Standards for General Practice draft 6th Edition: Brisbane North PHN FAQ's based on RACGP Information sessions 2026.

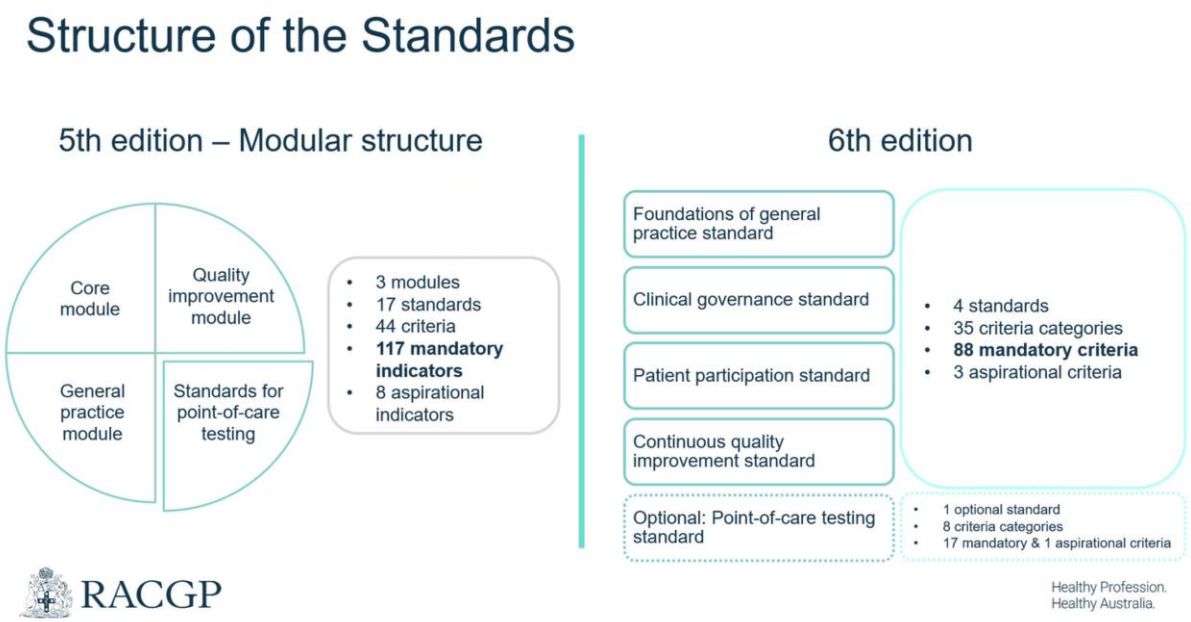
Q: When will the RACGP sixth (6th) edition standards be released?

Release timing: The RACGP sixth edition standards are expected to be released in 2026.

Transition period: Accreditation against the updated standards will not begin immediately. Practices are expected to receive sufficient lead time to understand the changes and prepare for implementation.

Expected assessment timeframe: Current indications suggest assessments will begin approximately twelve months after the standards are released.

Q: What are the main proposed changes in the draft 6th edition standards?



A: The RACGP draft 6th edition standards restructure accreditation from the 5th edition's three-module format into a clearer standards-based framework. The 5th edition used a core module, quality improvement module and general practice module; the draft 6th edition standards document groups requirements into Foundations of general practice, Clinical governance, Patient participation and Continuous quality improvement, with Point-of-care testing as an optional standard. Indicators are now called criteria, while "musts" are reframed as sub-criteria to emphasise practice-level systems, processes and outcomes. The structure reduces duplication, organises requirements by theme and supports a more outcomes-focused, continuous improvement approach.

Question 1: Cold chain fridge temperature recording under the draft 6th edition standards
Question:

How does a GP or Practice Manager know that their interpretation of the standards is the same as the accreditation agency's interpretation. For example, a practice manager may

have interpreted compliance for cold chain storage, as using a data logger, but the accreditation agency advised that a specific document recording times, dates and temperatures was also required. This was therefore identified as a non-compliance. The question was -how practice management can know what is specifically required by the assessment agency.

Answer: There are a few ways to confirm what is required. First, the practice can contact the assessment agency liaison officer and ask specifically what evidence is required for temperature monitoring. Second, all GP practices are required to complete a self-assessment and submit it several months before the formal assessment. This self-assessment requires supporting documents to be attached. If the submitted evidence is incomplete or not in the expected format, the agency can identify this and contact the practice before the assessment. The overarching procedure for vaccine storage and cold chain management is outlined in the **Strive for 5** guidelines.

Question 2: How do we start to address environmental sustainability in our practices?

Answer: The RACGP is suggesting small, achievable changes – like reducing energy use, cutting waste, or supporting climate-aware clinical choices. These changes can have environmental and financial benefits. The updated Standards encourage practices to:

- build leadership and a culture of sustainability
- support clinicians in environmentally aware care
- engage patients on climate and health
- align quality improvement with sustainability goals

General energy use makes up the largest component of the non-clinical carbon footprint of general practice. There are many ways the practice might avoid unnecessary energy use and increase efficiency. These actions can save the practice money.

We encourage all practices to start where they are. The draft 6th edition standards aren't about perfection – they're about progress. Whether you're switching off unused equipment, reducing reliance on single-use items, or having conversations with patients about climate-related health risks, you're already contributing to a more sustainable system.

As a PHN, we're here to support that journey with practical guidance, tools, and a shared commitment to continuous improvement. Because sustainability in general practice is not just possible – it's already happening. And together, we can take it further.

Guidance in the draft 6th edition standards: The standards are expected to provide practical guidance for practices at different stages of environmental sustainability. For practices that have not yet started, the guidance outlines simple first steps and ways to begin embedding sustainability into everyday operations.

Areas of focus:

- Building a culture of environmental sustainability within the practice.
- Identifying small, achievable actions for practices that are just beginning.
- Recognising stretch goals for practices that are already well progressed.
- Considering what actions are appropriate depending on whether the practice owns or leases its premises.

Question 3: When getting consent for using an AI scribe, does it need to be written or verbal?

Answer: Consent requirements can vary depending on the practice's policy, the AI scribe being used, privacy requirements, and any guidance from the relevant regulator or indemnity provider. In many cases, verbal consent may be sufficient if it is clearly obtained and documented in the patient record, but some practices may prefer written consent for consistency and added assurance. Patients can update their patient intake form with consent for AI scribe notation in their consultations. Practices can also use their TV information services or posters in the waiting rooms to inform patients that AI scribing is done during consultations.

Question 4: Which are the best AI scribes to use in general practice?
The most suitable AI scribes are those that are either approved by the practice's medical defence organisation or available within existing general practice software. Two commonly used options are **Heidi**, which is commonly regarded as MDO-approved, and **Lyrebird**, which is available within Best Practice software.

Question 5: Are AI scribe companies responsible for privacy and security requirements?
General practices are required to carefully manage privacy and security when using AI services such as scribes. Practice managers may not always have the time or specialist knowledge to stay across all health privacy requirements, so the question was whether AI scribe companies carry this responsibility.
Answer: Larger AI scribe providers do usually have privacy and security protections in place. For example, some products state that they are compliant with relevant privacy and security requirements and have governance oversight. However, practices should still undertake their own due diligence and confirm that any product meets their legal, privacy and accreditation obligations.

Comment: Dr Paul Mara noted that many GPs may already be using AI in practice without the practice manager necessarily being aware. This can create governance, privacy and risk management issues if AI tools are being used without clear practice oversight. The draft 6th edition of the standards encourages practices to have a policy regarding the responsibility of the doctors to inform practice administration if they are using AI for scribing and are gaining consent from patients and are documenting the consent.

Question 6: If doctors are contractors, who is responsible for security, privacy and AI-related record-keeping issues?
The question raised was who is ultimately responsible when issues arise, such as incomplete medical coding, poor record-keeping, or unsafe use of AI by contracted doctors.
Answer: Individual doctors remain responsible for their own clinical documentation and safe use of AI. However, if required standards are not met, the practice may still be affected, including during accreditation. In practice, both practitioner responsibility and practice-level governance are important.

Question 7: What is required regarding patient consent when AI is used for reception work, such as uploading letters to a doctor's inbox?
Answer: This type of administrative use of AI may not require specific patient consent, but

the practice should ensure that the provider's privacy and security standards have been reviewed and that patient information is handled appropriately.

Question 8: How do practices verify that patient data is secure and that the database is secure in Australia?
The concern raised was that this is a complex area and may be beyond the practical expertise of many practices, so stronger oversight and regulation may be needed.
Answer: Medical defence organisations can provide guidance, and practices can also seek advice from their software provider and relevant privacy resources. As a general approach, practices should prefer Australian-based or clearly compliant providers where possible, review written privacy and security policies, and ensure internal practice policies are in place for AI use.

