a register of patients for reminder/recall for preventive activities *(documents and other records, direct observation)*; or
(d) a computerised recall system *(direct observation)*.

. 5.1.6 A. The practice has a telephone system with sufficient inward and outward call capacity *(direct observation, staff interview, patient survey)*.

. 5.1.8 C. Prescription pads, letterhead and other official documents are not accessible to unauthorised persons *(direct observation)*.

Medical records review

Surveyors note:
Surveyors should not sample the medical records without first obtaining permission from the principal doctor and explaining the process to relevant staff.

The selection of records should be random. The surveyors may adopt one of two record selection methods:

(1) Random selection by surveyors

Select 25-30 records at random, including 10-15 "fat files". This method is quickest and is ideal in smaller practices. Remember to take care to ensure that the records can be easily returned by leaving a marker in place of the record.

(2) All records from a "typical" day - randomly chosen

Have the records of all patients seen on a particular day (eg Wednesday two weeks ago) pulled by the practice staff. This second method is recommended in larger practices where it is important to see a larger number of records (perhaps 50) and the records of different doctors. In very large practices this method may yield a couple of hundred records. This may be avoided by asking for, say, the record of every 5th patient seen. If this method is to be used staff should be informed at the start of the visit.

❖**Check the following indicators:-**

Content of records

. 1.1.2 C. There is evidence of doctor/patient phone contact in the medical or other records *(medical records review, other record review).*

. 1.1.3 C. There is evidence of home or other visits in the medical records or appointment schedule *(medical records review, appointment schedule review).*

. 1.4.1 A. Each medical record includes:-
(i) a note of every doctor/patient encounter;
(ii) reason for encounter;
(iii) the diagnosis, where appropriate;
(iv) the management plan (including, where necessary, expected date of review); and
(v) prescribed medication (including strength, directions for use and number of repeats)
(medical record review).

. 1.4.2 A. The records of 50% of patients with ongoing medical problems contain a health summary *(medical record review).*

. 1.4.2 B. Each health summary includes a social and family history, past problems, active problems, allergies and sensitivities, medication, immunisations and management *(medical record review)*.

. 1.5.1 B. The practice has a number of long-term patients, where long-term is defined relative to the life of the practice *(medical records review, patient survey)*.

. 1.6.1 G. There is evidence that the practice works with appropriate health services *(medical records review, documents and other records)*.

. 1.7.1 A. Patient medical records include brief information about risk factors such as smoking, alcohol consumption, family history etc *(medical records review)*.

. 1.7.2 A. There should be one of the following:

(a) card based system showing due dates for preventive activities *(documents and other records, direct observation)*; or

(b) systematic flagging of medical records for opportunistic preventive activities *(medical records review)*; or

(c) a register of patients for reminder/recall for preventive activities *(documents and other records, direct observation)*; or

(d) a computerised recall system *(direct observation)*.

. 1.7.3 B. There is evidence in the patient medical records that education and counselling on illness prevention is provided to patients *(medical records review)*.

. 2.1.7 B. Where appropriate, there is evidence of patient consent for participation in clinical training programs noted in the medical records *(medical records review)*.

. 2.1.8 B. Where appropriate, there is evidence of consent to participation in research projects noted in the medical records *(medical records review)*.

Storage and administration

. 1.4.3 A. Individual medical records are kept for a minimum of seven years from the point of last contact with the patient *(medical record review)*.

. 1.4.3 B. 'Non-active' medical records are stored in a safe place *(direct observation)*.

. 1.4.3 C. Records for patients who have not been seen for more than one year are marked with a throw-out date and stored safely, although some practices may choose (and it is preferable) to keep records indefinitely *(medical record review)*.

. 1.4.3 D. Records of minors are kept until the date of their 25th birthday *(medical records review)*.

. 1.4.3 E. When transferring records to another practice either the original record or a photocopy of the original is kept by the practice *(medical records review)*.

