
Introduction
Out-of-hours primary medical care refers to medical care provided outside normal general practice surgery hours. The AMA has determined normal GP surgery hours to be 8:00am to 6:00pm on weekdays, excluding gazetted public holidays.

Out-of-hours care can be provided by individual general practitioners within the practice or through an arrangement with a local hospital.

Alternatively, GPs can engage accredited medical deputising services to provide out-of-hours care. The role of medical deputising services is to support general practice and provide continuity of care to patients outside normal opening hours.

Medical deputising services must meet and maintain the standards required of the Australian Government’s Approved Medical Deputising Service Program Guidelines and the Royal Australian College of General Practitioners standards for out-of-hours care services.

This position statement outlines the broad criteria for the provision of out-of-hours care by medical deputising services. It complements the AMA Position Statement Out-of-Hours Primary Medical Care 2011.

Criteria for medical deputising services
1. A commercial medical deputising service is acceptable provided it has received full accreditation from a recognised accreditation body and it provides out-of-hours medical services according to RACGP standards for general practices.

2. A medical deputising service is acceptable provided it has arrangements in place to ensure patients receive a safe and appropriate level of care. These include the supervision of medical staff by an experienced medical practitioner. The deputising service must demonstrate that the supervision and professional support given to its medical staff are personalised; are designed to ensure patient safety, and support the quality of care provided by the medical practitioner.

3. A medical deputising service should restrict its area of operations so that deputising doctors do not have to travel unrealistic distances and patients may be seen without unreasonable delay. The decision to provide an out-of-hours visit should be based on medical grounds.

4. Patients should not have direct access to medical deputising services. Deputising services should not have listed telephone numbers. Patient access should be via the practices of the doctors using the service by means of pre-recorded telephone messages or other means.
5. Urgently needed care should not be denied by medical deputising services to patients of non-user doctors or patients who have no regular doctor.

6. Medical deputising services should keep detailed clinical records and promptly advise GPs the details of any services provided to their patients. This process ensures continuity of care between the patient’s usual GP and the medical deputising service.

7. Practices engaging medical deputising services should nominate a GP to be reasonably available for telephone consultation with deputising doctors. Deputising doctors should consult when clinically necessary with the patient’s usual GP.

8. Deputising doctors should be registered medical practitioners of at least two years standing and preferably have general practitioner experience. Deputising doctors must also meet the requirements of the Approved Medical Deputising Service Program Guidelines.

9. Deputising doctors must be covered by indemnity insurance and insurance against injuries or disabilities arising from their duties. They must have adequate transport, an efficient communication system and proper remuneration.

10. Medical deputising services must have systems in place to ensure the safety and security of deputising doctors.

11. The rostering of deputising doctors should accord with the AMA’s National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors.¹

See also: