

SPECIALIST PRACTICE QUALITY FRAMEWORK

Self-Assessment Guide

Domain 4: Patient Experience and Engagement



Version 1.0 — First Edition

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Rate your practice against each indicator using the maturity levels below. Be honest — “Developing” is not a failure, it is a starting point. Record evidence or notes to support your ratings.

MATURITY LEVELS

Not in Place — not done or unaware
Established — done reliably with evidence

Developing — done inconsistently or informally
Excelling — actively reviewed and improved

4.1 — Access and Responsiveness

Patients can contact our practice, book appointments, and access our services without unnecessary barriers.

Ref	Indicator				
4.1.1	The practice is contactable by phone during advertised business hours. Calls are answered or returned within a reasonable timeframe. If the practice uses a phone queue, voicemail, or callback system, patients are informed of expected response times.				
4.1.2	The practice offers appointment booking methods appropriate to its patient population. This may include phone, online, or patient portal booking. Whatever the method, the process is clear and does not require patients to navigate unreasonable complexity.				
4.1.3	The practice communicates realistic wait times to patients and referring practitioners at the time of booking. If wait times change significantly after booking, the patient is informed.				
4.1.4	The practice has a process for accommodating urgent or semi-urgent appointments within clinically appropriate timeframes, separate from its routine waitlist.				
4.1.5	Appointment reminders are sent to patients in advance. The practice has a process for managing cancellations and rescheduling that minimises the impact on the patient and uses freed capacity efficiently.				
4.1.6	The practice considers barriers to access for specific patient groups, including patients with physical disabilities, patients from culturally and linguistically diverse backgrounds, older patients, and patients in rural or remote areas (where telehealth may be appropriate).				

SUGGESTED EVIDENCE

- Phone responsiveness data or patient feedback on access
- Booking process description and available channels
- Wait time communication examples (website, booking confirmation, referral acknowledgement)
- Urgent appointment accommodation process
- Appointment reminder system details
- Accessibility considerations documentation

4.2 — Financial Transparency

Patients know what our services will cost before they commit to treatment.

Ref	Indicator				
4.2.1	The practice provides clear fee information to patients before or at the time of booking. At a minimum, patients are told the consultation fee, the expected out-of-pocket cost (after Medicare and any private health insurance rebate), and whether the practice bulk-bills any services or patient categories.				
4.2.2	Fee information is available in at least one accessible format - on the practice website, in the booking confirmation, on a printed fee schedule in reception, or communicated verbally at the time of booking. The information is current and accurate.				
4.2.3	For procedures, investigations, or treatments that involve additional costs (facility fees, anaesthetist fees, implant costs, pathology, imaging), the practice provides an estimate of total expected out-of-pocket costs before the patient consents to proceed. This estimate is documented.				
4.2.4	Where a patient's treatment plan changes during a consultation and additional costs will be incurred, the patient is informed and given the opportunity to agree before proceeding.				
4.2.5	The practice complies with the Medical Board of Australia's guidance on informed financial consent and any relevant AMA or college position statements on fee transparency.				
4.2.6	The practice has a clear policy on payment terms, overdue accounts, and any fees charged for missed appointments or late cancellations. These are communicated to patients before they apply.				

SUGGESTED EVIDENCE

- Fee schedule (website, printed, or booking communication)
- Examples of pre-procedure cost estimates provided to patients
- Policy on payment terms and cancellation fees
- Patient-facing information on costs (brochures, website content, intake forms)
- Evidence of compliance with informed financial consent guidance

4.3 – Respectful and Person-Centred Care

We treat every patient as an individual and provide care that respects their values, preferences, and circumstances.

Ref	Indicator				
4.3.1	Patients are greeted respectfully and addressed by their preferred name. The practice has a process for recording and using preferred names, titles, and pronouns.				
4.3.2	Clinicians explain findings, diagnoses, and treatment options in language the patient can understand. Medical jargon is avoided or explained. Patients are given the opportunity to ask questions and are not made to feel rushed.				
4.3.3	The practice supports shared decision-making. Patients are involved in decisions about their care to the extent they wish to be, and their preferences - including the option to decline treatment - are respected and documented.				
4.3.4	The practice considers the needs of patients who may require additional support during consultations, including patients with hearing or vision impairment, cognitive impairment, intellectual disability, mental health conditions, or high anxiety levels.				
4.3.5	The practice has a process for identifying and responding to patients who may need interpreter services, including Auslan. Interpreter services are offered rather than relying on family members to interpret clinical information.				

Ref	Indicator				
4.3.6	Patients attending sensitive or distressing consultations (e.g., diagnosis of a serious condition, discussion of prognosis, examination of intimate body areas) are treated with particular care. The clinician checks the patient's emotional state, offers a support person where appropriate, and considers whether the patient is safe to leave the practice.				

SUGGESTED EVIDENCE

- Process for recording preferred name, title, and pronouns
- Patient feedback on communication and respect
- Evidence of interpreter service availability and use
- Examples of shared decision-making documentation in clinical records
- Staff training on communication with patients with additional needs

4.4 – Cultural Safety

Our practice is culturally safe for Aboriginal and Torres Strait Islander peoples and for patients from all cultural backgrounds.

