

 **FAQO**  
FREQUENTLY ASKED QUESTIONS

## Medico-legal Risks of After-Hours/On-Call for GP registrars and supervisors

After-hours and on-call work are a valuable part of general practice training, and must comply with MBA and college training standards.

As with in-hours work, GP supervisors potentially are legally liable for the after-hours work performed by their GP registrars. In light of the medico legal risks, and changes to the Approved Medical Deputising Service (AMDS), supervising your registrar in after-hours and on-call work requires careful planning and active management.

This resource aims to help supervisors mitigate medico-legal risks, and outlines changes to the AMDS which impact how after-hours care is delivered in Australia.

### What types of after-hours work could a registrar be involved in?

Registrars and other non-vocationally registered doctors can be involved with numerous types of after-hours work integrated into general practice work. These include:

- On-call/evening/weekend work for their usual daytime practice.
- On-call/evening/weekend work for their local region (shared roster) in conjunction with their usual daytime practice.
- On-call/emergency department/in-patient care for local hospital in conjunction with their usual daytime practice.
- On-call/emergency department/in-patient care for local hospital unrelated to their usual daytime practice.
- Approved Medical Deputising Service (AMDS) work in conjunction with their usual daytime practice.
- AMDS work only (no daytime practice).
- Locum work during leave periods.

### What is the Approved Medical Deputising Service (AMDS)?

The AMDS program was introduced in 1999 to increase the after-hours workforce (particularly because metro-practices were doing less after-hours) and to decrease the load on public hospitals and emergency departments. The AMDS program was also considered to be a good way to increase clinical exposure to after-hours for those in training and those already trained.

### What impact has the AMDS had on after-hours claims?

There was a 155 per cent increase in urgent after-hours claims from 2010 to 2015, coinciding with the number of after-hours medical deputising services (AHMDSs). This was a much higher rate of growth than in standard GP items.

An *Australian Family Physician* 2017 paper reported:

- After AHMDSs were introduced in ACT in 2014 there was a 1270 per cent growth per capita in item 597 (urgent after hours) claims.
- After AHMDSs were introduced in Tasmania in 2014/5 there was a 485 per cent increase in item 597 claims without any corresponding decrease in emergency department presentations.

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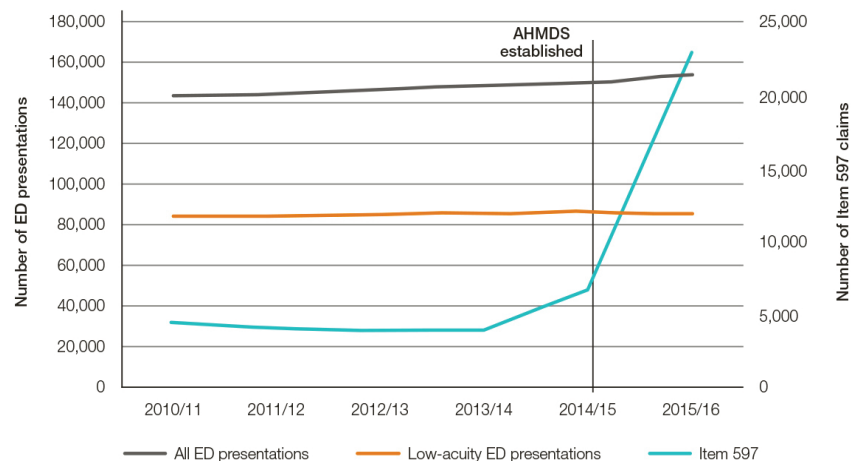
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### TASMANIAN MBS AND EMERGENCY DEPARTMENT DATA

Figure 3. Tasmanian public hospital ED presentations (all and low acuity) and claims for MBS item 597 by financial year from 2010–11 to 2015–16, 16

Source: Medicare item reports [http://medicarestatistics.humanservices.gov.au/statistics/mbs\\_item.jsp](http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp);

Tasmanian ED separation data obtained from Department of Health and Human Services (Tasmania). Low acuity refers to triage categories 4 and 5.



### What changes have been introduced to the AMDS program/ After-Hours Other Medical Practitioners (AHOMPs) Program?

#### Significant changes have been introduced to AHOMPs

(Many doctors who work in AMDSs currently do so under the AHOMPs program which allows non-vocationally registered (non- VR) doctors to access Medicare benefits in AMDSs)

Changes include:

- After December 2018, no new non-VR doctors will be able to apply for the AHOMPS program.
- There will be grandfathering of existing participants until June 30, 2023: this will be the last date people currently working in the program can do so without having Fellowship.

