

General Practice Standards 2022¹

The AMA supports mechanisms and processes that enhance the provision of quality care in general practice, including standards that underpin the accreditation of practices:

1. Standards for general practice should be evidence based and peer reviewed in relation to improving patient care, safety, outcomes or satisfaction, or the safety, occupational health or professional development of staff or doctors.
2. The AMA supports the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) as the appropriate bodies respectively to develop the professional standards for general practices overall and general practices in rural and remote locations.
3. The Practice Standards Committees of RACGP and/or ACRRM (or their equivalents) must undertake genuine consultation with general practitioners, other professional groups, and community and consumer organisations in any revision of standards for general practice.
4. Practising general practitioners must form the majority of any group determining standards for general practice and adequately reflect the diversity of general practice.
5. The AMA Council of General Practice and the Council of Rural Doctors must be consulted in any revision of the standards.
6. Accrediting bodies must be included in any revision of the standards.
7. The standards must recognise the diversity of general practice.
8. Accrediting bodies must interpret the standards in a consistent manner based on the interpretation provided by the profession through the relevant Colleges i.e. RACGP or ACRRM.
9. In the event of clinical outcome indicators being included in the standards for general practices the principles highlighted in the AMA Position Statement [*Clinical Indicators 2021*](#) must be adhered to. In particular, any indicators must:
 - a. not be onerous to collect;
 - b. be developed in consultation with the AMA and practising general practitioners; and
 - c. support an environment of quality improvement.

¹ This position statement was first developed and approved by AMA Federal Council in 2005 and revised in 2016.