. 4.2.1 A. For each regular patient there is an individual file containing all clinical information relating to that patient. This file includes the patients' medical record, letters received from consultants and hospitals and all pathology and X-ray reports *(medical records review)*.

. 4.2.1 B. There is a separate medical record for each patient, which may or may not be contained in a family medical folder *(medical records review)*.

. 4.2.1 C. Individual patient records can be easily accessed within the practice *(direct observation)*.

. 4.2.1 D. Procedures exist for incorporation of responses to referrals to be included in the patient's individual file *(doctor interview, staff interview, medical record review)*.

Appointments schedule review

Surveyors note:
Ask the staff to show you the appointments schedule. Choose a few days at random (eg Tuesday/Wednesday/Thursday two, three and four weeks ago) for the review.

❖**Check the following indicators:-**

. 1.1.1 B. The appointments schedule can accommodate non-urgent patients within two working days *(appointments schedule review)*.

. 1.1.3 C. There is evidence of home or other visits in the medical records or appointment schedule *(medical records review, appointment schedule review)*.

. 1.1.6 C. The appointments schedule allows urgent cases and longer consultations *(appointments schedule review)*.

. 1.2.2 A. The average number of patients seen by each doctor in a four hour session does not exceed 24 *(appointments schedule review)*.

. 1.5.2 C. The appointments schedule clearly differentiates between appointments for each doctor *(appointments schedule review)*.

The consultation room(s)

Surveyors note:
Each consultation room should be checked against the indicators. This may be partly done during the interviews if any of these are conducted in the consulting rooms.

❖Check the following indicators:-

. 1.2.6 B. There is a range of leaflets and brochures available in each consultation room *(direct observation)*.

. 1.3.1 B. There is a selection of state and national guidelines available within the practice, e.g. the National Asthma Management Plan and the National Consensus Conference on Hypertension statement *(direct observation)*.

. 2.1.2 B. Visual and auditory privacy is ensured in the consultation room(s) *(direct observation)*.

. 2.1.2 C. There is a private area, eg a screen or curtain, for patients to undress *(direct observation)*.

5.1.1 The practice has one dedicated consulting/examination room for every doctor working in the practice at any one time. Each room has adequate and appropriate amenities for the comfort, privacy and safety of patients and others.
Indicators: . 5.1.1 A. *(direct observation)*.

. 5.1.2 A. The consultation room is free from excessive extraneous noise *(direct observation)*.

. 5.1.2 B. There is adequate lighting in the consultation room *(direct observation)*.

. 5.1.2 C. There is an examination couch in each consultation room *(direct observation)*.

. 5.1.9 A. The practice has facilities for hand washing in each consulting room *(direct observation)*.

Practice facilities

> **Surveyors note:**
> *Checking these indicators may require the assistance of staff (or the doctor).*

❖**Check the following indicators:-**

Dangerous drug storage

. 5.1.8 A. Drugs of dependency are safely secured (eg in a locked cupboard or safe) and adequately documented as required by state regulations *(direct observation)*.

. 5.1.8 B. Other drugs are securely stored *(direct observation)*.

Vaccine storage

. 5.2.3 A. Vaccines are stored in a separate or an infrequently used refrigerator, i.e. a refrigerator not used for other purposes such as storing lunches etc *(direct observation, doctor interview, staff interview)*.

. 5.2.3 B. There is accurate monitoring of the temperature within the refrigerator - eg a cold chain monitor card or a maximum/minimum thermometer *(direct observation)*.

Type of monitor:

Current Temperature:

Universal precautions

. 5.1.12 F. The practice implements universal precautions for the control of infection eg wearing gloves when taking blood samples *(doctor interview, staff interview, direct observation)*.

Practice maintenance and waste disposal

. 5.1.9 D. The practice has appropriate equipment and materials for decontamination of medical equipment *(direct observation)*.

