

Editorial

Practice standards are go!

Tessa Turnbull, editor and Katikati GP

Quality is never an accident.

It is always the result of high intention and sincere effort.

It represents the wise choice of many alternatives.

As this NZFP is read over the summer, the RNZCGP Council will have endorsed practice standards for a practice visit.

A working party, formed 18 months ago, prepared the standards for the College. Frances Acey represented consumers, Alison Harrington practice nurses, Wayne Taylor Maori, Ruth Vause practice managers, Keith Carey-Smith, Jannette Irvine, Tessa Turnbull and John Wellingham GPs, and Maureen Gillon from the College collated and coordinated the document.

Many GPs are familiar with practice assessment having undergone this process for accreditation for vocational registration or as a teaching practice. However, these assessments have not previously looked in detail at the roles and teamwork of GPs, practice nurses and managers.

Twenty practices were visited by three paired groups of trained assessors in the pilot. The standards are based on quality improvement over a broad set of parameters and the resulting standards for practice assessment are suitable for widespread application in New Zealand.

The concept of a broad practice assessment was well received and supported by the trial practices. The indicators and criteria are achievable in a range of practices such as small, large, rural and city. A five-hour visit with two trained assessors works well. It seems from the pilot that a better-resourced practice, such as one assisted by an IPA, does not mean a better quality practice but having extra resources will reduce the stress of practice assessment.

Measurement for contract obligations is possible from the proposed set of standards but the working party believes this is undesirable at this time. Whole practice assessment is in its infancy and needs to be more widely accepted by the professions involved. Working as a team means different things to different practices and the concept of teamwork in general practice itself needs to be better understood and fostered. Practice nurses and managers do not yet have fully developed professional accreditation and quality improvement processes. Furthermore, the trial standards have yet to be subjected to rigorous evaluation.

There is more work to be done before practice assessment can be widely embraced. This includes the development of a critical incident resource. Many practices are unaware that discussion and change of a critical incident can lead to service improvement. And advice needs to be made available to practices on how to implement consumer input in practice services.

If the thrust is quality improvement, we need to know whether practice assessment achieves this and whether the cost of such a detailed visit and follow-up can be justified. A detailed breakdown of the costs of a practice assessment visit will become available soon. This will take into account legislation imposing compulsory standards and the compliance costs of these.

The standards document contains an exciting "outcome" section with a challenge for the future of general practice. This collective information could allow general practice and the College to understand and contribute to population health outcomes using evidence-based guidelines.

Finally, we need to be able to inform our patients when we have undertaken and achieved positive gains from a practice quality improvement visit and what this means to the delivery of their health care.

Tessa Turnbull