

GP-RACH Partnership Resource Kit

Part

3

Providing Quality Care

A compendium of resources for well-established and high functioning partnerships to work together on continuous quality improvement

Acknowledgement

This Resource Kit has been developed by Brisbane North PHN with input from our General Practice in Aged Care Incentive (GPACI) Expert Advisory Group, and the PHN MyMedicare Cooperative. We acknowledge that some resources used or referenced herein are from other organisations, and that these organisations retain copyright over their original work. Referencing of material is provided throughout for clarity. We thank the Expert Advisory Group for their co-design and the Cooperative for their contributions, as well as the rest of our Residential Aged Care community for their generously given time to help us better understand the reality and needs of the sector.

Brisbane North PHN would also like to take this opportunity to acknowledge the Traditional Custodians of the land on which this work was developed and will be implemented. We acknowledge their continued connection to country, their complex and holistic health and care provision structures, and the ongoing challenges their communities face in accessing equitable aged care. We commit to working alongside First Nations communities in our region and learning from their wisdom in caring for their elders.

Disclaimer

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The information in this Resource Kit does not constitute medical advice and the PHN accepts no responsibility for the way in which information or tools in this pack are interpreted or used.

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Introduction

As part of the General Practice in Aged Care Incentive (GPACI) implementation support program, Brisbane North PHN undertook a series of workshops, consultations and in-person conversations with Residential Aged Care Homes (RACHs), General Practitioners (GPs), Practice Managers, Nurse Practitioners and Metro North Health staff. As a result, we have developed this co-designed resource to translate this implementation plan into a guide for operational practice.

This Resource Kit is a collection of tools that have been highlighted as useful for RACH-GP partnerships. It is not a manual that needs to be followed, rather a guide to provide an optional framework and begin conversations.

Care providers are not obliged to complete every resource but are encouraged to make use of any templates or forms that will benefit their circumstances and partnership.

Purpose of Resource Kit

The aim of the GP – RACH Partnership Resource Kit is to provide tools and tips for improving coordination between RACHs and GPs. Through collaborative effort, stronger partnerships between RACHs and GPs will support improved planning and delivery of primary care services in the RACH setting for residents (National PHN Cooperative, 2025).

It recognises that in residential aged care, collaboration across the care team has benefits for patients, the team and its members, and the organisations. Many different care providers can make up a resident’s care team, and not all are co-located within the RACH. Through a series of steps, all members of the care team can improve their experience in delivering care, leading to improved outcomes for the resident (National PHN Cooperative, 2025).

This kit acknowledges that both RACHs and GPs are required to uphold their own strenuous professional standards, that do not completely overlap, and that a better understanding of each other’s requirements will result in an improved working relationship. For GPs these are the [RACGP – Standards for general practices \(6th edition\)](#) and the [General Practice in Aged Care Incentive](#). For RACHS these are the [Aged Care Act \(2024\)](#) and the [Quality Standards | Aged Care Quality and Safety Commission](#).

The Resource Kit is divided into three sections, with the first focused on Establishing a Partnership, the second focused on Embedding Systems, and the third on Providing Quality Care. It is designed to provide additional support at any stage of a RACH-GP partnership and is not required to be completed in a linear fashion. We envisage care providers to take and apply whatever is useful from the Resource Kit for their unique circumstances.

How to give feedback

The PHN is constantly striving to improve and include the latest best practice evidence into all the work we do; therefore, we acknowledge this Resource Kit may change and iterate over time. Please contact the PHN at agedcareprojects@brisbanenorthphn.org.au if you have any feedback regarding the content of this document or would like to contribute to its improvement in later versions.

Word documents templates

Word document versions of each form or template are available to download.

They can be accessed by clicking this icon:



The Partnership Continuum

The partnership continuum can help RACHs and GPs reflect on the level of engagement among the care team. This may be considered a measure of the 'health' or maturity of the partnership.



Progressively moving towards an integrated partnership is encouraged. It is recommended that GPs and RACHs use tools (including those in this Resource Kit) to improve coordination of care elements such as visiting arrangements, quality improvements, and areas of clinical governance. Further reading about the importance of working in partnership can be found [here](#) (National PHN Cooperative, 2025).

Partnership Check-Ins

The purpose of a partnership check-in is to foster effective relationships and support them to continue to grow and develop. Regular check-ins are good practice for managing effective and efficient relationships.

Check-ins can be creatively designed to be fit-for-purpose for your facility, for example adding a fifteen-minute partnership check-in discussion to your regular meetings or arranging quarterly partnership check-ins separate to routine clinical discussions.

Regardless of how check-ins are designed, it is recommended they include the following elements:

- They should be focused on the quality of the partnership and the way the RACH staff and GPs are collaborating, not on joint work or clinical care provided to residents.
- A good partnership-check-in is designed around the question "what does this partnership need now to keep it on track and continuing to grow?". This may mean having a dedicated conversation about communications if they are breaking down or updating the ways of working agreement. It could mean committing to regularly meeting to problem solve together or making changes to documentation processes. Whatever is most meaningful in your circumstance. The RACH and GP should decide together what would be most useful for a regular partnership check-in.
- Ideally partnership check-ins should be documented in some form. These notes are a great source of historical knowledge and understanding for new RACH staff or GPs joining the team. Again, depending on your specific needs, this could be a short paragraph of meeting minutes, half a page of dot points against three agreed headings, or an action plan with timelines attached (Brisbane North PHN, 2025).

Note: people often find it easier to talk about what they are doing together, not how they are working together, but this latter question is the intended focus of a partnership check-in.

If the partnership has already been running for a while, it may be useful to work through the questions on the following page as the basis for a partnership check-in.

Partnership Check-In Question Suggestions

Examples of potential partnership check-in questions that GPs and RACHs may wish to explore when considering the health of their working relationship.

Note: you do not need to discuss all these questions. It may be only a few and they can be adapted as needed.

- What has been working well in the relationship, in terms of the way we work together (not in terms of what we do)?
- What has been the value add for each partner of working together in this way?
- What have been the unexpected benefits and costs (tangible and intangible) of this approach?
- With the benefit of hindsight, what do we need to change to become more efficient and effective?
- Have we achieved our shared and individual objectives?
- What needs to change in order to do so?
- Have we got the right staff sitting at the table? Is someone missing?
- Are all partners contributing from their place of strength?
- What are our frustrations and concerns?
- Is there anything else we can do differently or better?
- Are all parties being supported to work to the full range of their scope?
- Has our operating environment changed? If so, how do we need to respond?
- Have we learned anything we can share with or beyond our organisations?
- What actions will we take as a result of this review?
- What has been the standout success/highlight for the partnership and for each partner in the last 6 months?

Questions adapted from "Partnership Brokers in Action – Training Course Workbook" (2nd Edition)

Continuous Quality Improvement Suggestions

Below is a list of potential topics that RACH and GP partnerships may like to consider for joint CQI activities.

When starting a CQI activity, discuss the issue and set a small number of desired outcomes along with a timeline and who is responsible for any agreed actions.

1. Taking advantage of multidisciplinary care.
2. Supporting RACH staff to work to capacity.
3. Being proactive in planning end of life care.
4. Communicating with families and improving relationships.
5. Improving patient health outcomes.
6. Education and training.
7. Integrating Systems (integration of RACH and clinic software to reduce duplication of records. Remote access for the GP to their own systems at the RACH and for the GP to the RACH when they are at their clinic).
8. Connecting to social prescribing or other specialist RACH staff.
9. Discussions with [Advance Care Planning Australia](#).
10. Review of vaccination status and planning of vaccination clinics.

Continuous Quality Improvement

Many GP and RACH partnerships will want to work on continuous quality improvement activities together. The following templates may assist you in structuring this work.

Plan Details and Timelines	
Start Date / /	Finish Date / /
Who will be involved?	What is their role?

What are you trying to accomplish?

What are you trying to achieve/change/do? Make sure your goals are SMART (specific, measurable, achievable, relevant and time-bound):

How does this fit in with your quality activities?

- Process Improvement Activity
- Data Improvement Activity
- Resident Health Outcome Improvement Activity
- Priority Population Improvement Activity
- Multidisciplinary Working Improvement Activity

How are you going to communicate this CQI Initiative to the rest of the team?

How will you know if the change is an improvement?

How will this change add long term value? How are you evaluating its success?

PDSA Cycle

An alternative framework to monitor continuous quality improvement activities is the PDSA cycle or: Plan, Do, Study, Act. The following template may be used to work on continuous quality improvement activities together, if that is your preferred method.

Plan, Do, Study, Act				
Activity Number	Your Activities	Timelines	Study the Results	Monitor Progress
	What changes are you trying to achieve?	When do you want to achieve this by?	How and when will you measure your progress?	How will you know if you are on track?
1				
2				
3				
4				
5				
6				
7				

CQI Evaluation

As part of evaluating the success of your collaborative continuous quality improvement (CQI) activities you may wish to reflect together on the outcomes. This may also inform any future joint CQI activities.

Did your chosen activity work?

Did things work out as you planned? What are you going to do now or try next?

Adopt the changes (Success! How do you make this business as usual)

Adapt the changes (Pivot as needed and keep trying.)

Abandon the changes (Scrap this idea – develop another idea and try again!)

Comment on how your activity went

Evaluation

How did the project Go?

Good news stories

Learning

Final data outcomes (make sure all resident information is de-identified)

How will you embed these changes permanently?

Signs

Document Work Practices

Update Policy and Procedures Manual

Staff Training Session

Update Position Descriptions

Staff Induction

Other

How much value did the CQI activities add?

No Value

Little Value

Neutral

Some Value

Significant Value

What would have made these activities more valuable?

How will you feedback the outcome to all parties involved?

Email/group message

Staff meeting update

Notice in the staffroom

Informal update for staff

Other

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