

Frequently asked questions



Indicator

9.1 Repeat prescribing audits

What should be included in the repeat prescribing audit and is there an audit template available?

The audit checks the policy is being adhered to, for example, if the policy states patients on antidepressants or strong pain killers need to be seen 3 monthly, then this can be audited. There is an audit template in the guidance for practices to download and adapt to their policy and practice.

Remember any audit query needs to differentiate Māori from non-Māori – which creates an opportunity for practices to identify and address any health inequities.



Indicator 9.2 Standing Orders

Does a practice need to have standing orders?

No, this is optional and according to the needs of the practice. Standing orders are quite complex so we have clarified what the requirements are and how to meet them in a short webinar available in the guidance for 9.2.



Indicator 9.2: Standing orders

What is an issuer of a standing order and who can it be?

The issuer may be a GP or nurse practitioner, the issuer is responsible for a single standing order. There can not be more than one issuer per standing order, however, one issuer may be responsible for multiple standing orders.

What training is required for RNs working under standing orders?

Annual competency training for each standing order and for each RN. The training/refresher training will be informed by the audit results (RN performance) and approved by the issuer of the standing order.

Indicator 9.3

Medicines reconciliation

What kind of audits are required and how often these need to be done?

The practice should determine what their process is for conducting medicine reconciliation audits and how they use their findings in a quality improvement process, such as a PDSA - this information needs to be included in the policy.

There is an audit template sample in the resources for this criterion to assist practices. Audits should be done regularly, for example at least annually or more frequently if needed.

Indicator 11: Medical equipment and medicines.

Does a practice need to have all their IT and other electrical devices, such as microwaves and toasters, tested and tagged?

No this is optional. For more information visit this Worksafe link: <https://www.worksafe.govt.nz/topic-and-industry/electricity/testing-and-tagging-electrical-appliances/>



Indicator 11.1 required equipment and medicines (Equipment appendix)

Does every practice need:

Suction equipment

Yes, every practice should have suction equipment in their emergency trolley/bag which can either be electronic or manual.

A spirometer

No, practices do not need to have a spirometer if they are able to refer patients locally for spirometry.

An Automated external defibrillator (AED)?

Yes, it is a Foundation Standard 22v requirement that all practices own or rent an AED onsite. Exemptions may be granted for 3-6 months allowing a practice time to budget for and purchase an AED.



Indicator 13.2: Hazardous substances

Practices are not permitted to have phenol solution on site without certified handler training but phenol swabs are ok. Where can practices purchase phenol swabs for toenail surgery?

Practices can purchase these swabs from Whitely Allcare: <https://allcare.co.nz/>

NB: Phenol is a cytotoxic solution and it needs to be disposed of correctly through a waste management provider.

Indicator 13.2: Hazardous substances

What sort of training do team members need who are working with hazardous substances?

It is a legal requirement for team members handling hazardous substances to be able to manage these safely and have had training which is documented. Team members can do inhouse training using the data sheets. A data sheet training template is available in the resources to assist practices for this indicator.



Indicator 15.1: The Childrens' Act

What sort of training do team members need ?

All team members need training to detect, manage and report child abuse. It is recommended that as many team members as possible complete the Fundamentals of Child Protection training, however, one clinician can complete this training and then train the team.



Questions or comments?

Get in touch!

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