

This resource is applicable to both the Standards for general practices (5th edition) and the Standards for after-hours and medical deputising services (5th edition). The relevant change and the Standards document it is applicable to is described in the table.

Section of the Standards	Summary of change
Introduction	
Development process	Figure 1 - diagram has been updated to include corrected grammar/style.
Requirements for accreditation bodies	Revised wording on Non-GP surveyors in the Standards (5th edition) to be consistent with the Standards for After Hours Service & Medical Deputising Services (AHS & MDS): <ul style="list-style-type: none"> • <i>have worked at least 16 hours a week in an accredited general practice, after-hours or medical deputising service for at least two years, and not more than two years ago.</i>
Core module	
Criterion C1.3 – Informed patient decisions	Text on ‘the option of no treatment’ has been added to the Standards (5th edition) and the Standards for AHS & MDS.
	Added link to <i>Too much Medicine</i> position statement in the Resource guide . This was not previously referred to in Standards (5th edition) and the Standards for AHS & MDS.
Criterion C2.1 – Respectful and culturally appropriate care	Reference 8 to Cultural Awareness - this link in the body of text was broken. Changed to Centre for Cultural Diversity in Ageing. Available at www.culturaldiversity.com.au/ in the Standards (5th edition) and the Standards for AHS & MDS.
Criterion C2.2 – Presence of a third party during a consultation	Chaperones are now commonly referred to as observers. Included ‘observers’ in chaperone section. This has been added to the Standards (5th edition) to be consistent with the Standards for AHS & MDS.
Criterion C3.5 – Work health and safety	Occupational health and safety (OH&S) law has been removed, this is recognised as Workplace health and safety (WHS) laws. This has been added to the Standards (5th edition) to be consistent with the Standards for AHS & MDS.

Section of the Standards	Summary of change
Criterion C3.6 – Research	<p>“If your service has not conducted any research, this Criterion is not applicable.”</p> <p>This sentence is now included directly under the Indicators, rather than under Meeting this Criterion, so it is more prominent in the Standards for AHS & MDS.</p> <p>The sentence “If your practice has not conducted any research, this Criterion is not applicable” has been added to the Standards (5th edition) to ensure consistency.</p>
Core Standard 6: Information management	<p>The reference to RACGP <i>Computer and information security standards (2nd edition)</i> changed to <i>Information security in general practice</i> resource in the Standards (5th edition) and the Standards for AHS & MDS.</p>
Criterion C6.4 – Information security	<p>Specified use of a cross-cut shredder for maximum security in the Standards (5th edition) and the Standards for AHS & MDS.</p> <p>C6.4 ► D Our service has a business continuity and information recovery plan.</p> <p>“You must store back-ups offsite in a secure location” has been included in both the Standards (5th edition) and the Standards for AHS & MDS.</p>
Criterion C7.1 – Content of patient health records	<p>In the explanatory notes on page 78, it states that consultation notes must contain the following information:</p> <ul style="list-style-type: none"> • Relevant clinical findings <p>‘Relevant clinical findings’ expanded to include ‘relevant history, examination, investigations and management’.</p> <p>This has been added to the Standards (5th edition) and the Standards for AHS & MDS.</p>
Criterion C7.1 – Content of patient health records	<p>The Indicator C7.1 ► E Our practice routinely records the Aboriginal or Torres Strait Islander status of our patients in their patient health records.</p> <p>The wording in this Indicator has been changed to:</p> <p>C7.1 ► E Our practice routinely records the Aboriginal and/or Torres Strait Islander status of our patients in their patient health records.</p> <p>This has been added to the Standards (5th edition) to be consistent with the C7.1 ► D Standards for AHS & MDS.</p>
Quality improvement module	
Criterion QI2.2 – Safe and quality use of medicines	<p>Content on Antimicrobial stewardship has been moved to Criterion (QI2.2) from Criterion GP4.1 in the Standards (5th edition) and AHS4.1 in the Standards for AHS & MDS – Infection prevention and control, including sterilisation.</p> <p>Inclusion of Therapeutic Guidelines: Antibiotic (www.tg.org.au) to promote and support informed prescribing of antibiotics. Added in as a resource in the Standards (5th edition) and the Standards for AHS & MDS.</p>

Section of the Standards	Summary of change
General practice module	
<p>Criterion GP1.3 – Care outside of normal opening hours</p>	<p>The RACGP’s <i>Supporting continuity and access: A guide to establishing an agreement between your general practice and an after-hours service provider</i> is a resource designed to assist general practices when entering into formal agreement with an after-hours service provider. A link to this document has been added to the Standards (5th edition) Resource guide.</p>
<p>Criterion GP3.1 – Qualifications, education and training of healthcare practitioners</p>	<p>An inconsistency between the QI&CPD requirements and the application of the Standards in regards to the CPR training timeframe was identified: GP3.1 ► A Members of our clinical team:</p> <ul style="list-style-type: none"> • have current national registration where applicable • have accreditation/certification with their relevant professional association • actively participate in continuing professional development (CPD) relevant to their position and in accordance with their legal and professional organisation’s requirements • have undertaken training in cardiopulmonary resuscitation (CPR), in accordance with the recommendations of their professional organisation or at least every three years. <p>Wording has been updated in the explanatory notes: <i>For clinical team members, CPR must be undertaken within the RACGP QI&CPD triennium, or in accordance with CPR recommendations set by their professional organisation, or at least every three years.</i> This has been added to the Standards (5th edition) and the Standards for AHS & MDS.</p>
<p>Criterion GP5.2 – Practice equipment</p>	<p>A comma separating items in the following indicator was causing some confusion and so was updated as below: GP5.2 ► A Our practice has equipment that enables us to provide comprehensive primary care and emergency resuscitation, including:</p> <ul style="list-style-type: none"> • equipment for resuscitation , maintaining an airway (for children and adults), equipment to assist ventilation (including bag and mask) <p>This has been updated in the Standards (5th edition) and the Standards for AHS & MDS to read:</p> <ul style="list-style-type: none"> • <i>equipment for resuscitation (ie equipment for maintaining an airway for adults and children, and equipment to assist ventilation including bag and mask).</i>
<p>Criterion GP5.3 – Doctor’s bag</p>	<p>Reference to the Paediatric Pharmacopoeia has been updated in Standards (5th edition) and the Standards for AHS & MDS to <i>Royal Children’s Hospital Melbourne Clinical Practice Guidelines – Emergency drug doses</i>, available at https://www.rch.org.au/clinicalguide/guideline_index/Emergency_Drug_Doses</p>
<p>Glossary</p>	<p>Definition of adverse events will be updated to: <i>An adverse event, or incident, is any event or circumstance arising during care that could have or did lead to unexpected actual harm, loss or damage. Incidents include near misses, sentinel events and unsafe acts.</i> This has been added to the Standards (5th edition) and the Standards for AHS & MDS.</p>