phn NORTH WESTERN MELBOURNE
An Australian Government Initiative

PM Peer Connect: Understanding the New RACGP Accreditation Standards

Wednesday October 28, 2026

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, the Wurundjeri Woi Wurrung People, the Boon Wurrung People and the Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.

Housekeeping



Sign in

- Please ensure you have signed in using the sheet at the door.



Emergency Exits

- Do not use the elevator in case of an emergency we will walk down the stairs to exit building.



Kitchenette

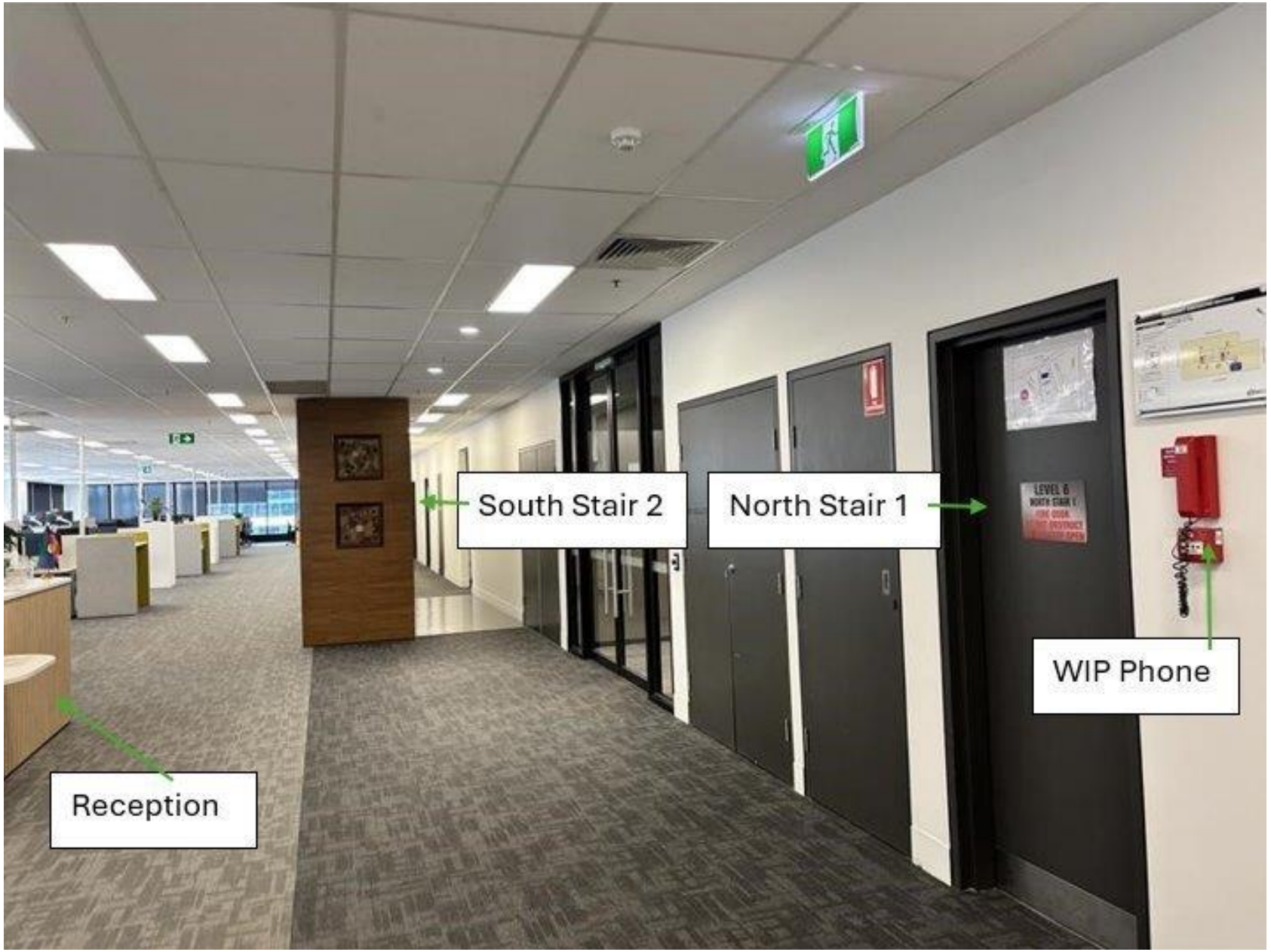
- Help yourself to water, tea, and coffee in the kitchenette



Toilets

- Follow the signs

Please do not enter the main office area and keep to training rooms and kitchens.


South Stair 2
North Stair 1
WIP Phone
Reception

Speakers

Riley O'Hanlon is National Manager of QIP Consulting and has extensive experience supporting healthcare organisations with accreditation, quality improvement, standards implementation, governance and document development. Riley has worked with organisations across Australia to develop practical resources and frameworks that support continuous quality improvement and compliance with healthcare standards.

Leona Edwards working life began in teaching, a profession that engaged me for 12 years. During that time, she completed a Master of Education Administration, which led to a new role managing a general practice. A subsequent Practice Management degree rounded out her toolkit and laid the foundation for a career in practice management spanning close to 30 years.

