



Definition of a Medical Deputising Service

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Preamble

An organisation will be deemed to meet this Definition of a Medical Deputising Service if it is accredited to the current Royal Australian College of General Practitioners Standards for General Practice, including supplementary materials for after hours care services (as determined by the Royal Australian College of General Practitioners from time to time) AND is accredited to confirm it meets all the additional criteria set out below.

Definition

1. 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.
2. 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.
3. 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
4. A Medical Deputising Service utilises facilities and processes which ensure continuous access to care and continuity of patient care.
5. A Medical Deputising Service comprises a physical facility which incorporates a control / communications / operations capacity, administrative services and, where applicable, a clinic.
6. 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.
7. 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.
8. A Medical Deputising Service must not schedule appointments beyond the after hours period in which the patient request was received.

9. 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.
10. 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.
11. 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.
12. 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.
13. 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.
14. 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.
15. 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.

Note As it is not presently recognised by Medicare Australia that the period Saturday 8 am to noon Saturday is part of the recognised After Hours period with respect to the availability of Urgent After Hours Items, then this period is not included in the defined After Hours period that must be covered by the Medical Deputising Service. NAMDS hopes to finalise negotiations with government to rectify this anomaly.

Synopsis:

To confirm the organisations' status as an MDS in accordance with this definition the MDS must complete the statutory declaration relevant to the state or territory in which it practices as shown in appendix A.

This statutory declaration together with the accreditation certificate (that the MDS meets the RACGP standards for General Practice, including supplementary materials for after hours care services) forms the evidentiary basis of meeting this definition.

APPENDIX A
STATUTORY
DECLARATION FORMS

STATUTORY DECLARATION (VICTORIA) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of

.....

..... whose premises are located at

.....

and whose registered office is located at

..... and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.

2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an Act of the Parliament of Victoria rendering persons making a false declaration punishable for wilful and corrupt perjury.

SIGNED AND DECLARED by the said

.....

Print (name) (signature) dated / / .

at (place)

in the State of (state)

this day of 20 (year)

before me:

Witnessed by

A Justice of

the Peace/Solicitor Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.

STATUTORY DECLARATION (TASMANIA) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of

.....

..... whose premises are located at

.....

and whose registered office is located at

..... and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.

2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration by virtue of section 132 of the Evidence Act 1910.

SIGNED AND DECLARED by the said

.....

Print (name) (signature) dated / / .

at (place)

in the State of (state)

this day of 20 (year)

before me:

Witnessed by

A Justice of

the Peace/Solicitor Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.

STATUTORY DECLARATION (SA) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of

.....

..... whose premises are located at

.....

and whose registered office is located at

..... and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.

2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1936.

SIGNED AND DECLARED by the said

.....

Print (name) (signature) dated / / .

at (place)

in the State of (state)

this day of 20 (year)

before me:

Witnessed by

A Justice of

the Peace/Solicitor Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.

STATUTORY DECLARATION (QUEENSLAND) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of whose premises are located at

..... and whose registered office is located at and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

- 1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.
- 2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1867-1981.

SIGNED AND DECLARED by the said

.....
Print (name) (signature) dated / / .
at (place)
in the State of (state)
this day of 20 (year)

before me:

Witnessed by

A Justice of
the Peace/Solicitor Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.

STATUTORY DECLARATION (NT) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of

.....

..... whose premises are located at

.....

and whose registered office is located at

..... and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.

2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration by virtue of the Oaths Act.

SIGNED AND DECLARED by the said

.....

Print (name) (signature) dated / / .

at (place)

in the State of (state)

this day of 20 (year)

before me:

Witnessed by

A Justice of

the Peace/Solicitor Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.

STATUTORY DECLARATION (NSW) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of

.....

..... whose premises are located at

.....

and whose registered office is located at

..... and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.

2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900. .

SIGNED AND DECLARED by the said

.....

Print (name) (signature) dated / / .

at (place)

in the State of (state)

this day of 20 (year)

before me:

Witnessed by

A Justice of

the Peace/Solicitor Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.

STATUTORY DECLARATION (ACT) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of

.....

..... whose premises are located at

.....

and whose registered office is located at

..... and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.

2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration by virtue of the Statutory Declarations Act 1959, and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

SIGNED AND DECLARED by the said

.....

Print (name) (signature) dated / / .

at (place)

in the State of (state)

this day of 20 (year)

before me:

Witnessed by

A Justice of

the Peace/Solicitor Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.

STATUTORY DECLARATION (WA) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of

.....

..... whose premises are located at

.....

and whose registered office is located at

..... and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.

2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration by virtue of section 106 of the Evidence Act 1906.

SIGNED AND DECLARED by the said

.....

Print (name) (signature) dated / / .

at (place)

in the State of (state)

this day of 20 (year)

before me:

Witnessed by

A Justice of

the Peace/Solicitor Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.