



Definition of a Medical Deputising Service: Interpretation and Guidance

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Mission Statement

NAMDS is the peak body representing after-hours medical deputising services in Australia and seeks to facilitate and encourage high standards of after-hours primary medical care.

NAMDS develops and negotiates definitions and standards for medical deputising in Australia with Government, the Royal Australian College of General Practitioners and accreditation bodies to the betterment of patients, subscribing GPs and members.

Introduction

The definition of a Medical Deputising Service (MDS) was developed by NAMDS and has been incorporated into the Approved Medical Deputising Standards Program Guidelines. MDS seeking to participate in the AMDS program must be certified by an accreditation agency to be in compliance with the definition. To provide guidance to accreditation agencies and to set clear standards for its own members, NAMDS has prepared the following explanatory notes and guidance on standards, indicators and evidence. This guidance has been prepared with the intention of ensuring that the very highest levels of care are available throughout the after hours period in support of continuity of care with General Practice.

Item 1.

Definition:

A Practice Principal is a registered medical practitioner (vocationally recognised or not, full-time or part-time), who undertakes the continuing care of patients in a medical practice. The Practice Principal has a responsibility to arrange comprehensive care of patients 24 hours a day and engages the MDS.

Explanatory Notes:

Medical Deputising exists to support continuity of care with General Practice during the after hours period. All elements of the definition should be considered in this context, subject to the observation that in the Australian healthcare system patients are free to seek care from multiple practitioners and not all patients have a regular practitioner.

Item 2.

Definition:

A Medical Deputising Service is an organization which directly arranges for medical practitioners to provide after hours medical services to patients of Practice Principals during the absence of, and at the request of, the Practice Principals.

Explanatory Notes:

The definition is, on face value, ambiguous as to whether there are two circumstances under which care can be arranged, or two conditions that must both be met. Given long standing practice and that in Australia patients are at liberty to choose their practitioner at any time, the definition should be interpreted as identifying two circumstances under which an MDS may arrange care, that is:

- at the request of a Practice Principal, which request can be made at any time, and
- in the absence of the practice principal, such requests should only be accepted during the after hours period or the two hours prior

Standards, indicators and evidence:

- It is unacceptable for an MDS accept bookings from the public prior to 4pm on weekdays
- A process that involves taking details prior to these times and “confirmation of the request” after 4pm is unacceptable as the request is not initiated in the absence of the Practice Principal.
- Prior to 4pm, all enquiries should be encouraged to contact their regular GP.
- This should be tested by “secret shopping”

Item 3.

Definition:

A Medical Deputising Service is a means whereby a Practice Principal may externally contract the after hours components of both continuous access to care and continuity of care to practice patients

Explanatory Notes:

Relationships with Practice Principals are fundamental to operation as MDS. MDS must have formal relationship with Practice Principals

Note: Continuous access to care is addressed at item 9 and continuity of care. Is addressed at item 4

Standards, indicators and evidence:

- MDS must have formal arrangements with a reasonable number of independent Practice Principals (ie Practice Principals who have no pecuniary interest in the MDS whether as a medical practitioner working in the MDS or as an owner or investor or close associate of an owner or investor).
- A cooperative structure is also acceptable.
- A new MDS seeking approval should have formal arrangements with at least three independent Practice Principals from three separate Practices in the geographic region in which they are operating.
- Formal contracts should be produced as evidence.

Item 4.

Definition:

A Medical Deputising Service utilises facilities and processes which ensure continuous access to care and continuity of patient care.

Explanatory Notes:

Continuity of patient care is supported through systems, processes and policies that ensure that as much as possible ongoing care is dealt with by the Practice Principal. These include ensuring:

- that Practice Principal details are routinely collected from patients
- that clinical reports are provided to practice principals in a timely fashion
- that good channels of communication are available between deputising doctors and Practice Principals.