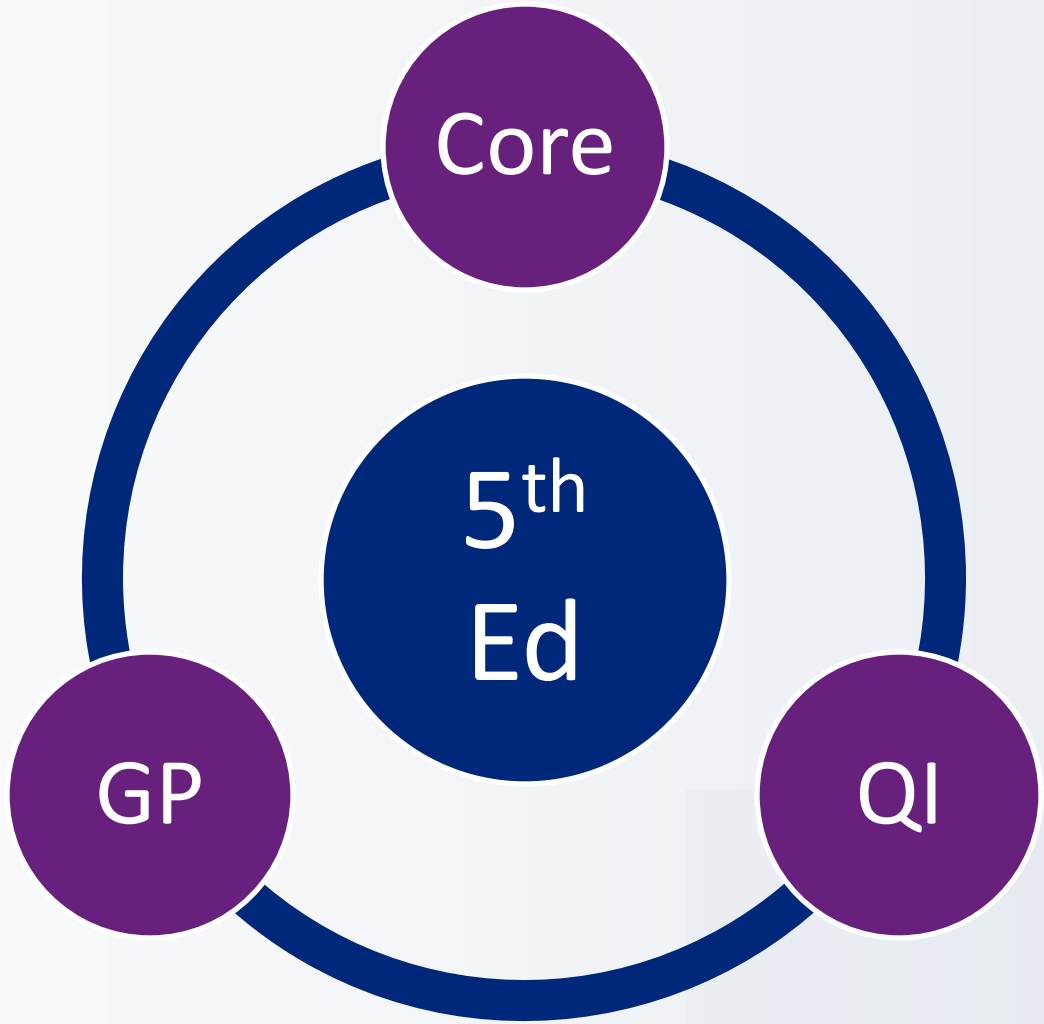
Key Changes from 5th to 6th Edition

NWMPHN

Riley O'Hanlon, QIP Consulting

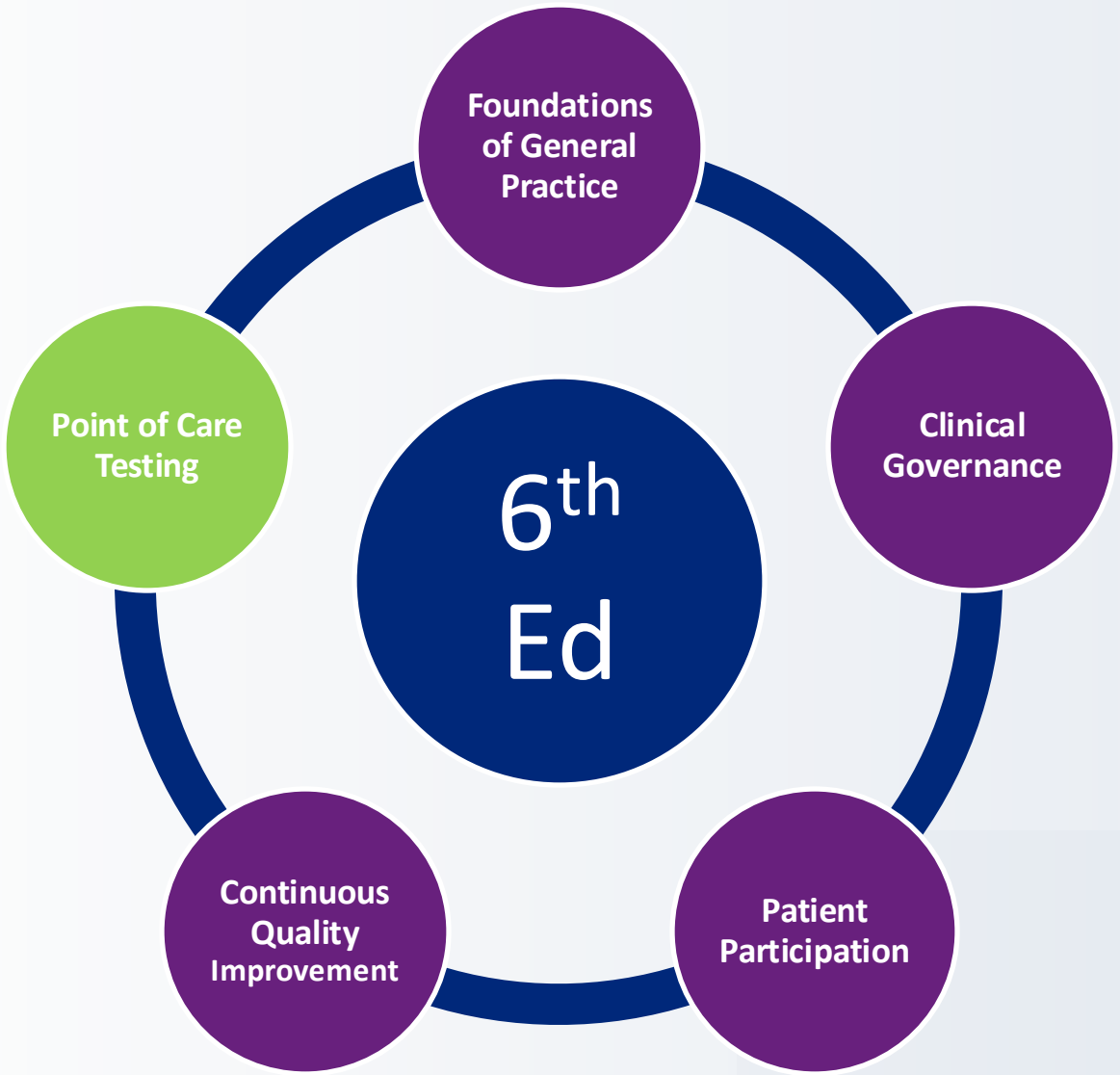
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5th Edition Format



