

APPROVED PRIVATE EMERGENCY DEPARTMENT PROGRAM

The purpose of these guidelines is to provide private hospitals with approved private emergency departments (referred to in this document as “**service providers**”) responsible for administering the Approved Private Emergency Department Program (the Program) with the background, principles, eligibility criteria and operational procedures of the Program. A medical practitioner who participates in the Program for the purposes of this document is known as an **eligible doctor**.

1.0 INTRODUCTION

An **approved private hospital emergency department** is a hospital emergency department that has been approved by the Department of Health and Ageing for the purposes of the Approved Private Emergency Department Program. An approved private emergency department is primarily involved in the provision of **emergency medicine**. This is defined by the Australasian College for Emergency Medicine as:

“The field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of prehospital and in-hospital emergency medical systems and skills necessary for this development.”

Private hospital emergency departments have been operating in Australia since 1988 and are present in all States. These emergency departments are located in the capital cities as well as regional centres. At September 2001, 27 emergency departments (as defined by the Department of Health and Ageing) exist, with one further planned in Melbourne.

Staffing of these departments consists of emergency physicians and non emergency physicians (who are doctors who do not hold a Fellowship of the Australasian College for Emergency Medicine but who have significant emergency experience) either in a fulltime or part time capacity. Of those in a part time capacity, there is a varying requirement for casual sessional medical staff who come from a pool of doctors in post graduate year 3 and above who have had significant emergency medicine experience.

Ideally all staffing of private emergency departments should be by emergency physicians, however as demonstrated in the Australian Medical Workforce Advisory Committee report this will not be achieved until at least 2007. In the intervening time frame private emergency departments may have difficulty in recruiting adequate numbers of specialist emergency medical staff. One of the strategies to meet this short term staffing need for emergency specialists is to allow accredited private emergency departments who require access to the sessional pool of medical staff the ability to apply for entry to the Approved Private Emergency Department Program.

2.0 LEGISLATION

Section 19AA of the *Health Insurance Act 1973* (the Act) prevents a Medicare benefit from being paid in respect of a service rendered by a medical practitioner, where the practitioner first became a medical practitioner on or after 1 November 1996, and was not recognised as a specialist, consultant physician or general practitioner or listed on the Register of Approved Placements created under section 3GA.

Section 3GA of the Act provides for the creation of a Register of Approved Placements. Persons may be listed on the Register once they are enrolled or undertaking a course or program of a kind specified in Schedule 5 of the Health Insurance Regulations 1975 (the Regulations). Once included on the Register, a person is eligible to provide services for which a Medicare benefit will be payable, when performed during the course or program. This ensures that only persons in properly supervised and recognised positions are able to provide services for which a Medicare benefit will be payable.

The Approved Private Emergency Department Program is an approved program under section 3GA of the Act. The Department of Health and Ageing is the administering body. Medical practitioners working in the Approved Private Emergency Department Program for approved service providers will be listed on the Register of Approved Placements under section 3GA of the Act. A Medicare benefit would then be payable in respect of specific emergency medicine services performed by such doctors (provided that any other applicable eligibility requirements for benefits are also satisfied).

Overseas trained doctors

In general, permanent resident overseas trained doctors (OTDs) who entered Australia after 1 January 1997 and before 18 October 2001 are unable to provide professional services that attract Medicare benefits for a period of ten years from the date they obtain registration in Australia (this provision is sometimes referred to as the 'ten-year moratorium on overseas trained doctors'). For those OTDs who were first registered in Australia on, or after, 18 October 2001 their ten year moratorium commences when they first became a permanent resident of Australia. Restrictions imposed by section 19AB of the Act are in addition to the restriction in section 19AA. Doctors subject to the ten-year moratorium who apply for eligibility to attract Medicare benefits under this Program, would also need to seek an exemption under section 19AB of the Act. Decisions on section 19AB exemptions are made by the Workforce Distributions Programs Section of the Department of Health and Ageing (contact telephone numbers are provided at the end of this document).

3.0 PRINCIPLES

The Approved Private Emergency Department Program is based on the principle of enhancing public access to private emergency departments by expanding the pool of doctors who are able to work in private hospital emergency departments.