. 5.1.10 B. There is a designated and appropriate container for contaminated waste *(direct observation)*.

. 5.1.11 B. There is a designated and appropriately labelled 'sharps' container. The container is designed and constructed so as to minimise the possibility of injury to handlers *(direct observation)*.

Educational resources

. 5.2.5 A. The practice has a range of recent medical and surgical texts *(direct observation)*.

. 5.2.5 B. The practice has an organised system of access to appropriate GP journals *(doctor interview, direct observation)*.

. 5.2.5 C. The practice has a computerised access system for medical information *(doctor interview, direct observation)*.

Storage for files and records

5.1.7 The practice has adequate and appropriate secure storage for medical records, patient files and other records.
Indicators: . 5.1.7 A. *(direct observation)*

Office equipment and furniture

. 5.1.12 E. Office equipment is properly designed for its purpose (eg chairs are adjustable) *(direct observation)*.

The building

. 5.3.1 A. There is adequate parking within a reasonable distance from the practice *(direct observation)*.

. 5.3.1 B. There is wheelchair access to the practice and its facilities, ie to consultation and examination rooms, toilets etc *(direct observation)*.

. 5.3.1 C. The practice has ramps, railings, accessible toilets etc to assist people with disabilities *(direct observation)*.

5.1.13 The practice is well maintained and visibly clean.
Indicators: . 5.1.13 A. *(direct observation)*.

Private area

5.1.5 The practice provides privacy for patients and others in distress.
Indicators: . 5.1.5 A. *(doctor interview, staff interview, direct observation)*

Toilets and washing facilities

5.1.4 The practice has toilets and hand washing facilities readily available for use by patients and others.
Indicators: . 5.1.4 A. *(direct observation)*

Equipment

❖**Check the following indicators:-**

. 5.2.1 A. The practice has the following:

a. Stethoscope;
b. Auriscope;
c. Ophthalmoscope;
d. Sphygmomanometer;
e. Peak flow meter;
f. Vaginal speculum;
g. Thermometer;
h. Scales;
i. Urine testing strips;
j. Patella hammer;
k. Eye charts;
l. Equipment for maintaining an airway in both adults and children (eg Guedel airways);
m. Equipment to assist ventilation (eg AMBU bag or similar);
n. Disposable needles.

(direct observation)

5.2.4 The practice has equipment appropriate to the procedures performed in the practice.
Indicators: . 5.2.4 A. *(direct observation)*

The doctor's bag

. 5.2.2 A. The doctors bag contains a stethoscope, auriscope, ophthalmoscope, sphygmomanometer, equipment for maintaining an airway, drugs for medical emergencies, syringes and needles in a variety of sizes, a torch and stationery (including prescription pads and letterhead) *(direct observation)*.

. 5.2.2 B. Drugs carried are checked regularly to ensure that their “use by date” has not expired *(doctor interview, staff interview, direct observation)*.

Documents and other records

> **Surveyors note:**
> *The practice may have a number of documents and other records that will assist surveyors in their assessment of criteria. As some of these documents may be private, it is up to the practice whether they are made available.*
>
> *Surveyors should note that many of the suggested documents in this section will not be available in many practices. For example the practice may not have any staff manuals or records of staff qualifications.*
>
> *With the exception of the information sheet, most of these indicators have been included to complement other indicators and provide documentary evidence (which is desirable but not essential) for information obtained elsewhere in the visit.*
>
> *Assistance should be sought from appropriate staff in assessing each of the indicators in this section. Surveyors should not imply that all the suggested documents in this section should be available.*

1. Information sheet

❖Check the following indicators:-

. 1.1.5 D. The practice information sheet includes a section on after hours care arrangements *(documents and other records)*.

. 1.2.1 A. There is a practice information sheet including name(s) of doctor(s), access arrangements, phone numbers, consulting hours, emergency and after hours arrangements *(documents and other records)*. (A photocopied, typed A4 information sheet would be quite acceptable).