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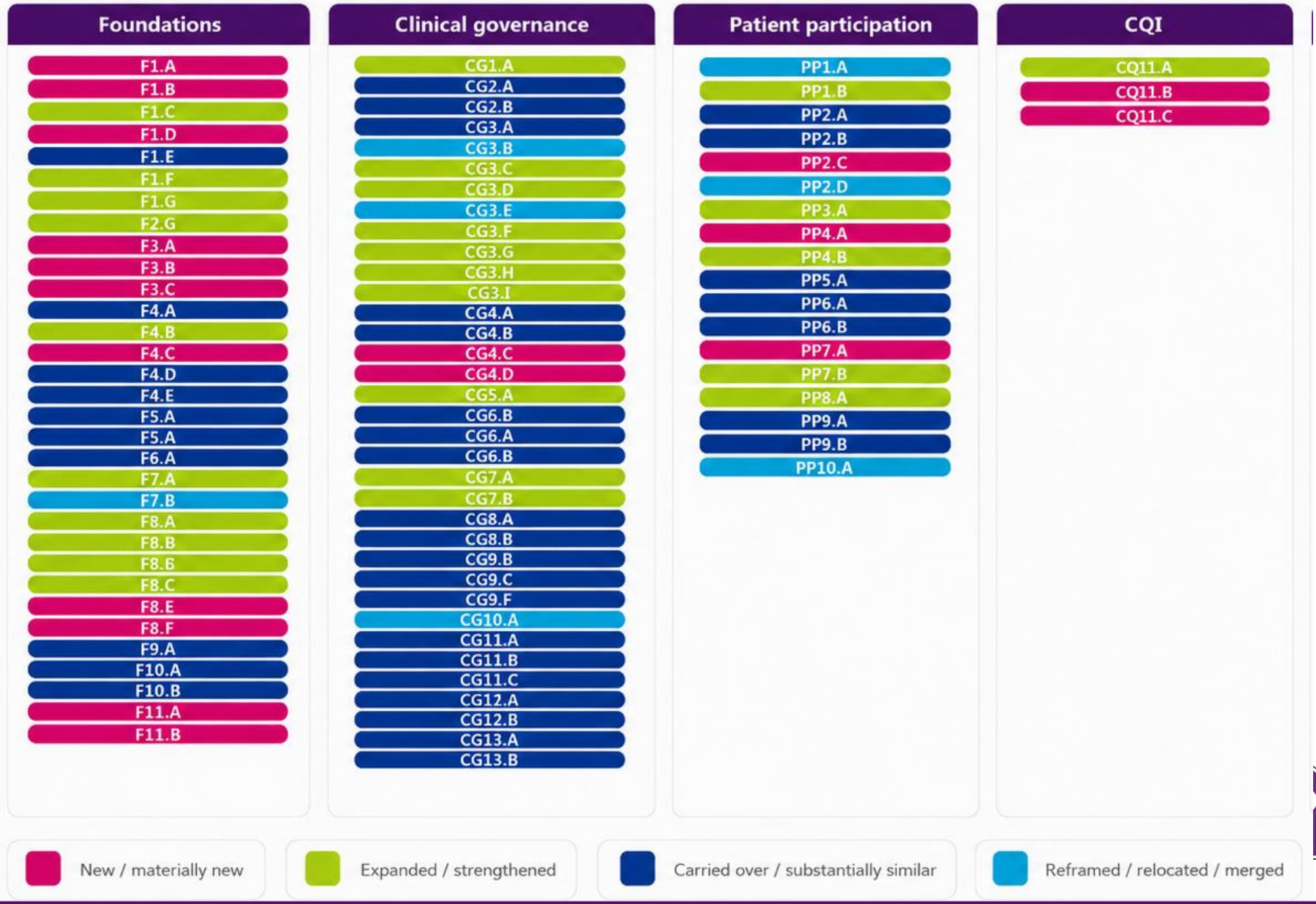
6th Edition Format