MDS must have systems for receiving special patient instructions from GPs and ensuring these instructions are made available to medical practitioners. Also See item 15

Continuity of care with Practice Principals should be supported by patients being referred back to their GP to order pathology or radiology investigations except under exceptional circumstances. Patients should be referred back to their GP for referral to other specialists, except in emergency situations such as private EDs. Where investigations are ordered, a process must exist for contacting Practice Principals with urgent results. MDS should actively discourage patients from using the MDS as an alternative to general practice as this undermines continuity of care

Note: Continuous access to care is dealt with at item 9

Standards, indicators and evidence:

MDS must demonstrate that they have:

- a comprehensive database of GPs in their coverage area
- a defined means of timely contact with a GP from the practice when they are deputising, should they need to access more detailed health information about a patient (eg telephone contact list)
- systems and processes to ensure clinical reports are completed and transmitted in a timely manner
- systems and processes for managing special patient instructions
- a policy for dealing with patients without a GP
- a process for reviewing “frequent” or “repeat” users and for contacting their regular GP and restricting or banning the patient as necessary or as agreed with the regular GP
- Policies and training materials for doctors regarding referrals and investigations, including the management of urgent results

A sample of Internal records should be examined to demonstrate that:

- GP or practice details are routinely collected (It is acceptable for up to 20% of bookings to have “No Regular GP” recorded)
- Reports are routinely sent in a timely manner (80% sent by next morning)
- Patients with frequent visit profiles have been reviewed by a Medical Director or are supported by GP instructions

“Secret shopper” techniques can also test collection of GP details

Item 5.

Definition:

A Medical Deputising Service comprises a physical facility which incorporates a control / communications / operations capacity, administrative services and, where applicable, a clinic.

Explanatory Notes:

MDS must own or lease a physical facility or facilities from which administration, control, communications and operations are conducted

Standards, indicators and evidence:

Lease or ownership documents required

Item 6.

Definition:

A Medical Deputising Service must provide home visits and may also provide clinic and telephone triage / medical advice services. Medical Deputising Services must ensure that they are always in a position to provide home visits as required for significant medical reasons or as requested by Practice Principals, throughout the entire after hours period.

Explanatory Notes:

An MDS must be able to provide a home visit where necessary. The number of home visits should be more than negligible.

Standards, indicators and evidence:

An MDS must be able to show it EITHER:

A - has doctors providing home visits every day; or

B - has more than one doctor rostered in the clinic at all times throughout the after hours period so that a doctor may leave the clinic to provide home visits if necessary

AND

that consistently more than 10% of all after hours items billed are for home visits

These standards can be confirmed through a review of rosters and of billing records

Item 7.

Definition:

A Medical Deputising Service responds to patient or principal-initiated calls only and must not provide planned or routine patient services unless agreed with the patient's principal practitioner.

Explanatory Notes:

Any routine services should have a documented arrangement with the practice principal.

Standards, indicators and evidence:

This can be tested via "secret shoppers"

Item 8.

Definition:

A Medical Deputising Service must not schedule appointments beyond the after hours period in which the patient request was received

Explanatory Notes:

It is unacceptable to accept bookings for future after hours periods except as provided by item 7

Standards, indicators and evidence:

This can be tested via “secret shoppers”

Item 9.

Definition:

A Medical Deputising Service is required to operate and provide uninterrupted access to care, including home visits, for the whole of the after hours period. The defined after hours periods that must be covered by the Medical Deputising Service are: any time outside 8am - 6pm on weekdays and all day weekends and public holidays. A Medical Deputising Service must demonstrate that consultations and visits are provided during the unsociable hours from 11pm till 7am.

Explanatory Notes:

An MDS must be in a position to accept all requests from a Principal’s patients and provide appropriate care during the whole of the AH period outside the Principal’s opening hours.

- **MDS must genuinely provide full out of hours coverage.**
- **It is not acceptable to cover only sociable hours.**
- **It is not acceptable to refer callers to another service for unsociable hours coverage**
- **It is not acceptable to impose excessive charges to completely discourage bookings in the unsociable hours** – reasonable “wake up” payments are acceptable

Standards, indicators and evidence:

MDS rosters and billing records should confirm complete coverage.