. 1.2.4 E. The practice information sheet includes information about practice fees *(documents and other records)*.

> **Surveyors note:**
> *If the practice has an information sheet, please ensure that a copy is sent to the Standards Development Unit with your report.*

2. Accounts and billing records

❖Where possible, check the following indicators:-

. 1.1.3 H. The practice's billing records show evidence of home or other visits *(documents and other records)*.

. 2.1.10 B. Patient accounts and related correspondence do not contain clinical information *(documents and other records)*.

3. Manuals and directories

❖Where possible, check the following indicators:-

. 1.1.4 C. Procedures for dealing with urgent medical matters are included in a staff manual, where one exists *(documents and other records).*

. 1.6.1 F. Directories for referrals are available for locums etc when necessary *(documents and other records).*

. 3.1.2 E. The practice provides in-house training for staff *(doctor interview, staff interview, documents and other records).*

. 5.1.12 A. The practice has clear procedures for manual handling (ie lifting of heavy objects etc) *(doctor interview, staff interview, direct observation).*

4. Certificates and statements of achievement

❖Where possible, check the following indicators:-

. 3.1.2 A. Staff have completed a St John's ambulance first aid course or equivalent *(doctor interview, staff interview, documents and other records).*

. 3.1.2 B. Appropriate practice staff have participated in medical receptionist training, for example an RACGP course, an Australian Association of Practice Managers course or local TAFE course *(doctor interview, staff interview, documents and other records).*

. 3.1.2 C. Appropriate practice staff have completed a medical terminology course *(doctor interview, staff interview, documents and other records).*

. 3.1.2 D. Practice nursing staff have appropriate nursing training and experience and participate in appropriate continuing education *(doctor interview, staff interview, documents and other records).*

5. Various other documents and records

❖Where possible, check the following indicators:-

. 1.1.3 G. The practice does not have any disincentives for home visits for substantial medical reasons *(doctor interview, staff interview, documents and other records).*

. 1.1.5 A. There is evidence of one of the following:

(a) the practice doctor(s) provide(s) their own 24 hour cover either individually or through a roster of practice doctors; or
(b) an agreement with a nearby practice; or
(c) formal collaboration with a local hospital in rural areas; or
(d) an arrangement with a suitable deputising service *(doctor interview, staff interview, documents and other records)*.

. 1.6.1 G. There is evidence that the practice works with appropriate health services *(medical records review, documents and other records)*.

. 1.6.2 A. Referral letters:

a. are legible (and preferably typed);
b. contain relevant background social information and history;
c. contain problem, key examination findings and current treatment;
d. include reason for referral and expectation of referral;
e. are on appropriate practice stationery - plain paper or practice letterhead is considered 'appropriate stationery'. Routine use of drug company notepads is considered unacceptable *(documents and other records, doctor interview, staff interview)*.

. 1.7.2 A. There should be one of the following:

(a) card based system showing due dates for preventive activities *(documents and other records, direct observation)*; or
(b) systematic flagging of medical records for opportunistic preventive activities *(medical record review)*; or
(c) a register of patients for reminder/recall for preventive activities *(documents and other records, direct observation)*; or
(d) a computerised recall system *(direct observation)*.

. 1.7.2 B. The practice utilises recall systems offered by other agencies, eg local pathology services or government Pap smear registers *(documents and other records)*.

. 5.1.9 E. The practice has an arrangement for "off-site" sterilisation of equipment *(doctor interview, staff interview, documents and other records)*.

. 5.1.12 D. The practice has a sharps injury protocol *(doctor interview, staff interview, documents and other records)*.

Patient survey

Surveyors note:
The practice may have agreed to conduct a patient survey. A note should be made of relevant results and the following indicators should be checked against the results. Please note that some survey questions do not relate directly to the indicators.