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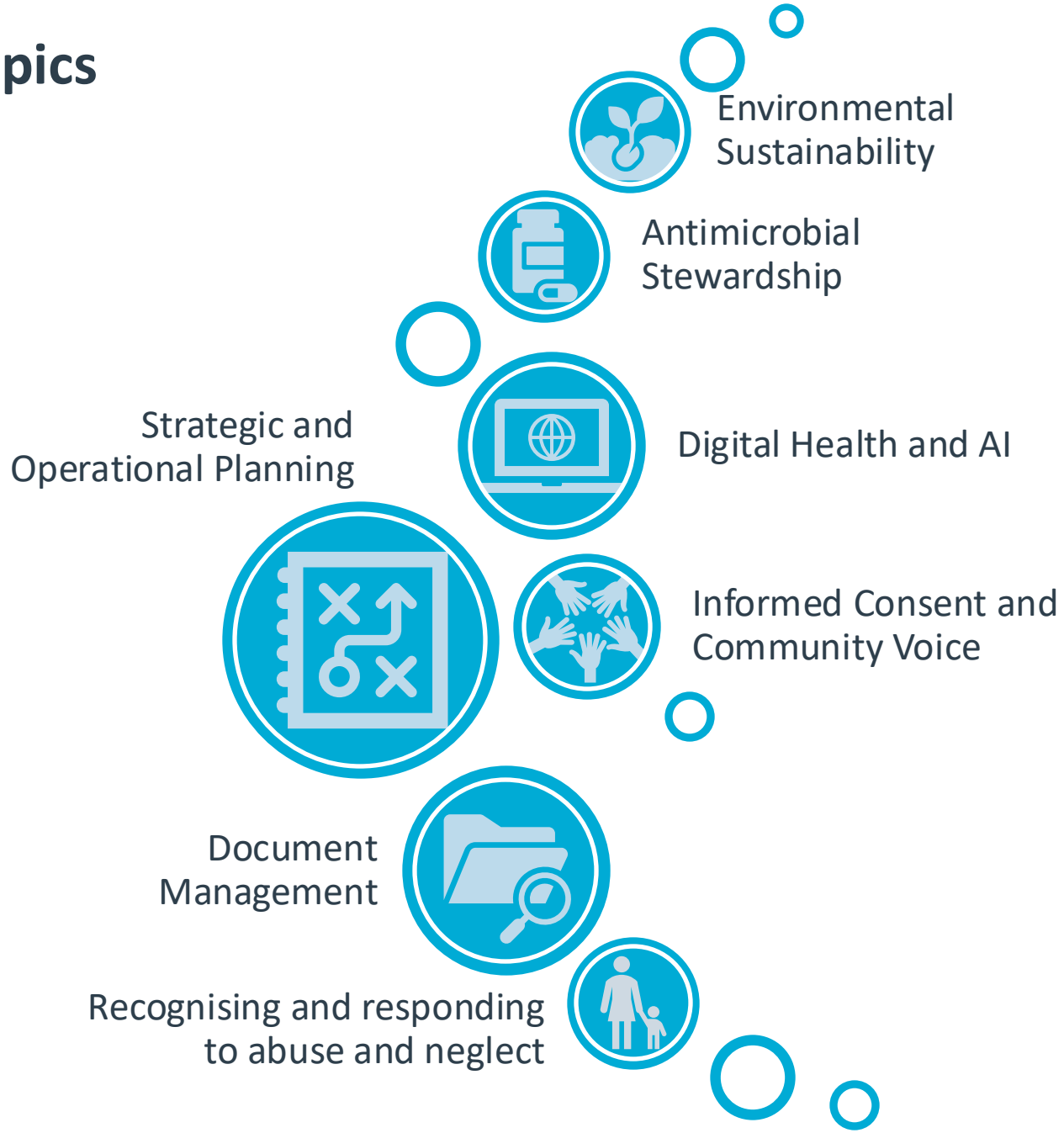
RACGP 6th Edition Change Map

Relationship to 5th Edition by criterion



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New Topics



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Why these?

Document Management	• More complex services need clearer version control and accessible procedures. Supporting software is becoming more readily available and cost effective and expectations are higher.
Strategic/Operational Planning	• Practices need to show how safety, access, workforce and improvement are deliberately managed longer term, hopefully so that the practice remains sustainable.
Environmental Sustainability	• Climate change affects health, access, infrastructure and service continuity internationally, and we weigh up patient safety vs waste and damage.
AI and Digital Health	• Technology is moving faster than governance, consent and privacy controls can keep up with, and we need to start reeling that in.
Antimicrobial Stewardship	• Appropriate prescribing remains a national patient safety and public health priority, and the RACGP is catching up with existing expectations.
Patient Engagement	• Patients expect clear information, choice, cultural safety and involvement in decisions. This needed far more spelling out for the RACGP to reflect industry expectations.
Recognising Abuse and Violence	• Abuse, neglect and violence are increasingly likely to be recognised by primary care providers, and our team needs to be well attuned to recognise the signs.

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NWMPHN 6th Edition Template Suite

51 templates and tools to support general practice

Policies and Procedures

- Document Management
- Ethical Conduct & Ethical Dilemma Management
- Environmental Sustainability
- Work Health, Safety & Wellbeing
- Patient Aggression & Violence
- Data Governance
- Health Records & Information Management
- Patient Communication Methods
- Digital Health & AI Management
- Patient Health Record & Referral Content
- Third-Party Presence
- Informed Consent & Shared Decision-Making
- Transitions of Care
- Recalls, Reminders & Follow-up
- Safe Environment & Equipment
- Consumer Engagement
- Working with Interpreters
- Provision of Culturally Safe Care
- Feedback & Complaints
- Open Disclosure
- Anti-discrimination Bullying & Harassment
- Medication Management
  Includes antimicrobial stewardship

Frameworks and Plans

- Clinical Governance Framework
- QI, Risk & Incident Management Framework
- Strategic Plan on a Page
- Operational Plan
- Emergency Response Plan
- ICT Protection & Recovery Plan
  Includes data breach response

Manuals and Logs

- Infection Prevention & Control Manual
- Cold Chain Management Manual
- Sterilisation Load Number Log

Registers

- Document Register
- Risk Register
  Operations and clinical tabs
- Training & Credentials Register
- Digital Health & AI Tools Register
- Feedback, Incidents and Improvements Register
- Ethical Dilemmas Register
- Equipment Maintenance Register

Position Descriptions

- General Practitioner
- Principal GP
- Receptionist
- Practice Manager
- Practice Nurse

Forms, Checklists and Audit Tools

- Induction Checklist
- Performance Appraisal Template
- Digital Health & AI Tools Assessment Checklist
- Patient Registration Form & Consent Declaration
- Clinical Procedure Consent Form
- Health Record Audit Tool
- Meeting Agenda Template
- PDSA Template

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Strategic and Operational Planning



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Consumer expectation statement: I expect that this practice has defined mission and values and monitors its progress towards achieving them supported by appropriate and current policies and procedures.

F1.A The practice has a strategic approach to the provision of healthcare that reflects its mission, vision, values, and commitment to safety and quality.

The practice:

- defines and documents its mission, vision and values
- incorporates a strategic approach to the provision of healthcare for patients that continuously meets these safety and quality standards
- communicates its mission, vision and values to the practice team and consumers
- monitors how its mission, vision and values are reflected in the practice's operations, safety culture, and quality improvement activities
- assesses the practice's safety culture using feedback from team members or other appropriate methods.

F1.B The practice maintains a strategic plan and measures progress toward achieving its goals.

The practice:

- documents a strategic plan that includes defined goals and reviews the plan every two years
- has at least one member of the practice team who has primary responsibility for the practice's strategic plan and financial management
- measures its progress toward achieving the defined goals in the practice's strategic plan.

F1.C The practice maintains an operational plan and measures progress toward delivering its objectives.