#### Strict new MBS rules for AMDS operations were introduced on March 1, 2018. These are:

- Advertising restrictions
- Triage requirement
- No pre-booking of urgent appointments
- No preventive/ongoing care
- No chronic disease management
- No routine renewal/new prescriptions – with exceptions
- No routine certification or procedures. For example, immunisations

#### From July 1, 2018, reduced rebates for all those working hours unless:

- MM3-7 = 100 per cent rebates
- 100 per cent rebate if engaged in a RACGP/ACRRM training vocational pathway
- Urgent after-hours appointments during unsociable hours (11pm to 7am)
- Vocationally registered, Fellowed or position as part of RACGP/ACRRM training program
- On After-Hours Other Medical Practitioners (AHOMPs) Program - joined prior to December 2018
- After-hours attendances as part of their employment with a full-time general practice

For more information about AMDS, read <http://www.health.gov.au/internet/main/publishing.nsf/Content/approved-medical-deputising-service>



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### Are all registrars eligible to work in after-hours services?

The RACGP Standards for After Hours and Medical Deputising Services (5th edition) states:

Under Criterion AHS2.1 - Qualifications, education and training of healthcare practitioners

- AHS2.1 B GPs working in our service are one of the following:
  - Specialist GPs
  - General practice registrars under appropriate supervision in accordance with the Standards for General Practice Training
  - Medical practitioners actively working towards Fellowship on a recognised general practice pathway
  - Medical practitioners with more than 10 years' experience in Australian general practice
- For more information about RACGP Standards for After Hours and Medical Deputising Services, read The RACGP Standards for After-Hours and Medical Deputising Services (5th edition) [racgp.org.au/your-practice/standards/standards-for-after-hours-services/](http://racgp.org.au/your-practice/standards/standards-for-after-hours-services/)

### Can a registrar have concurrent Australian General Practice Training (AGPT) and AMDS positions?

Yes, but they must uphold standards which do not impact on their training and quality of their work in your practice. If you, as a GP supervisor, are concerned your registrar is working unsafe hours due to concurrent AGPT and AMDS positions, remind them of the following mandate.

#### **The Department of Health states:**

*"Non-vocationally registered doctors who are seeking to deputise for an AMDS in addition to working through a full-time general practice program must ensure that they do not breach the conditions of their full-time placement on the alternate program."*

If your registrar is working after-hours unrelated to your practice, explore their motivations and if these might be addressed in other ways.

### What are supervision requirements for AMDS?

- Under an AMDS program deed, all AMDS program participants must be supervised by a doctor holding either a FRACGP or FACRRM and located in the same state/territory. Supervision must include:
  - On-call clinical supervision
  - CPD completion oversight
- Supervision standards should be per the supervisory requirements set by the MBA (if applicable) and as set by RACGP/ACCRM (training standards).





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### What are the risks and benefits of a registrar participating in after-hours/on-call as part of term in your practice?

There is a community need for after-hours services, and supervising a registrar in this capacity does mean you are both helping to provide that important service.

While there are also benefits to the supervisor and registrar, there are also risks which you will need to manage. These include:

#### Benefits to registrar

- Financial
- Different/ increased scope of practice
- Fulfilling a community need

#### Risks to registrar

- Fatigue
- Clinically high-risk environment
  - Acutely unwell patients
  - Fewer system supports
- Increased chance of Medicare audits
- Personal safety risks
- Can feel under-prepared/overwhelmed
- Often limited supervision

#### Benefits to supervisor

- Distribution of on-call/after-hours load
- Teaching/learning opportunities for registrar

#### Risks to supervisor

- Fatigue management required
- Fewer opportunities for direct supervision
- Clinically high-risk environment
  - Acutely unwell patients
  - Fewer system supports
- Shared liability
  - Directly only if clinical advice is given
  - Providing supervision is the responsibility of the employer

### Do I share liability with the registrar if they are working under the AMDS concurrent to their employment in our practice?

If your registrar is working independently for a medical deputising service and you are not their employer for that work, you do not share liability - that is the responsibility of their employer.