Indicators:	Relevant survey results:
. 1.1.1 C. Patients indicate that it is usually possible to obtain an appointment within two working days *(patient survey)*.	23, 24
. 1.1.2 D. Patients indicate that they have been able to talk to a doctor on the telephone when appropriate *(patient survey)*.	
. 1.1.3 F. Patients indicate that they feel it is possible to obtain a home or other visit when necessary *(patient survey)*.	26
. 1.1.5 E. Patients are satisfied that there is adequate 24 hour cover *(patient survey)*.	25
. 1.1.6 D. Patients are satisfied with the practice's appointments system *(patient survey)*.	23
. 1.2.2 B. After each consultation the doctor routinely checks that the patient believes that their needs have been met and that the patient has understood the doctor's advice *(doctor interview, patient survey)*.	36 - 42, 45
. 1.2.2 C. Patients feel that they have not been rushed when having a consultation *(patient survey)*.	30
. 1.2.2 D. Patients report that their condition is discussed enough with them and that words and explanations used by the doctor are easy to understand *(patient survey)*.	36 - 40, 45
. 1.2.3 C. Patients are not discouraged from asking questions and are satisfied that they have received enough information from the doctor *(patient survey)*.	37 - 39, 42
. 1.2.4 D. Patients indicate that they have received adequate information about practice fees *(patient survey)*.	31 - 32

. 1.5.1 B. The practice has a number of long-term patients, where long-term is defined relative to the life of the practice *(medical record review, patient survey)*.

62

. 1.5.2 D. Patients are free to see the doctor of their choice for follow-up visits *(staff interview, patient survey)*.

49

. 1.7.3 C. Patients report that they have discussed illness prevention with their doctor *(patient survey)*.

1 - 9, 17, 18, 47, 48

. 4.1.2 B. Patients are satisfied with the general attitude of staff *(patient survey)*.

28

. 5.1.1 B. Patients feel comfortable in the consultation rooms *(patient survey)*.

21

. 5.1.3 B. Patients feel comfortable in the waiting room *(patient survey)*.

20

. 5.1.6 A. The practice has a telephone system with sufficient inward and outward call capacity *(direct observation, staff interview, patient survey)*.

23

Stage III

Assessment of the practice

Surveyors note:

During the remainder of the visit, the surveyors use the data collected to assess the practice against the standards.

Ideally this should be done on site, although in smaller practices this may not be possible - it is important that disruption to the practice is minimised during the field test visit. If the assessment cannot be done on site the debrief should still go ahead *(see page 48).*

After the visit the principal surveyor should organise the report and return all data to the Standards Development Unit at the RACGP.

1. Independent assessment

. Each surveyor should *independently* assess the practice using a copy of the standards and the data collected in this protocol. A rating of substantial, partial, nil or NA should be recorded for each criterion (indicators met by the practice should also be ticked - indicators not met or not assessed should be left blank). Surveyors *should not change* their individual assessment once it has been completed. *(Note: the principal surveyor should collect both independent assessments for later mailing to the Standards Development Unit.)*

2. Joint assessment

. Using the *Joint Assessment* sheet provided, the surveyors should agree on a finding for each criterion and then indicate whether the practice "would have been accredited".

. The surveyors should agree on three or four areas of outstanding achievement and three or four areas in which they would like to make some recommendations, before going on to the debrief.

3. Practice debrief

Surveyors note:

The debrief is perhaps the most important part of the visit. For most of the day the practice has been subjected to a very intrusive series of interviews and investigations. The debrief provides an important opportunity to put these interviews and investigations into perspective and provides an opportunity for the practice to ask questions and to discuss the visit.

. The concluding debrief of the principal doctor (and other doctors and staff if the practice chooses) should last about 15 minutes.

Surveyor checklist:

. Discuss the strengths and weaknesses of the practice (as agreed upon, above). Always present the strengths first.

. Offer suggestions for improvements and allow the practice to comment.

. Allow the practice to ask questions.

. Ask for the practice's views on the standards and the assessment visit.