The practice:

- has a documented operational plan that includes defined objectives
- has at least one member of the practice team who has primary responsibility for the practice's operational plan
- measures its progress toward achieving the defined objectives and how its mission and values are being addressed in the operational plan.

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Strategic and Operational Planning

5th Expectations

- Business goals relating to the practice/clinic
- Some evidence to track progress against these goals

6th Expectations

- Defined mission, vision and values
- Documented strategic plan
- Documented operational plan
- Responsible person assigned
- Planned way of monitoring progress towards strategic and operational goals
- Expectation of review at least every 2 years

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Strategic and Operational Planning



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NWMPHN Supporting Templates

- Used to agree the practice's direction, priorities and goals.

Strategic Plan on a Page



- Turns those priorities into actions, responsible people, measures and review dates.

Operational Plan



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Strategic Vs. Operational Goal

Responsive to Community Needs



- Increase visiting allied health providers
- Instate new outreach location
- Implement after hours support roster

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What's already in place strategically at your practice?

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Document Management



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F1.D The practice's policies, procedures, and operational documents are current, accurate, and accessible.

The practice:

- maintains currency, accuracy and accessibility of policies, procedures, and operational documents
- reviews all policies, procedures and operational documents for currency at least every two years, or as circumstances require
- has a document version control process that assigns responsibility for sign-off and review of documents.

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Document Management

5th Expectations

…kind of nothing, technically?

6th Expectations

- Maintain currency, accuracy and accessibility of policies, procedures, and operational documents
- Review documents at least every two years
- Document version control process that assigns responsibility for sign-off and review of documents.
- Needs to include naming conventions, version control and sign off/owner responsibilities.

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NWMPHN Supporting Templates

- Defines how documents are named, approved, reviewed, stored and made available to the team.

Document Management Policy and Procedure



- Keeps track of current documents, their owners, versions and review arrangements.

Document Register



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How are we planning to tackle document management?

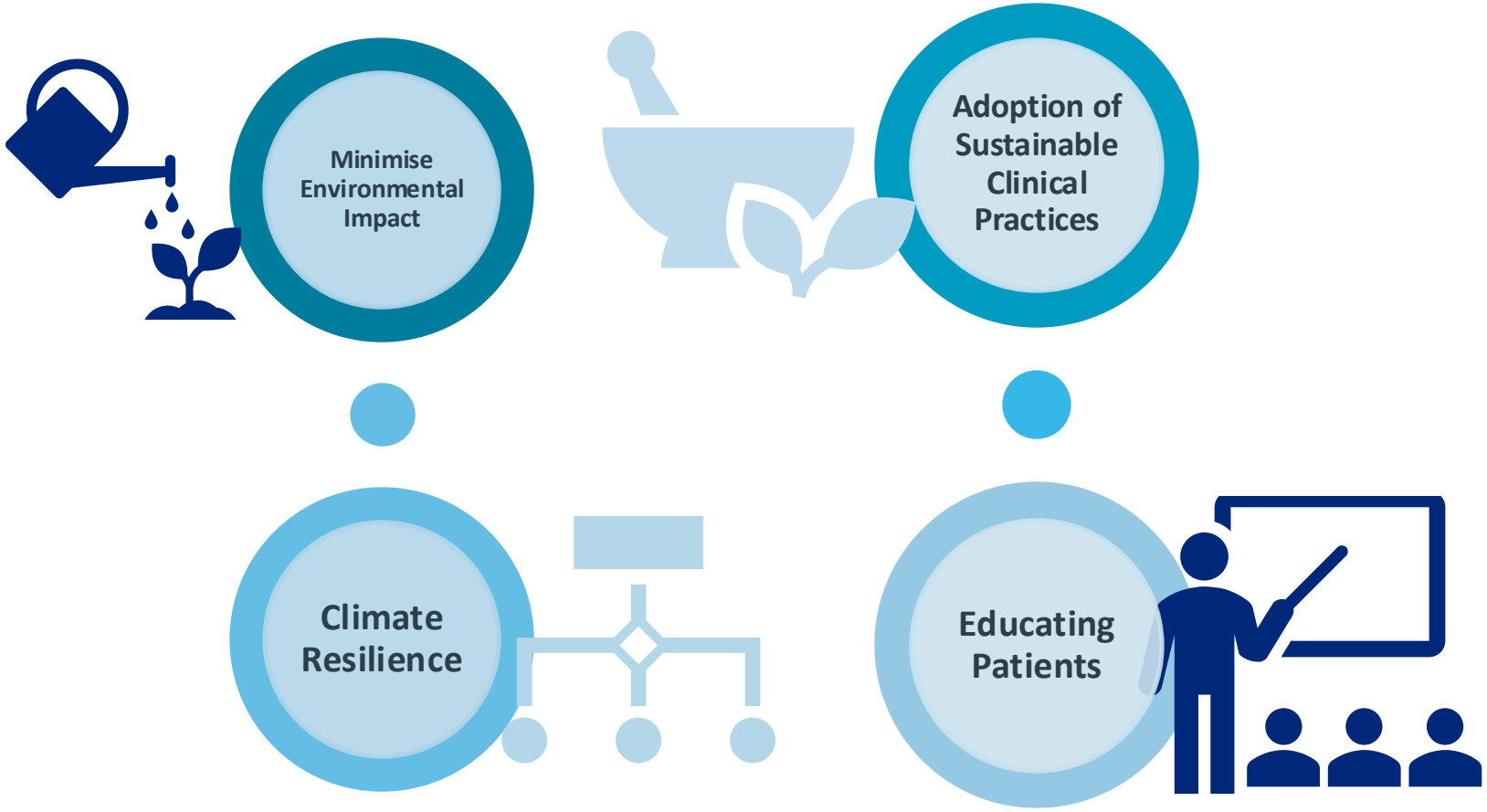
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Climate Resilience and Environmental Sustainability



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Environmental Sustainability



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Consumer expectation statement: I expect that this practice is aware of its environmental impact and is focused on minimising this.

F3.A The practice is aware of and takes steps to address/improve its climate resilience.

The practice:

- identifies climate-related risks to its operations
- implements strategies to improve climate resilience.

