Care Provider Connect

GP-RACH Partnership Resource Kit

Part 1

Establishing a Partnership

A compendium of resources to support new partnerships to build a strong foundation, and existing partnerships to strengthen that foundation

phn BRISBANE NORTH

An Australian Government Initiative

This Resource Kit is a collection of tools designed to provide a framework and begin conversations. It is not a manual that needs to be completed, but care providers are encouraged to use whichever forms and templates will benefit their unique partnership

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

Contents

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: 

Residential Aged Care Home Led Documentation

This section of forms and templates has been designed for RACH's to complete and share with visiting GPs. This will support the GPs to be able to function in the context of your facility and begin seeing patients as seamlessly as possible.

RACH Orientation Information for GPs

RACH Facility Map

RACH Facility Details

Pharmacy Arrangements

RACH Team Contact Information

RACH IT Details

Resident Visit List – Template

To facilitate communication regarding resident needs, this visit list template can be printed and completed by RACH staff for each GP visiting day. This tool has been found particularly helpful if no RN/EN is available to accompany the GP on their rounds.

RACH Specific Resources

Download Word Template

Residential Aged Care Home (RACH) Orientation Information for General Practitioners

RACH name and address:

RACH site visit /care coordinator contact: (name, phone, email)

Visiting hours: (for GPs and families)

Parking facilities for GP: (see location indicated on facility map)

Facility access instructions: (best entrance, front door code, sign in requirements, etc.)

GP arrival protocol: (where to access patient list, staff member available for rounds etc.)

Key facility support contact numbers

Clinical Lead:

Facility Manager:

General Admin:

Out of hours:

IT:

Documentation requirements for GPs: (e.g. Notes to be completed in patient file, handover verbal to RN on rounds, paperwork to be filled)

GP sign out protocol: (anything required before leaving facility)

Download Word Template

RACH Facility Map

Insert diagram here – mark GP parking area, desk, etc.

Download Word Template

RACH Facility Details

RACH capacity: (permanent beds, respite beds, other)

Dementia/memory support care capacity:

GP workspace

GP consultation room:
Available ☐ Share details in box below
Not available ☐
Details regarding location, access, booking requirements etc. of consultation room:

GP computer desk:
Available ☐ Share details in box below
Not available ☐
Details regarding location, access, booking requirements etc. of GP computer and desk:

Staff availability:
Is there an RN/EN/NP/other available to accompany GP rounds?
Yes ☐
No ☐ Share details in box below
Details of handover arrangements:

Download Word Template

Pharmacy Arrangements

Is there an Aged Care On-Site Pharmacist (ACOP) at the RACH?
Yes ☐ Share details in box below
No ☐
ACOP contact details and specific arrangements for GPs and ACOPs:

Is there a Quality Use Medicines pharmacist at the RACH?
Yes ☐ Share details in box below
No ☐
QUM contact details and specific arrangements for GPs and QUM Pharmacist:

Is there a Residential Medication Management Review Pharmacist at the RACH?
Yes ☐ Share details in box below
No ☐
RMMR contact details and specific arrangements for GPs and RMMRs:

GP medication management review process/arrangements:

Pharmacy supplier: (including contact details)

Pharmacy delivery days:

Imprest availability:
Yes ☐ Share details in box below
No ☐
List of medications available:

Download Word Template

RACH Team

Leadership structure: Insert diagram here (including contact details)

Contact	Name	Organisation	Email	Phone
OPEN		OPEN		
RADAR		RADAR		
SPACE		SPACE		
Virtual Care				
Wound Care				
Mobile x-ray				
Pathology provider				
Nurse Practitioner ☐ on staff ☐ external				
Physiotherapist ☐ on staff ☐ external				
Occupational Therapist ☐ on staff ☐ external				
Dietician ☐ on staff ☐ external				
Speech Pathologist ☐ on staff ☐ external				
Social Worker ☐ on staff ☐ external				
Mental Health Professional ☐ on staff ☐ external				
Geriatrician ☐ on staff ☐ external				
Podiatrist ☐ on staff ☐ external				
Optometrist ☐ on staff ☐ external				
Other				

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RACH IT Details

My Health Record status:
Integrated ☐ Not integrated ☐
Please share details:

Clinical Software used by RACH: (Please provide login details to the GP securely)

Clinical IT support details

Onsite:

Offsite:

eNRMC software used by RACH:

eNRMC IT support details

Onsite:

Offsite:

Telehealth platforms used:

Telehealth equipment available:

Please ensure you provide login and password details to the GP securely

Remote access availability Yes ☐ No ☐

If yes, for GP ☐ Practice nurse ☐ Practice admin ☐

Secure messaging system used: (e.g. Medical Objects/ HealthLink)

Medication management software: (please outline how medications—both regular and short-term — will be charted within the software or paper base)

Information on Secure Messaging can be found here: https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/secure-messaging

Resident Visit List

Download Word Template

GP Name **Date** / /

Resident	Room Number	Recent Events and Reason for Visit	Staff Contact

Download Word Template

RACH Specific Resources

Many RACHs have their own, facility specific, resources to allow for efficient ways of working. If your RACH has specific documentation that the GP would be required to be aware of, please include a list below and provide these resources to the GP.

