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Via email to: standards@racgp.org.au

AMA Submission in response to the Draft RACGP Standards for Point of Care Testing

Thank you for inviting the AMA to comment on the Draft *RACGP Standards for Point of Care Testing* (*Standards for PoCT*). The AMA is pleased to see the College progress the development of these standards, which are crucial to the broader adoption of PoCT in general practice.

The AMA believes that PoCT has a role in better supporting general practice in the front-line management of patients with some chronic conditions and is consistent with the aim of the AMA to improve primary care services. We have long supported point of care testing when these services are conducted within an appropriate quality framework to ensure patient safety.

Our GP members are already using a range of relatively simple tests to support patient care as part of regular general practice. These enhance patient care and there is no evidence to suggest that further regulation is required to cover these circumstances. In this regard, it is important for the College to consider at what threshold these standards should be contemplated by practices, otherwise they could impose a significant additional administrative burden for no real benefit.

The feedback from our members is that the proposed *Standards for PoCT* should be a voluntary component of general practice accreditation. Practices providing PoCT should be able to choose if they wish to also be accredited against this additional PoCT module and a decision not to choose this pathway should not impact on their overall accreditation status.

The AMA welcomes the opportunity to work with the College in the development of the Standards to ensure that the Standards are practical, relevant and support general practices in utilising this important technology.

The AMA's Council of General Practice (AMACGP) has reviewed the Draft *Standards for*

PoCT and informed the AMA response.

General Comments

The AMA is concerned that under the *Standards for general practice* (5th edition) (the *Standards*) and as reproduced in the proposed standards, GPs no longer have a choice about the make-up of the surveying team as they did under the 4th edition and cannot object to the inclusion of a non-GP in the team. Our relevant policy in this area provides that "GPs must be free to choose whether the assessing team includes non-GP surveyors".

The AMA is also concerned at the reproduction of the *Standards* into the *Standards for PoCT.* Firstly, to avoid unnecessary repetition, Module 4 should simply be an additional module for practices providing PoCT, with a stand-alone document outlining the criteria to be met for accreditation under this module. Particularly, given that a practice cannot be accredited against the Module 4 unless it is also accredited under the *Standards*. A practice providing PoCT as a service, does not change its essential character or the context of its service environment. As such the *Standards* themselves do not require contextual modification.

Secondly, there are slight variations in the text between the published version of the *Standards* and the *Standards for PoCT*, which over time could potentially lead to discrepancies in the meaning, interpretation and application of the *Standards*.

For example, under C1.1 there is an additional dot point under the indicator of the minimum information that practices must make available to patients which reads "the process we use to follow-up on results". Also, under this criterion under 'Meeting each Indictor' the sub-dot point about explaining practice fees now also includes a reference to practice costs. Also, under C1.3 in the Standards for POCT there is an extra dot point under 'Meeting this Criterion' about giving information to a carer. For more examples of such variations you can contact our Senior Policy Adviser, Michelle Grybaitis at mgrybaitis@ama.com.au.

Trying to reproduce the existing *Standards* within these PoCT standards simply creates quality control issues and the problems this creates supports PoCT being implemented as an additional module, ensuring the consistency and integrity of the current *Standards* are maintained.

Module 4: Point of care testing module

The AMA believes that accredited general practices wishing to also be accredited for PoCT should already be well placed to institute the policies, process and procedures for delivering quality, reliable and safe PoCT. For many practices across Australia this is already day to day business.

Specific comments were provided by the AMACGP on the following and we have proposed some suggested amendments to address the concerns raised.

Noting our recommendation that Module 4 should be published as a stand-alone document, it will require introductory pages to be included explaining how practices already accredited or currently seeking accreditation could also choose to be accredited against this module. The section (appearing on page 11 of the draft) outlining the purpose of the *Standards for*

PoCT and defining point of care testing, and acceptable PoCT devices and systems would also, of course, need to be included.

Standard 1 Clinical Governance

There was concern among members of the AMACGP that the clinical governance arrangements outlined under this Standard needed to be strengthened to ensure that PoCT was not initiated outside team members' scope of practice or the delegated authority and oversight of the practices medical practitioners.

Suggest the 2nd dot point be amended to read:

- there is clear assignment of roles, responsibilities and accountabilities in line with the scopes of practice of individual members of the general practice team and as determined by the practices medical practitioners

Criterion PoCT 1.1 – Clinical purpose

Indicator A in our view does not currently account for the applicability for using PoCT. It is therefore suggested that the Indicator be amended to read as follows:

A. Based on best practice evidence, our practice can describe the clinical and diagnostic purposes and applicability for using PoCT.

Under 'Why this is important' we suggest that the 1st sentence in 2nd paragraph be amended to say that:

> PoCT can effectively contribute to improving the quality of care and the timeliness and efficiency of its delivery in some areas of clinical practice.

Under the same heading, we also suggest including an additional dot point in the list of activities that support the ongoing delivery of safe and effective PoCT as follows:

- ensuring the PoCT machines/consumables are fit for purpose

Criterion PoCT 1.2 – Patients needs

The indicator for this criterion does not adequately address the purpose of this Criterion ie that the practice has considered the patients' needs. The AMA also believes that is important that PoCT be used judiciously. We suggest that Indicator A be amended as follows:

A. Our practice considers our unique requirements for PoCT along with how and when its use would be of benefit to our patients.

Criterion PoCT 1.3 – Clinical autonomy

The AMACGP felt that stronger barriers needed to be put around the exercise of clinical autonomy to make it clear that this autonomy was limited to the roles, responsibilities and accountabilities assigned to individuals within the general practice team. We therefore suggest that under Indicator A be amended as follows:

A. Our practice team, inline with their assigned roles, responsibilities, accountabilities and delegated authority, can exercise autonomy in decisions concerning the use of PoCT.

Yours sincerely

Dr Richard Kidd

Chair, AMA Council of General Practice