. Remind the practice that they will receive a report on the visit within a couple of weeks and that this will be followed by a post-visit questionnaire.

After the visit

Immediately after the visit both surveyors should fill in their one page ***Surveyor Visit Report*** questionnaire. The ***principal surveyor*** should then carry out the following tasks as soon as possible:-

1. Surveyor’s report

A report should be prepared by the principal surveyor as soon as possible after the visit. This report should then be sent to the Standards Development Unit. The report will be reviewed by the Unit and forwarded to the practice ideally within 2 weeks of the visit. ***Under no circumstances should surveyors send their report directly to the practice***.

The report includes:

Joint Assessment:

This was the 2 page sheet filled in at the practice (page 48, item 2).

Introduction:

A half to one page finding on the practice written by the principal surveyor. This should include a brief overview of the visit, whether the practice "would have been accredited" and a brief summary of the strengths and weaknesses of the practice (as agreed between the surveyors, page 48, item 2).

Detailed findings:

The detailed findings, again prepared by the principal surveyor, should include comment on each of the standards, noting relevant findings on particular criteria. The report should not be judgemental. It should be positive, highlighting the outstanding aspects of the practice. Recommendations should be made in areas where there are discrepancies with the standards. Differences within the practice (eg different standard of records between doctors) should be acknowledged.

It should be kept in mind that the field test is a test of the standards as much as of the practice and that discrepancies may mean there is a problem with the standards rather than the practice.

A sample report is reproduced on page 50.

2. Return findings

The principal surveyor should send the following documents **to the Standards Development Unit** as soon as possible after the visit:-

- **2 X independent assessments.**
- **Surveyors report: Joint Assessment, Introduction and Detailed Findings.**
- **2 X Surveyor Visit Reports (one page questionnaire).**

Fig 1: Surveyors report: example of introduction and detailed findings.

Appendix 1

Documents used on a practice visit

1. Assessment Protocol

The Assessment Protocol is your step by step guide to conducting a practice visit. It includes what to do before the visit, background on the practice, and detailed instructions for each stage of the visit, including follow-up and reporting.

It is the data-collection tool for practice assessment - it is your notebook. You don't need to return it, so feel free to write notes in it, tick the indicators the practice has met etc.

It is a good idea to keep used protocols as an aid to your evaluation of the field test.

2. Entry Standards For General Practice

You will use the Entry Standards once all data has been collected using the protocol. This document should be used for your independent assessment of the practice.

You do not need to record which indicators were met, only your rating of substantial, partial or nil for each criterion.

Each surveyor will fill in their own copy of the Entry Standards. The two copies should be returned to the Standards Development Unit by the principal surveyor.

Appendix 3 provides more detail on using this document.

3. Joint Assessment

Once each surveyor has independently assessed the practice, the surveyors need to reach an agreed assessment on each criterion. This is done on the second page of this document. You should then answer the "would the practice have been accredited" question on the front page.

The Joint Assessment should be returned to the Standards Development Unit by the principal surveyor.

(Note: only the principal surveyor will be sent this document before the visit.)

Appendix 2

Documents used on a practice visit

4. Surveyor Visit Report questionnaire

This one page questionnaire should be filled in by each surveyor at the end of the practice visit.

It is used to collect information about the visit such as the time the surveyors spent in preparation, travel and the visit itself. It is also used to record any factors that may have adversely affected the practice assessment - eg a local emergency.

The principal surveyor should return each surveyors questionnaire with the other documents and reports.

5. Surveyor's Report

This is provided as a blank for use by the principal surveyor after the visit. The report can be written based on the joint assessment and other discussions between the surveyors.

This report may be hand-written, typed or a disk is available for surveyors to type the report directly. This report should be returned by the principal surveyor as soon as possible after the visit.

(Note: only the principal surveyor will be sent this document before the visit.)

Appendix 3

Using the *Entry Standards* for individual assessment