Where the roster involves “on call” coverage (possibly involving a reasonable gap payment) **accreditors should test that a late night call is actually available and that a doctor is contacted.** **Accreditors should examine billing records to ascertain whether a significant portion of billings occur in the unsociable hours** – as a guide it would be expected at least 5-10% of items should relate to the unsociable hours of 11pm to 7am

Item 10.

Definition:

In providing complementary care on behalf of local, daytime general practice, a Medical Deputising Service must be independent of any individual or group of general practice(s). Medical Deputising Service premises must not be co-located with a general practice.

Explanatory Notes:

Services must not be co-located with a General Practice – this includes sharing reception space, reception staff, consulting rooms, telephone systems or clinical equipment. Note that item 15 requires 24 hour reception services. These cannot be provided by a General Practice.

Practice Principals may work in MDS and may have a financial interest in an MDS, however the MDS and the Practice must be clearly distinct operations

(Organisations with a Guideline 79 exemption need not comply but must indicate they are claiming an exemption under this Guideline)

Standards, indicators and evidence:

Physical inspection required and testing that separate facilities are actually used

Where a medical practice and an MDS are located in the same building, the Practice Principals cannot also have a pecuniary interest in the MDS.

Item 11.

Definition:

As Medical Deputising Services do not offer comprehensive GP care, direct advertising to encourage patients to use Medical Deputising Services for 'routine' or convenience purposes, thereby compromising their access to the full range of GP services, is prohibited.

Explanatory Notes:

Marketing of MDS services is permitted but it should make clear that MDS services are for out of hours acute care only. Marketing should not encourage use of MDS for medical certificates, referrals, prescription renewals or any routine tests. Marketing should not compare the convenience of a home visit to a clinic visit. Comparison to the convenience of hospital emergency department is acceptable

Direct solicitation of follow up appointments, reviews and visits to provide results is unacceptable

Standards, indicators and evidence:

MDS website, TV and radio advertising, flyers and any other form of advertising should all be consistent with this approach.

There should be no mention of using the MDS for any of the following purposes: specialist referral, script renewal, medical certificate, check up, health check, etc

Item 12.

Definition:

A Medical Deputising Service must have a control / communications / operations capacity which must be operational within its premises during the majority of the defined after hours period.

Explanatory Notes:

Call centres that handle communications with patients and doctors during the after hours period are a critical function for ensuring clinical quality and safety of both patients and doctors. These staff and activities must be under the direct control and authority of the management and Medical Directors of the MDS. For these reasons these core functions must be located on premises that the MDS occupies as owner or tenant or that are controlled by a related body corporate.

Standards, indicators and evidence:

This can be inspected and observed.

Item 13.

Definition:

A Medical Deputising Service which contracts out part of its control / communications / operations function may only do so to an MDS accredited control / communications / operations service.

Explanatory Notes:

If call centres that handle communications with patients and doctors are contracted out, this may only be to another accredited MDS and the function must be within premises that MDS occupies as owner or tenant or that are controlled by a related body corporate. This requirement is due to the critical role played by these functions in supporting safety and quality.

Standards, indicators and evidence:

Formal contract required and accreditation certificate of accredited MDS

Item 14.

Definition:

The control / communications / operations room must, during the after hours period, be staffed by personnel appropriately trained in telephone triage, to guarantee maintenance of accreditation standards and ensure the appropriate management of urgent cases.

Explanatory Notes:

Telephone triage training must be provided to all personnel in the call centre that handles communications with patients and doctors.

Standards, indicators and evidence:

Training materials must be documented. Records of training completion and testing must be kept. Copy of triage flow chart required.

Item 15.

Definition:

A Medical Deputising Service must have telephones attended 24 hours per day by trained staff so the Principals can access the service to communicate special patient information and facilitate continuity of care at all times.

Explanatory Notes:

Daytime reception must have access to clinical reports and to the operations system so that queries and instructions from Practice Principals can be responded to.

Standards, indicators and evidence:

This can be tested by “secret shopping”