Continuity of comprehensive care and the therapeutic relationship

In providing continuity of comprehensive care to patients, it is important that patients have an opportunity to develop an ongoing relationship with the practice, GPs and staff. Continuity types include:

- Relational continuity, which is the sense of affiliation between the patient and his or her doctor, referring to ‘my doctor’ or ‘my patient’.
- Management continuity, which refers to consistency of care by the various people involved in a patient’s care (that is, not working at ‘cross purposes’ with each other).
- Information continuity, which refers to continuity of information across healthcare events, particularly through documentation, and handover and review of notes from previous consultations.

RACGP 4th Edition Standards

1.5.1/ Our practice provides continuity of comprehensive care to patients.

Assessment methods

- Interview with GPs and staff

GPs and staff should be able to describe the systems used to allow patients to see their usual doctor and what options are available to patients if their GP is not available. Staff should be able to describe how their practice systems support continuity of comprehensive care.

- Medical records review

Ideally, patient health records reviewed will indicate GP continuity, that is patients usually seeing the same GP.

Meeting the Standards

Ideally staff will provide examples of situations confirming how continuity of care is encouraged. This might be asking patients which GP they would like to see, or checking the patient’s last visit encounter to see which GP provided the consultation and confirming if the patient would like to see the same doctor again. Other examples might include GPs confirming that they know and trust the allied health and specialists to which they refer patients, knowing that they will provide a continuity of care that is consistent with the practice’s and the treating GP’s approach, and how patient information is transferred to and from the practice efficiently and effectively. It’s important that staff are familiar with these processes, and endeavor to always provide continuity of care for patients where possible.
Best practice

Ideally the practice's policies and procedures manual will outline processes confirming how continuity of comprehensive care is ensured. This criterion does cross reference with Criterion 1.5.2 Clinical handover.

NB. Indicator A is not applicable to services that provide care outside normal opening hours.