



TRIAGING REQUIREMENTS

Background

Appendix 2 of the Guidelines for the Approved Medical Deputising Service (AMDS) Program maintains that participant providers must demonstrate that they can appropriately triage patients and have the capacity to:

- identify and appropriately refer patients who present with an emergency condition;
- obtain a brief and accurate description of the patient's condition;
- obtain an overview of a patient's medical history;
- schedule care so that patients are reasonably informed about the services they can expect;
- manage patients who present with symptoms of a communicable disease; and
- apply a process for triaging patients back to their normal caregiver when they present with a condition that does not require an immediate consultation.

These requirements are presented in the Guidelines as a set of minimum competencies to inform the development of triaging plans in a broad range of commercial settings that offer a mix of in-clinic and medical deputising services during the after-hours period. These competencies have been identified to:

- encourage AMDS providers to develop the types of processes that assign priority with appropriate reference to the patient's normal level of care;
- promote the ability of the Medical Director to apply the considerations they deem to be necessary to govern the clinical conduct of the deputising doctors they are employed to supervise.

Triaging in a deputising context

The AMDS Program Guidelines consider that there are two key scenarios under which a deputising service is likely to interact with patients. These are:

1. *Providing services (predominantly home-visits) to patients who have been referred by their regular caregiver*

The Department of Health (Health) expects that these patients will have been triaged by their normal caregiver as having a condition that does not require emergency care but would benefit from an after-hours consultation. For this scenario, the deputising service is expected to apply a minimum triaging process that:

- ensures the assigned deputising doctor is not working outside of their current competencies (noting that AMDS participants are doctors who have not yet attained vocational recognition in general practice);
- allows the service to provide the patient with an indicative timeframe for the consultation;
- (where the provider offers a mix of in-clinic and visiting services) ensures that escalating demands for in-clinic services does not compromise the agreed delivery of home-visit services;
- ensures the assigned deputising doctor has the training to appropriately refer a patient if their condition has escalated and become an emergency;

- ensures the assigned deputising doctor has contact with their supervisor in the case that they require assistance when consulting a patient; and
- (as a broader feature of the AMDS) maintains systems for referring patient records to their primary caregiver according to the Australian Health Practitioner Regulation Agency's standards and maintains a system for receiving feedback from partner general practices.

2. *Considering requests from patients who have not been referred by their regular caregiver*

The minimum capabilities that are set out in Appendix 2 of the AMDS Program Guidelines are primarily concerned with ensuring these patients are appropriately triaged. In addition, Appendix 2 identifies the types of routine and non-urgent clinical matters that are deemed to fall outside of medical deputising to assist AMDS providers with defining situations where it is most appropriate to triage patients back to their normal caregiver.

As per the first scenario presented above, the minimum competencies set out in Appendix 2 of the AMDS Program Guidelines are applied to ensure that deputising doctors are not being assigned to situations that would compel them to work outside their competencies.

How does Health apply the minimum triaging capabilities?

From 1 March 2018, a triage plan must be provided to Health when a service:

- applies to extend a Deed and participation on the AMDS Program; or
- applies to become a new AMDS Provider under a new Deed arrangement.

Contacting Health about the triaging capabilities under the AMDS Program

The Access Programs Section of Health is responsible for the AMDS Program. The AMDS Program is supported by a dedicated in-box: AMDS@health.gov.au. This in-box may be used by:

- current and prospective AMDS Providers to refer questions regarding the triaging capabilities that will form part of the Deed assessment process from 1 March 2018 and;
- consumers, service providers and other third parties to refer questions regarding the minimum triaging standards that have been identified in the Guidelines.

The Access Programs Section responds to all emails within a 28 day timeframe.