General Practitioner Led Documentation

This section of forms and templates has been designed for GPs to complete and share with the RACHs they are visiting. This will support the RACH to have a good understanding of the GPs ways of working and be aware of what the GP requires to be able to see patients.

GP Information for RACH Records

GP Visiting Schedule

Initial Handover Checklist

New Patient Information Form – Template

GPs may have their own "New Patient Information" registration form used at their practice; if not, the template provided can be supplemented.

New Patient Consent Form – Template

GPs may have their own "New Patient Consent Form" used at their practice; if not, the template provided can be supplemented.

New Patient Welcome Letter – Template

GPs may have their own "New Patient Welcome Letter" used at their practice; if not the template provided can be used to provide pertinent details to the resident.

MyMedicare Registration Form and Information

Enduring Assignment of Medicare Benefits for Patients in a Residential Aged Care Home – Template

GPs may have their own "Enduring Assignment of Benefits Form" registration form used at their practice; if not, the template provided can be supplemented.

Leave Arrangements – Template

Designed to help support GPs plan and arrange continuity of care for their RACH residents during periods of GP leave, and to give RACH staff additional information on the protocols undertaken by the GP if a longer period of unplanned leave arises.

GP Specific Resources

Download Word Template

General Practitioner (GP) Information for Residential Aged Care Home Records

GP name:

GP provider number:

GP prescriber number:

GP contact details: (email and phone)

General practice name and address:

General practice contact details (email and phone)

Admin:

Practice manager:

Nurse:

Nurse practitioner:

Leave cover arrangements: (who will the RACH need to contact for primary care when GP is on leave? How soon before GP leave period are arrangements to be made and communicated?)

Consultation modes offered:
On-site only ☐ Telehealth only ☐ Hybrid ☐

Planned visiting hours:

Out of visit contact preferences

During business hours: (phone call preferred, email preferred)

After hours: (define time and best contact) (phone call preferred, email preferred)

New patient request process:

How to arrange a telehealth visit:

Download Word Template

GP Visiting Schedule

This section of forms and templates has been designed for GPs to complete and share with the RACHs they are visiting. This will support the RACH to have a good understanding of the GPs ways of working and be aware of what the GP requires to be able to see patients.

WEEK 1

Time	Monday	Tuesday	Wednesday	Thursday	Friday
07:00 - 08:00					
08:00 – 09:00					
09:00 – 10:00					
10:00 – 11:00					
11:00 – 12:00					
12:00 – 13:00					
13:00 – 14:00					
14:00 – 15:00					
15:00 – 16:00					
16:00 – 17:00					
17:00 – 18:00					

Exceptions:

WEEK 2

Time	Monday	Tuesday	Wednesday	Thursday	Friday
07:00 - 08:00					
08:00 – 09:00					
09:00 – 10:00					
10:00 – 11:00					
11:00 – 12:00					
12:00 – 13:00					
13:00 – 14:00					
14:00 – 15:00					
15:00 – 16:00					
16:00 – 17:00					
17:00 – 18:00					

Exceptions:

Download Word Template

Initial Handover Checklist

Before a resident's first appointment, RACH staff are requested to share the following documents with the GP via email (at least _____ days before initial visit):

- ☐ Admission Medication Chart
- ☐ Past Medical History Summaries
- ☐ Patient Immunisation Record (accessed via the Australian Immunisation Register)
- ☐ New Patient Information Form
- ☐ New Patient Consent Form
- ☐ MyMedicare Registration Form
- ☐ Enduring Assignment of Medicare Benefits for Patients in a Residential Aged Care Home

Please see example templates in the pages below. It is recommended that GPs provide a standard welcome letter (example provided in the pages below) to the RACH to give to any new patients, introducing the GP and the process residents can expect prior to the initial appointment.