Comment: A caution was raised about using public AI tools such as ChatGPT for clinical information or decision-making support. Any patient information entered in these tools should be fully de-identified. Patient names or other identifying details should not be entered, as this may create privacy risks and expose confidential health information.

Question9: Will RACGP resources and FAQ documents be available when the 6th edition standards are launched?

Answer: Yes. When the 6th edition standards are launched, the RACGP is expected to release accompanying resources to support practices in understanding and implementing the new requirements.

Expected resources:

- Frequently asked questions covering common areas of uncertainty.
- Articles, videos and other mixed-media resources explaining new content areas in more detail.
- Practical examples to help practices understand what the requirements mean in day-to-day operations.

Level of detail: The supporting material is expected to provide more detail than a high-level summary. It should break down key requirements and include practical examples to help practices prepare for implementation.

Timing: These resources are expected to be released with the 6th edition standards.

Question 10: How are non-traditional practices assessed against the draft 6th edition standards?

Answer: Non-traditional practices, including those without a conventional bricks-and-mortar clinic, are being considered in the development of the 6th edition standards. Some criteria are expected to specifically identify how requirements apply where a practice does not operate from a standard physical premises.

How premises are considered:

- If a practice operates from a building, that building is considered the practice premises and can be assessed.
- If a practice operates from a mobile service, such as a van, the van may also be considered the premises for assessment purposes.

- If a practitioner works from a home office and provides care in settings such as residential aged care facilities, the practice may be treated as not having physical premises. In these cases, some requirements may not apply or may be assessed differently.

Assessment approach: Where a practice does not have premises, the standards may include prompts such as “if you do not have premises, consider this”. This is particularly relevant to areas such as practice facilities, where requirements may need to be interpreted differently depending on the service model.

Further guidance: Interpretive advice will continue to be provided. There is currently interpretive guidance for the 5th edition indicators, including where requirements may not apply or may be applied differently. Under the 6th edition, criteria-level guidance is expected to be addressed within the standards themselves.

Question 11: Is there a plan for non-traditional practices affected by the expiry of the General Practice Aged Care Incentive exemption?

Answer: This issue is being considered. The concern is that some non-traditional practices claiming the General Practice Aged Care Incentive may have exemptions expiring on 30 December, while the 6th edition standards are not expected to be released until late 2026.

Planning considerations:

- Accreditation bodies and relevant stakeholders are considering how the timing gap may affect eligible services.
- Some services may meet the relevant definition and be able to continue with accreditation.
- Other services may need further advice about their eligibility, pathway to accreditation, or transition arrangements.

Next steps: Further clarification is expected as planning progresses. Affected practices should continue to engage with their accrediting body and relevant PHN contacts to confirm what applies to their service model.

Question 12: What evidence can practices use to show they are addressing environmental factors that impact patient health?

Answer: Practices can use a range of resources and examples to demonstrate how they are addressing environmental factors that may affect patient health. The standards are expected to remain outcomes-focused, so there may be several acceptable ways for a practice to show that relevant information, guidance or patient education is being used appropriately.

Examples of evidence:

- Clinical guidelines or resources provided through RACGP materials.
- Relevant external guidelines or resources used by clinicians.
- Patient education materials that raise awareness of environmental health risks.
- Practice documentation showing how staff use or provide these resources in care.

Existing resources: Many resources already exist, including RACGP and external materials. Some resources are expected to be linked or embedded within supporting

materials for the 6th edition standards, and additional resources may be developed or promoted as implementation questions arise.

Outcomes-focused approach: Because the standards focus on outcomes, practices do not need to rely on one prescribed resource or method. Instead, they should be able to show that appropriate information is available, used and communicated in a way that supports patient care.

Question 13: Will additional RACGP resources be available soon after the 6th edition standards are released?

Answer: Yes. Some supporting resources are expected to be released with the 6th edition standards, with additional materials likely to follow during the implementation period.

Implementation timing: There is not yet confirmed timing for when practices will begin being assessed against the 6th edition standards. Current indications suggest this is likely to occur next year, allowing time for practices to understand the changes and prepare.

Ongoing communications: RACGP communications are expected to continue throughout the implementation period. Existing resources may be re-promoted, and new resources may be developed as common questions and implementation issues emerge.