F3.B The practice is aware of and takes steps to minimise its environmental impact.

The practice:

- documents strategies aimed at improving its environmental impact and to reduce direct and indirect carbon greenhouse gas emissions.

F3.C The practice has at least one member of the practice team who has primary responsibility for environmental sustainability in the practice.

The practice:

- has at least one member of the practice team who has primary responsibility for engaging in and promoting the environmental sustainability of the practice.

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PP6.B The practice shares information with patients about environmental issues relevant to the healthcare they receive.

CQI1.B The practice assesses and acts on its environmental performance to track progress toward sustainability goals and compliance with its documented strategies to reduce direct and indirect carbon greenhouse gas emissions.

The practice:

- assesses progress toward sustainability goals and compliance and reports it to the practice's leadership
- implements actions based on the practice's assessment that reduce direct and indirect carbon greenhouse gas emissions.

Aspirational criterion

CQI1.C The practice measures environmental-impact metrics to assess and manage its overall environmental footprint.

The practice:

- assesses and manages its overall environmental footprint.

CG4.C The practice supports members of the clinical team to adopt environmentally sustainable and climate resilient clinical practices.

The practice:

- provides members of the practice team with access to information, resources and/or strategies for the implementation of environmentally sustainable clinical practices.

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Environmental Impact

Climate Resilience

- heatwave messaging
- emergency planning
- outreach backup plans
- identifying high-risk patients
- cold chain backup process

Environmental Impact

- waste segregation
- energy use
- procurement
- digital forms
- reducing unnecessary printing
- sustainable prescribing discussions

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NWMPHN Supporting Templates

- Defines local responsibilities and achievable environmental management.

Environmental Sustainability Policy and Procedure



- Prepares for climate risks such as extreme heat, smoke and power disruption.

Emergency Response Plan



- Allocates sustainability actions, owners and review dates.

Operational Plan



- Records climate risks and tracks progress with improvement actions.

Risk Register and QI Register



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What climate resilience efforts are already in place in your practice?

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Digital Health Technologies



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Consumer expectation statement: I expect that digital health technologies provided by this practice are easy to access and use; secure and regularly assessed; and my consent is obtained prior to use.

F10.A The practice uses digital health technologies safely and securely.

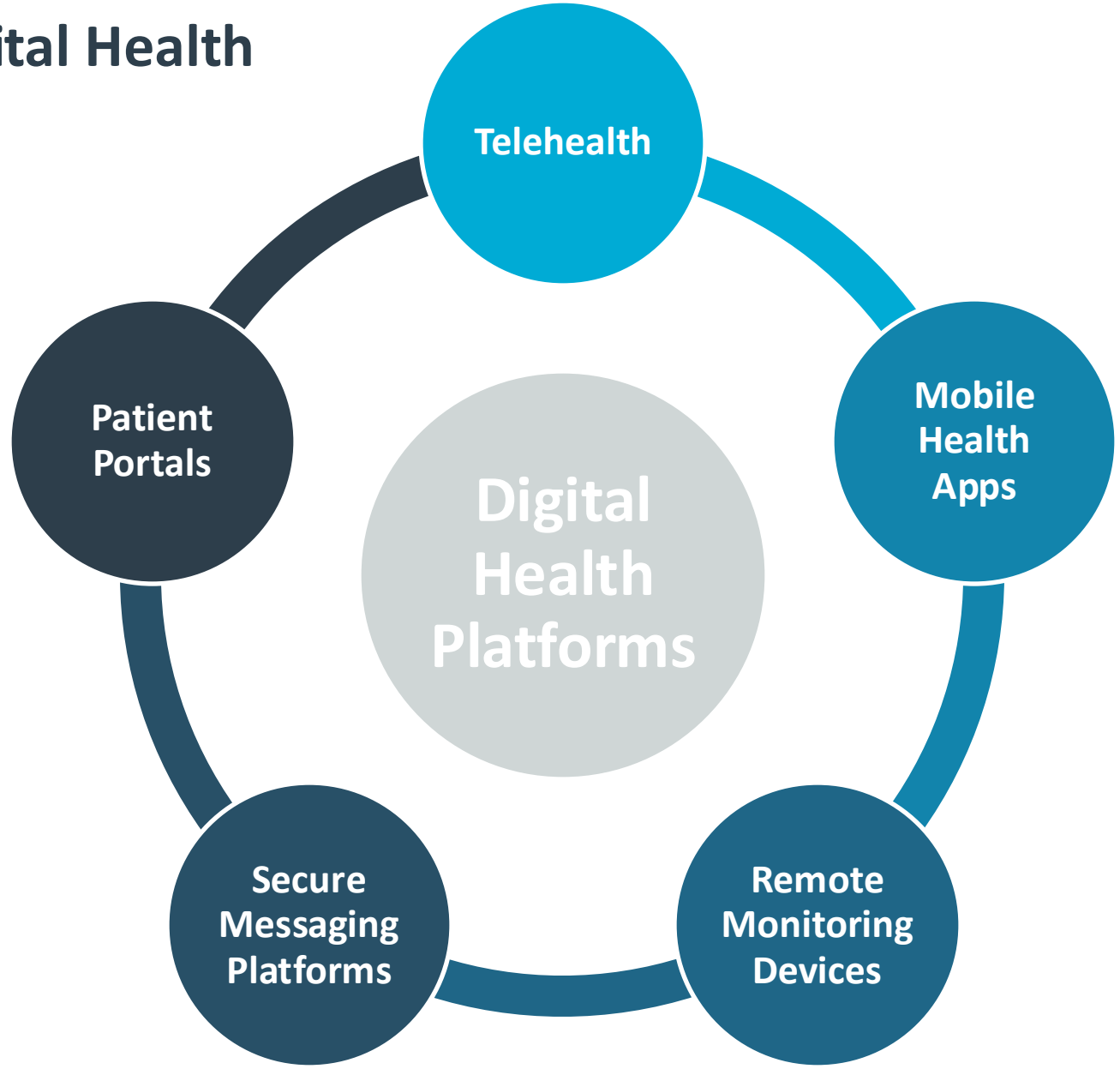
The practice:

- facilitates processes for members of the clinical team to obtain informed consent from patients when using digital health technologies
- has a documented process for assessing, costing, implementing and managing digital health technologies, including consideration of their potential impacts on the practice, members of the practice team and patients
- provides members of the practice team with access to and opportunities for collaboration with technical experts for the digital health technologies it uses in the provision of high-quality patient care.