Download Word Template

New Patient Information Form

Personal details:

Title: Surname: First Name:

Date of Birth: / / Gender: Male ☐ Female ☐ Neutral ☐ Other ☐

First Nations identification: Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐

Cultural Background:

Language/s Spoken: Translator required: Yes ☐ No ☐

Address:

Phone: Email:

Medicare No: Ref on Card: Expiry: / /

Private Health Fund: Member No:

Pension Card/Health Care Card Number: Expiry: / /

DVA File No: (if applicable) DVA Card Type:

Medical History:

Including current medications, allergies, other doctors/specialists

Emergency contact:

Full Name: Relationship to You:

Phone: (H) (W) (Mobile)

Next of Kin:

Full Name: Relationship to You:

Phone: (H) (W) (Mobile)

Do you have an Advance Health Directive:

Yes ☐ No ☐ If yes, please provide us a copy for our records

Do you have an Enduring Power of Attorney (EPOA):

Yes ☐ No ☐ If yes, please provide details:

Full Name: Relationship to You:

Phone: (H) (W) (Mobile)

Download Word Template

New Patient Consent Form

values the privacy and security of your personal health information. We ensure it will only be used for the purposes for which it was collected or as otherwise permitted by law. By signing below, you (as a patient/or next of kin) are consenting to the collection of your personal information, and that it may be used or disclosed by for the following purposes:

- Administrative purposes in running
- Billing purposes, including compliance with Medicare requirements.
- Follow-up calls, appointment reminder/recall notices via SMS or email.
- Disclosure to others involved in your health care, including doctors and specialists outside

  This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
- De-identified information for accreditation and quality assurance activities.
- Consent for electronic records (My Health Record access).
- For legal related disclosure as required by a court of law.
- To comply with any legislative or regulatory requirements e.g. notifiable diseases.

Please sign below if you understand and agree to the following statements in relation to our use, collection, privacy and disclosure of your patient information.

I have read the information above and understand the reasons why my information must be collected, and the purposes for which my information may be used or disclosed. I understand that if my information is to be used for any purpose other than that set out above, my further consent will be obtained.

I understand only my relevant personal information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict my consent at any time by notifying my GP in writing. I understand that I can access the full Privacy Policy for further information.

Transfer of Health Information: You may have consistently consulted with a GP at another practice. The health information held by that GP may assist us with your future health care needs. You may wish to have a copy or summary of your health records transferred to this GP.

Patient Name (please print):

Patient Signature: **Date of Birth:** / /

Next of Kin Name: **Your Relationship to Patient**

Next of Kin Name Signature: **Date of Birth:** / /

Download Word Template

New Patient Welcome Letter

Thank you for choosing for your healthcare provider.

We understand choosing a healthcare provider is an important decision and we are dedicated to providing you with the highest quality of care at your residential aged care home.

Please complete the MyMedicare form which we can provide you or alternatively staff at your residential aged care home can support you to complete. MyMedicare is a voluntary patient registration model and aims to formalise the relationship between patients, their general practice, general practitioner (GP) and primary care teams. Evidence shows that seeing the same GP and healthcare team regularly leads to better health outcomes for patients. It is voluntary and free to register in MyMedicare.

If you have any questions or need assistance, please do not hesitate to contact us at

We look forward to assisting you on your health journey.

Yours sincerely,

My Medicare Registration Form

RACH staff can explain the following to their residents, to support the GP in getting any new patients registered for My Medicare, as this allows the GP to bill for their time appropriately.

It is voluntary and free to register in MyMedicare, but please note that if a patient is not registered the GP will miss out on the General Practice in Aged Care Incentive Payment (GPACI) and some GPs will not be able to take on non-MyMedicare registered residents.

Please find the MyMedicare Registration form here for you to print off copies and support residents and/or next of kin to complete.

To inform the resident

MyMedicare allows you to choose a general practice and GP for your ongoing care, health and wellbeing needs. It is voluntary and you can change your registered general practice at any point in time if you need to. Evidence shows that seeing the same GP and healthcare team regularly leads to better health outcomes.

The MyMedicare registration aims to formalise the relationship between patients and their GP, and helps other providers (like allied health, hospitals, ambulance, specialists) identify your general practice through your My Health Record. By registering your regular GP with MyMedicare you also become eligible for longer telehealth consults.

If you or your next of kin are comfortable using the myGov App it's a quicker way to register. If you would rather use a paper form, we have some registration forms here that we can help you complete and lodge on your behalf.

Download Word Template

Enduring Assignment of Medicare Benefits for Patients in a Residential Aged Care Home

Patient Name:

Address of Residential Aged Care Home:

Is the assignor the patient: ☐ Yes ☐ No

If NO, name of the assignor:

Assignor's relationship to patient (Choose only 1 of the following):

☐ Parent ☐ Spouse ☐ de facto partner ☐ Guardian

☐ Enduring Power of Attorney granted by the other person that is exercisable in relation to decisions about the other person's health

This section below is to be completed if the assignor is 14 years or older and is not the patient. This section does not need to be completed if the patient is aged under 14 or under an Enduring Power of Attorney or a State Trustee arrangement.