However, if you give clinical advice on a case - whether the registrar is an employee of yours or not - in that circumstance, you will have shared liability.

### How can I mitigate the risks of liability if my registrar is doing after-hours/on-call work as part of their training with our practice?

Mitigate medico-legal risks (and enhance your registrar's learning experience) by ensuring you both understand your roles and responsibilities; and that your registrar is adequately trained. You can do this by:

- Following relevant guidelines.
- Ensuring the registrar is appropriately supported and supervised for their level of training and competence.
- Provide an adequate orientation process outlining responsibilities of registrar and supervisor.
- Provide clear criteria for when the supervisor is to be called.
- Have an approachable supervisor available to provide assistance whenever the registrar is working.
- Ensure the registrar has sufficiently relevant and recent knowledge, skills and experience.
- Identify and manage blind spots.
- Ensure your registrar is trained in:
  - Acute and serious illness management
  - Appropriate test ordering
  - Medical documentation management
  - Facilitating appropriate follow-up
  - Doctor's bag
  - Medicare billing

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### What is my responsibility to my registrar in the after-hours environment for my general practice?

Remember the supervisor's role from an educational alliance perspective: a GP supervisor is a general practitioner who establishes and maintains an educational alliance that supports the clinical, educational and personal development of a registrar.

The diagram (below) shows your core role as a supervisor is to be an expert clinician and ensure patient safety, and this is interconnected with other roles.

As a supervisor, you have a responsibility for the registrar's wellbeing. For example, fatigue management; not putting them in harm's way - either personal safety or medical safety - so you must help ensure they are not put in situations that they are unprepared or ill-equipped to manage.

#### GP SUPERVISOR'S INTERCONNECTED ROLES



Adapted from Wearne et al 2012 *Medical Education* p 1167



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### How can I maximise my registrar's supervision and a positive experience in an after-hours environment?

The traditional models of supervision are:

- Blended supervision – traditional (face-to-face on-site) and remote
- Education versus clinical supervision
- Remote supervision
- Team supervision

In the after-hours environment, there will be more reliance on team supervision (including hospital staff) and remote supervision.

As well as using the appropriate supervision model after-hours, you will also maximise your supervision, enhance the registrar's experience, and minimise their medico-legal risk by adequately preparing them before they start the role. Again, make sure you both understand your roles and responsibilities; and the registrar is adequately trained and supported.

For more information, read GPSA guide Supervision in After-Hours Environments at <http://gpsupervisorsaustralia.org.au/guides/>

### When should I encourage my registrar to contact their supervisor?

Establishing criteria for a registrar to contact their supervisor is an important strategy to reduce patient risk. You could provide and discuss a general template or list at the beginning of your registrar's placement, and again before they start any after-hours/on-call work.

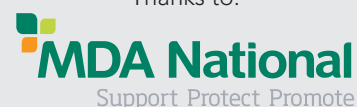
Criteria can include:

- Diagnostic - for example, recognition of a seriously ill child
- Therapeutics - for example, particular procedural skills
- Transfer of care
- Management of sentinel or adverse events

### Resources

- GPSA guide Supervision in After-Hours Environments <http://gpsupervisorsaustralia.org.au/guides/>
- Department of Health, Revised AMDS Program Guidelines [health.gov.au/internet/main/publishing.nsf/Content/approved-medical-deputising-service](http://health.gov.au/internet/main/publishing.nsf/Content/approved-medical-deputising-service)
- Medicare Benefits Schedule - Note AN.0.19 After hours attendances [health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.19](http://health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.19)
- The RACGP Standards for After-Hours and Medical Deputising Services (5th edition) [racgp.org.au/your-practice/standards/standards-for-after-hours-services/](http://racgp.org.au/your-practice/standards/standards-for-after-hours-services/)
- RACGP Vocational Training Standards [racgp.org.au/education/rto/training-standards/](http://racgp.org.au/education/rto/training-standards/)
- ACRRM training standards [acrmm.org.au/docs/default-source/documents/training-towards-fellowship/prrt-post-standards.pdf?sfvrsn=6](http://acrmm.org.au/docs/default-source/documents/training-towards-fellowship/prrt-post-standards.pdf?sfvrsn=6)
- MBA supervision requirements [medicalboard.gov.au/Registration/International-Medical-Graduates/Supervision.aspx](http://medicalboard.gov.au/Registration/International-Medical-Graduates/Supervision.aspx)

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