Ref	Indicator				
4.4.1	The practice acknowledges the Traditional Custodians of the land on which it operates. This is displayed in the practice (e.g., an Acknowledgement of Country in reception or on the website) and reflected in the practice's approach to care.				
4.4.2	Staff have undertaken cultural safety training or awareness education relevant to the patient populations they serve. For practices that see Aboriginal and Torres Strait Islander patients, this includes training specific to the health needs and experiences of First Nations peoples.				
4.4.3	The practice considers cultural factors that may affect the patient experience, including preferences around gender of the treating clinician, the role of family in decision-making, cultural or religious observances that affect scheduling or treatment, and health literacy.				
4.4.4	The practice does not tolerate discrimination on the basis of race, ethnicity, religion, gender, sexual orientation, gender identity, disability, or socioeconomic status. This expectation is communicated to staff and reflected in practice culture.				
4.4.5	Where the practice identifies that it serves a significant population from a specific cultural or linguistic background, it considers whether targeted measures - such as translated materials, bilingual staff, or community engagement - would improve access and outcomes.				

SUGGESTED EVIDENCE

- Acknowledgement of Country display or statement
- Cultural safety training records
- Anti-discrimination policy or code of conduct
- Translated materials or interpreter use records
- Evidence of culturally responsive practice adaptations

4.5 – Privacy and Dignity

We protect patient privacy and dignity at every point of contact with our practice.

Ref	Indicator				
4.5.1	Consulting rooms are designed and managed so that conversations cannot be easily overheard from the waiting area, corridor, or adjacent rooms. Where soundproofing is limited, staff are aware and take reasonable steps to protect confidentiality.				
4.5.2	Patient information is not visible to other patients - including on computer screens at reception, on paperwork left in common areas, or on whiteboards or schedules visible from public spaces.				
4.5.3	Patients are offered privacy during examinations and procedures. Gowns or drapes are provided where appropriate, and patients are not left undressed longer than necessary. Staff knock before entering rooms where patients may be undressed.				
4.5.4	Chaperones are offered for examinations of intimate body areas, consistent with Medical Board of Australia guidance. The offer and the patient's response are documented in the clinical record.				
4.5.5	Conversations about clinical or financial matters between reception staff and patients are managed to minimise the risk of being overheard by other patients in the waiting area.				
4.5.6	The practice has a process for managing requests from third parties (employers, insurers, lawyers, family members) for patient information, consistent with the Australian Privacy Principles and the patient's consent.				

SUGGESTED EVIDENCE

- Consulting room privacy assessment
- Chaperone policy and documentation practices
- Reception privacy measures (e.g., screen positioning, private conversation area)
- Third-party access request process
- Patient feedback on privacy

4.6 – Patient Feedback

We actively seek patient feedback and use it to improve.

Ref	Indicator				
4.6.1	The practice has a method for collecting patient feedback on a regular basis. This may include patient satisfaction surveys, online review monitoring, feedback cards, post-consultation SMS surveys, or a visible suggestion mechanism. The method is proportionate to the size and resources of the practice.				
4.6.2	Feedback is reviewed by the practice manager and, where relevant, the clinical governance lead. Both positive and negative feedback are considered.				
4.6.3	The practice responds to negative feedback constructively. Where a specific concern is raised that does not constitute a formal complaint, the practice considers whether a direct response to the patient is appropriate and whether the issue points to a systemic problem.				
4.6.4	The practice monitors its online reputation (Google reviews, Healthshare, Whitecoat, or equivalent platforms) and has a process for responding to public reviews in a manner that is professional and does not breach patient confidentiality.				

Ref	Indicator				
4.6.5	Patient feedback data - including themes and trends - is reviewed periodically (at least annually) and used to inform quality improvement activities. The practice can demonstrate at least one change it has made in response to patient feedback.				

SUGGESTED EVIDENCE

- Patient feedback collection method and tools
- Summary of feedback received (de-identified)
- Examples of responses to negative feedback or reviews
- Evidence of changes made in response to patient feedback
- Annual or periodic feedback review report

4.7 – Waiting Room and Patient Journey

The patient's experience in our practice - from arrival to departure - is considered, comfortable, and respectful of their time.

Ref	Indicator				
4.7.1	The waiting area is clean, comfortable, and appropriate for the patient population. Seating is adequate for the typical number of patients waiting, and the space considers the needs of patients with mobility aids, wheelchairs, or prams.				
4.7.2	Patients are informed of expected waiting times on arrival. If delays exceed fifteen minutes beyond the scheduled appointment time, patients are proactively updated and offered the option to reschedule if the delay is significant.				
4.7.3	The practice monitors and manages running times. Chronic over-running of appointments is addressed as a practice management issue, not accepted as inevitable. Strategies may include adjusted appointment scheduling, buffer slots, or review of consultation length templates.				
4.7.4	The waiting area provides basic amenities - at a minimum, access to drinking water and toilet facilities. For practices with longer expected waiting times or that see paediatric patients, additional amenities may be appropriate.				
4.7.5	The practice manages the flow of patients through the practice to avoid unnecessary waiting at check-out, billing, or results collection. The departure process is considered, not just the consultation.				
4.7.6	Patients who are visibly distressed, unwell, or in pain while waiting are identified and attended to by staff. There is a process for prioritising patients in the waiting room whose condition may have changed.				

SUGGESTED EVIDENCE

- Waiting area standards and cleaning schedule
- Patient feedback on wait times
- Wait time monitoring data or appointment running analysis
- Process for communicating delays to patients
- Evidence of changes made to improve patient flow

Use this space to record your priorities, action items, and observations.

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This document is part of the Specialist Practice Quality Framework (SPQF). Visit spqf.au for the full framework, evidence guides, and more resources.