Patient's Statement consenting to the Assignor named above entering this enduring agreement on their behalf:

I, _____ agree to the assignor named in this agreement entering into this enduring agreement on my behalf.

Patient signature: _____ or ☐ Accept ☐ Not Accept

Privacy Statement

Practices or providers insert their own statement and link to their relevant privacy policy.

Our Practice_____ collects and handles your personal information in accordance with the Privacy Act 1988, for the purpose of assessing entitlement to, and administration of, payments and services. This information has been collected to enable us to process your claim. Failure to provide this information may prevent you from accessing bulk billing.

Your personal information may be used by us or disclosed to other parties for the purposes of research, investigation or where you have agreed, or if required or authorised by law.

You can read our Privacy Policy by visiting _____ which includes information about:

- how we handle your personal information,
- accessing or requesting a change to your personal information,
- how you can make a complaint if you think your privacy has been breached

Practice and Provider details

Name of Provider:

Practice Address:

OR

Provider Number:

The following professional services will be covered under this assignment:

Circumstances in which this agreement will end:

An enduring agreement will cease if the patient is no longer a resident of an aged care home (excluding temporary hospital admissions).

An enduring agreement may be terminated at any time by written notice from a party to the agreement, or by the patient to the non-assignor party.

Assignor's signature: _____ **Date:** _____

Download Word Template

Leave Arrangements

GP Name

GP Planned Leave					
Date(s)	When was RACH Informed of Leave	Covering GP	Covering GP Contact Details	What Cover Provided (as usual, as needs or Telehealth)	After-hours Arrangements

GP Unplanned Leave	
Task	Process
Inform RACH	
Inform Patient	
Arrange Cover	
Handover	

Download Word Template

GP Specific Resources

Many GPs have their own, practice specific, resources to allow for efficient ways of working.

If your practice has specific documentation that the RACH would be required to be aware of, please include a list below and provide these resources to the RACH.

Agreed Ways of Working Documentation

This section of forms and templates has been designed for RACHs and GPs to complete together to inform the agreed ways of working in their partnership.

Initial Meeting Checklist

Communications Plan

Handover Tool – ISBAR Template

Partnership Agreement Document

Download Word Template

Initial Meeting Checklist

Below you will find a checklist of things you may wish to consider covering in an initial meeting, or a partnership re-establishment meeting, between a GP and RACH.

Item	Completed	Comments
Establish the GP sign in/out processes	☐	
Orientation tour of the RACH	☐	
Fire and Emergency protocols	☐	
Workplace health and safety protocols	☐	
Incident management overview	☐	
Clinical team introductions	☐	
Discuss annual immunisation processes	☐	
Regular partnership meetings agreed to and arranged	☐	
Computer access protocols	☐	
Documentation expectations	☐	
Establish a communication plan	☐	
Confirm visiting days	☐	
Agree on ways of working	☐	

Download Word Template

Communication Plan

A quick guide for care providers to agree on the best method of communication under usual circumstances.

Primary form of contact: Email ☐ Phone ☐ Other ☐

	Name	Position	Phone	Email	Available Hours
Designated RACH contact					
Alternative contact for admin					
Regular GP		**General Practitioner**			
Alternative contact for clinical					

What is the expected frequency of communication? (How often are emails checked?)

Matter	Process (expected timeframe)	Documentation Requirements
Schedule a GP Visit		
Cancel a GP visit		
Routine care issue arises (i.e. scripts, medication reviews, family discussions)		
Emergent care issues arise (i.e. requiring GP review within 24 hrs)		
Urgent care issues arise (i.e. requiring GP response/review within 4 hrs)		
Matters arising After Hours		

Download Word Template

Handover Tool – ISBAR Template

ISBAR is a structured communication framework used in healthcare to enhance the transfer of critical information during patient handovers, ensuring safety and clarity. You may wish to use the below table to share complex handover information to the GP or RACH staff.

I **Identify**	
S **Situation**	
B **Background**	
A **Assessment**	
R **Recommendation**	

Adapted from: (Australian commission on safety and quality in healthcare, 2008)

Download Word Template

Partnership Statement

This Partnership Statement is between

_____ **and** _____

Both parties share the intention to establish a working partnership to increase efficiency and efficacy, improve the relationship between the GP and the RACH, and provide high quality primary care to residents.

This Partnership Statement is not legally binding but expresses the willingness of both parties to cooperate and move forward in good faith. It acknowledges that both parties 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

By formalising this partnership both parties acknowledge the importance of building an open and reciprocal relationship between GPs and RACH staff. Both parties have different needs and ways of working and by emphasising teamwork, the shared goal of improving resident wellbeing and health is placed at the centre.

Signed: **Date:** / /

Signed: **Date:** / /

References

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