PP2.C The practice uses digital communication systems to enhance patient care.

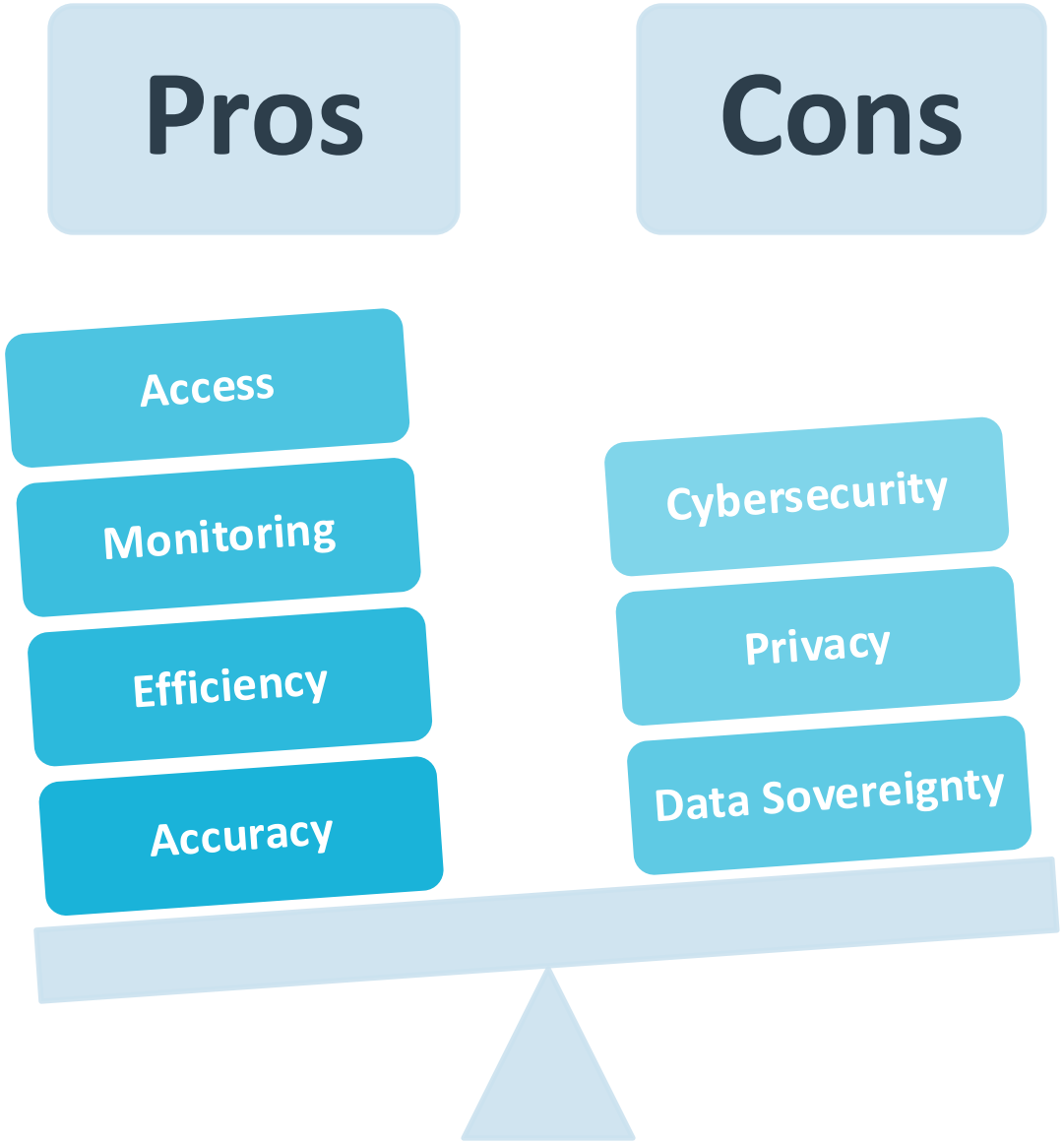
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Digital Health



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Pros and Cons



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AI Use



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Consumer expectation statement: I expect that this practice asks for my consent to use artificial intelligence, explains how it will be used to provide me with care, and ensures my safety and privacy.

F11.A Where the practice uses artificial intelligence, it does so safely and securely and consistent with existing standards.

The practice:

- facilitates processes for members of the clinical team to obtain and document informed consent from patients when aspects of care will be delivered using AI
- facilitates data deidentification/anonymisation when using AI tools that process patient data
- ensures that identified patient data is not used by AI tools unless its use is clinically necessary, explicitly authorised, and supported by documented governance and consent processes
- discusses the implementation and use of AI with members of the practice team to identify practical implications and training needs
- establishes governance processes for AI use, including accountability and compliance with legislation
- documents processes that support clinical oversight of AI outputs.

Members of the clinical team:

- are accountable for care decisions supported by AI tools.

F11.B The practice assesses and evaluates its use of artificial intelligence.

The practice:

- has a process to assess and evaluate the use of AI, including risk mitigation, prior to implementation
- has processes for monitoring, review, and quality improvement to ensure AI tools deliver safe, high-quality care, with mitigation of any unintended consequences.

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AI Use

Is it safe?

- Does the AI vendor confirm compliance with the Privacy Act and APPs?
- Can collected data be used or sold for secondary purposes?

Is it effective?

- Will it help us?
- Will it improve accuracy/efficiency?
- Can the clinicians provide strong oversight?

Do we understand it?

- What's the use case?
- How do we seek permission from patients?
- What do patients need to know to make an informed choice?

Can we control it?

- How can we ensure governance and control?
- What are the costs?
- What are the pros and cons?

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NWMPHN Supporting Templates

- Sets rules for approval, consent, parameters, use cases, oversight and review.

Digital Health and AI Use Policy and Procedure



- Assess purpose, benefits, risks and data handling of tools introduced.

Digital Health and AI Assessment Checklist



- Connects technology use with information handling requirements.

Data Governance Policy and Procedure



- Records tools in use, their owners, parameters and review arrangements.

Digital Health and AI Tools Register



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Who is currently using AI?

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Engaging Consumers



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Consumer expectation statement: I expect that this practice engages consumers in a proactive, ongoing and meaningful way to gain feedback on their experiences, and uses these insights to improve care.

PP8.A The practice engages with consumers to monitor, review and improve care.

The practice:

- engages with consumers to improve care using formal and informal engagement
- informs consumers about how it has responded to feedback and used feedback to improve care.

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Patient Engagement



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Patient Engagement Continuum

Empower	Engage in the governance of the practice
Collaborate	Consumer advisory councils Quality improvement committees
Involve	Collect PREMs and PROMs Speak at practice events of sessions on relevant topics Participate in practice meetings Review resources such as factsheets or website copy with a consumer lens
Consult	Follow up calls Workshops and community events Yarning circles Text surveys/Suggestion Boxes
Inform	Social media and online platforms Newsletters Annual reports Posters

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NWMPHN Supporting Templates

- Defines how consumer input will influence practice decisions.

Consumer Engagement Policy and Procedure



- Supports discussion of feedback, complaints and engagement strategies.

Meeting Agenda Template



- Defines how to translate feedback into improvement, supported by the Register.

Feedback and Complaints Policy and Procedure



- Tracks feedback, suggestions and complaints through to closure.

Feedback and Complaints Register



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What might consumer engagement look like to your practice now?

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Recognising and Responding to Abuse and Violence



F4.C The practice provides role-appropriate training and has supporting processes for recognising and responding to abuse and violence, including family, domestic and sexual violence.

The practice:

- adopts recognised guidelines and a practice framework for recognising and responding to abuse and violence
- makes local referral pathways available to the practice team to support safe, trauma-informed practice
- confirms that employed members of the practice team have completed role-appropriate training in recognising and responding to family, domestic and sexual violence
- obtains reasonable assurance that independent doctors in practice have completed role-appropriate training in recognising and responding to family, domestic and sexual violence
- promotes a consistent team approach through team discussions/briefings and access to current resources.

CG3.D The patient health records contain sufficient information that documents consultations and clinical-related communications.

Members of the clinical team:

- document the assessment of the patient in the initial consultation
- document sufficient information for consultations and clinical related communications
- document matters that have been followed up from previous consultations
- document relevant safeguarding information when provided by the patient or a lawful authority and where it is necessary for safe communication or continuity of care.

Excerpt from Patient Records 'Why this is important'

In addition, it's important to accurately and objectively document information related to family, domestic and sexual violence (FDSV) and child sexual abuse. These records may be used in legal proceedings, therefore current and factual information supports patient safety, confidentiality and continuity of care.

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Recognising and Responding to Abuse

Recognise
- Warning signs, disclosures, coercive control, child safety concerns, unsafe communication

Respond
- Listen, validate, do not investigate, check immediate safety, use role-appropriate response

Refer
- Local referral pathways, crisis supports, HealthPathways, specialist services, child protection where required

Record
- Document factually, protect privacy, avoid unsafe SMS/letters, record consent and actions taken, record safeguarding information

Review
- Training, team briefings, pathway updates, incident/quality review, staff support

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NWMPHN Supporting Templates

- Introduce response processes, escalation and local referrals.

Induction Checklist



- Includes items to check safeguarding and response to DFV.

Health Record Audit Tool



- Tracks training and completion evidence or assurance.

Training and Credentials Register



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Questions?

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TAKE THE PRESSURE DOWN



TAKE THE PRESSURE DOWN

CAUSE I CAN FEEL IT, IT'S RISING LIKE A STORM

TAKE HOLD OF THE WHEELS AND TURN THEM AROUND

TAKE THE PRESSURE DOWN

PRACTICE SMALL SPRINTS RATHER THAN MARATHONS



1. BREAK THE LIST INTO SMALL SPRINTS
2. SCHEDULE YOUR DIARY FOR SPRINT SESSIONS
3. "ACCREDITATION TRAINING IN PROGRESS"

   THANKYOU FOR NOT DISTURBING

4. PASS THE BATON TO YOUR TEAM – NURSES, GP LEADS, RECEPTIONISTS
5. CHECK **YOUR** RESULTS –AND **YOUR TEAM** RESULTS

   WHAT HAVE YOU ACHIEVED THIS WEEK?

CELEBRATE

DID YOU HAVE A WIN TODAY?

YES !!!



Nurse Skill Share – networking opportunity for nurses

Let's talk about cancer screening: putting prevention into practice

Time: 12:00 PM - 02:30 PM
Date: Thursday 5 November 2026
Location: Hume Global Learning Centre, 44 Macedon St, Sunbury.

Cancer screening updates and practical strategies for nurses

- Connect with peers and exchange ideas in an interactive session.
- Explore Australia's bowel, breast, cervical and lung screening programs.
- Identify, engage and support eligible patients, including under-screened groups, to improve participation and outcomes.

Please share this opportunity with nurses in your team

Sustainable nurse led clinics: a development program for general practices

Information session

Time: 1:00 pm – 1:45 pm
Date: Tuesday 10 November 2026
Location: Online via Microsoft Teams

- NWMPHN is funding up to eight eligible general practices to participate in APNA's Cultiv-8 Nurse Clinics Program.
- The program starts on 23 February 2027.
- Join this information session to learn how to bring your team's nurse clinic idea to life.

Click here for more information and to register your attendance.

Thank you for attending. What's next?

After this session you will receive:

1. *Slides and resources from this session within the week*
2. *Attendance certificate will be received within 4-6 weeks.*
3.
   - ***Register for more education sessions here: nwmphn.org.au/resources-events/events***
   - ***Past education sessions can be found here: nwmphn.org.au/resources-events/resources***
   - ***Survey link***

     https://www.surveymonkey.com/r/6LPNQXP

Feedback - QR code

We welcome your feedback. Let us know if you got what you needed from this session.