



AMA submission to the RACGP on changes to the Standards for General Practices (5th edition) – COVID-19/IPC

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The AMA's feedback on the changes as outlined in the Consultation Paper on Changes to the RACGP Standards for general practices (5th edition) in relation to COVID-19/Infection prevention and control is as follows. RACGP proposed changes are in red, existing text is in blue and AMA suggested amendments in green.

General comment

Criterion C1.2 – Telephone and electronic communications

Communication during a crisis, emergency and disaster

During a crisis, emergency or disaster, volumes of incoming telephone or electronic communication may increase. It is important that your practice as part of your emergency response plan develop and maintain a communication policy to appropriately triage and manage communication to patients and clinical team members during this time.

The AMA suggests the amendment to reinforce that having a communication policy for a crisis, emergency or disaster situation is a fundamental component of any emergency response plan.

Indicator C1.2 ► A

Many practices during the COVID-19 pandemic reported the significant increase in the volume of calls as patients sought clarification of the risks of COVID-19 and their vaccine eligibility, and to book vaccination appointments. In addition, patients with symptoms needed to be triaged, managed remotely, referred when or where appropriate, and often provided with health and safety advice over the phone.

Having a policy in place that recognises the likely increase in volume, and the likely nature, of incoming communications should support practices to plan for, respond to, and implement mitigation strategies as the situation requires.

The AMA supports including the new 'could' to C1.2 ► A.

- maintain a communication policy to manage and triage incoming communications during a crisis, emergency and disaster

Criterion C3.1 - Business operations systems

The AMA supports the inclusion of the cross reference under the section on 'Business risk management' to Criterion C3.3 Emergency Response Plan.

Criterion C3.5 – Work health and safety

The AMA has no objection to the proposed amendment under 'Practice team immunisation' but would suggest an example of an acceptable working arrangement be included. As suspending a practice team member will have financial and industrial relations implications for the practice the AMA would suggest that practices will need additional guidance to ensure they understand their obligations and do not breach an employee's terms of employment.

Consider the wellbeing of practice team members who are ~~not~~ unable to undergo immunisation due to medical reasons ~~immunised~~ if there is an outbreak of disease. For example, during a disease outbreak, you could ~~put suspend~~ non-immunised team members on time-limited paid leave (not accrued entitlements) to reduce the likelihood of them contracting the disease or negotiate acceptable alternative working arrangements, such as working from home, to protect staff and patients. This would also help prevent transmission of the disease to patients who cannot be immunised for medical reasons.

In the event of a pandemic, you must offer your practice team members pandemic vaccination, if one is available.

Before putting a team member on paid leave, you should seek legal advice in order to understand your contractual and legal obligations to the employee.

Indicator C8.1 ► A

The AMA has no objection to the inclusion of the following 'coulds' to C8.1 ► A.

- demonstrate that non-clinical staff have undertaken infection prevention and control training appropriate to their role
- demonstrate that non-clinical staff know who is responsible for infection prevention and control at your practice.

Criterion QI3.1 – Managing clinical risks

The AMA supports:

- the inclusion of the following paragraph under ‘Meeting this Criterion’.

To reduce near misses and adverse events during periods of crisis, emergency or disaster, your practice must ensure that it has appropriate systems in place to receive relevant public health notifications. You must also ensure that the information is distributed to all practice team members in a timely manner.

- the inclusion of the sentence under ‘Why is this important’ – although suggest that it be a stand-alone paragraph because having systems and processes in place support infection prevention and control should not be contingent on whether you use systems to recognise and analyse near misses and adverse events.

As RACGP proposed.

If you use systems to recognise and analyse near misses and adverse events, you can identify, implement, and test solutions to prevent them happening again. This includes having systems and processes in place to support infection prevention and control.

As per AMA suggestion:

If you use systems to recognise and analyse near misses and adverse events, you can identify, implement, and test solutions to prevent them happening again.

This includes having systems and processes in place to support infection prevention and control.

- the inclusion under ‘To reduce near misses and adverse events, you could:
 - monitor the effectiveness of systems and processes for infection prevention and control (eg standard precautions)
- amending medical defence ‘organisation’ to ‘insurer’

Indicator QI3.1▶A

The AMA has no objection to the changes proposed under this indicator.

Criterion GP1.1 – Responsive system for patient care

The AMA has no objection to the following proposed amendments to the dot points under 'Managing cross-infection through triage'.

- implementing distancing techniques, such as
 - spacing patients in the waiting room at least a 1.5 metres apart or in line with relevant health authority guidance
 - isolating the infected patient in a separate space
- strictly adhering to hand hygiene when conducting a home visit, where it is deemed safe and reasonable

Criterion GP1.2 – Home and other visits

The AMA has no objection to the inclusion of the following proposed amendments under the section 'Defining 'safe and reasonable' in the local context'.

Additional risk screening and mitigation measures will need to be put in place in the event of a pandemic or local disease outbreak. This includes:

- providing personal protective equipment to all members of the practice team who will be conducting home visits
- pre-screening patients and other third parties who will be present at the appointment for symptoms as routine clinical assessment
- minimising close contact and the number of people present during the home visit.
- ensuring that clinicians are themselves are not a risk to patients and other third parties (ie consider individual clinician's infection or exposure status prior to conducting a home visit).

Criterion GP4.1 – Infection prevention and control, including sterilisation

The AMA has no objection to the proposed amendments under the section 'Managing the risk of cross-infection in the practice'. With regard to the deletion of '(eg masks)' as an example of PPE, our assumption is that this is because under the section 'Educating the practice team' and again under 'Managing the risk of cross-infection in the practice' a comprehensive example of PPE is provided.

The AMA also has no objection to the inclusion of the new section 'Isolation' outlining what is required of practices have dedicated isolation area.

The additional dot point under 'Keeping up to date' supports translating information into action and is supported by the AMA.

The AMA notes the intention of the two additional paragraphs under 'Tracking the sterility of medical instruments and tracing patients'. While the AMA understands the current practicalities of having a traceability process and maintaining a separate chart for the usage of sterile single use items it is administratively burdensome. Ideally this is information that clinical software should capture and record against the patient. Clinical software vendors

should be required to ensure that where sterile equipment, instruments or devices, whether reusable or single use can be documented in the patient record and easily searched should a problem arise.

Criterion GP5.1 – Practice facilities

The AMA is supportive of the proposed paragraph under ‘Environmental cleaning’ to emphasise that cleaning needs to be intensified during a pandemic or infectious disease outbreak.

Criterion GP5.3 – Doctor’s bag and Indicator GP5.3 ► A

The AMA has no objections to the proposed changes in the explanatory notes for this criterion or for **GP5.3 ► A**.

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