4.0 ADMINISTRATION

This section covers the following administrative details:

- 4.1 *Eligible doctors;*
- 4.2 *Eligible organisations;*
- 4.3 *Clinical support;*
- 4.4 *Activities and Conduct;*
- 4.5 *Emergency medicine doctors;*
- 4.6 *Contingency Arrangements;*
- 4.7 *Quality assurance and continuing medical education;*
- 4.8 *Safe working hours;*
- 4.9 *Communication and information management;*
- 4.10 *Complaints;*
- 4.11 *Responsibility for medical care provided by emergency medicine doctors;*

4.1 ELIGIBLE DOCTORS

A private hospital wishing to apply for participation in this Program must ensure that the medical practitioners they nominate are doctors who are subject to restrictions imposed by section 19AA of the Act and that they comply with the provisions as defined in clause 4.5 and have clinical support as defined in 4.3.

4.2 *ELIGIBLE ORGANISATIONS*

A private hospital emergency department that meets all of the following criteria is deemed to be an approved emergency department for the purposes of the Approved Private Emergency Department Program:

- 4.2.1. The emergency department must be part of a hospital and the emergency department must be licensed as an “emergency department” by the appropriate State or Territory government authority. The emergency department must be purpose designed and must include a designated separate area for the reception and stabilisation of critically ill patients. This designated area must have the capacity for mechanical ventilation and invasive vital signs monitoring.
- 4.2.2. There must be registered nurses on duty within the department 24 hours a day. There must be a nursing structure within the department with a senior nurse with emergency nursing qualifications and experience designated as being responsible for the organisation and operation of its nursing services. There must be adequate policies and procedures for the administration of the department for example triage policy.
- 4.2.3. The emergency department must have 24-hour on-site medical cover. Where this is not an emergency physician, there will be an emergency physician available on-call at all times for clinical support. The medical staff establishment will include at least 1 Full Time Equivalent (FTE) emergency physician whose primary commitment is the emergency department and he/she will be based in the department.
- 4.2.4. The emergency department will provide initial assessment and management of all emergencies. Networking and transfer arrangements should also be in place for those patients whose clinical needs cannot be met within the hospital.
- 4.2.5. The emergency department must have specialist cover for opinion and/or referral 24 hours a day in such specialties as Intensive Care, Anaesthesia, General Surgery, General Medicine, Paediatrics, Orthopaedics, Neurosurgery, Vascular Surgery and Psychiatry. Adequate arrangements must be in place for the transfer of patients who require additional specialist care to an appropriate alternative facility.
- 4.2.6. Pathology facilities, radiology facilities and operating theatres must be available 24 hours a day. There also must be 24 hours a day access to CT and ultrasound on site.
- 4.2.7. The emergency department has a formal quality improvement program including review of morbidity, mortality and recognised emergency medicine clinical indicators. The medical record system reflects the requirement of emergency medicine doctors to hand patients on to other doctors for continuing care whether admitted or not. The hospital has a dedicated clinical and management information system which records both presentation details and recognised clinical indicators. The hospital has a system of doctor credentialling that conforms with the hospital’s medical by-laws and which includes requirements for current medical registration, medical indemnity insurance and participation in an appropriate continuing medical education program. The emergency department must collect and submit clinical indicator data to a hospital quality program such as ACHS EQUiP.
- 4.2.8. The emergency department must have in place contingency arrangements, QA, CME, safe working hours, communication and information strategies and complaints processes as outlined in paragraphs 4.6-4.10

4.3 CLINICAL SUPPORT

The private hospital must ensure that eligible doctors must, at all times, be supervised by one or more emergency physicians. The ratio of eligible doctors to emergency physicians must not exceed 2 FTE eligible doctors to 1 FTE emergency physician. The hospital may nominate more than one doctor for an Approved Placement provided that the total FTE for all doctors approved under the Program does not exceed

- (a) this ratio; and
- (b) the number of FTE's approved by the Department of Health and Ageing for that particular hospital.

4.4 ACTIVITIES AND CONDUCT

These Guidelines only apply to a private hospital emergency department that is primarily involved in the provision of **emergency medicine** as defined by the Australasian College for Emergency Medicine: that is, as the field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of prehospital and in-hospital emergency medical systems and skills necessary for this development.

An **emergency physician** is a medical practitioner who has specialist registration in the specialty of Emergency medicine and who practises within the specialty of emergency medicine.

An **emergency patient** is one suffering from an actual or suspected medical condition having a severity that would lead a reasonable person to believe that acute, unscheduled, hospital care is required, and which has been triaged/assessed by a health care professional as having a clinical need for such care in order to minimise the risk of morbidity or mortality.

Emergency care is care provided to a patient who is suffering from an actual or suspected medical condition having a severity that would lead a reasonable person to believe that acute, unscheduled, hospital care is required, and which has been triaged/assessed by a health care professional as having a clinical need for such care in order to minimise the risk of morbidity or mortality.

4.5 EMERGENCY MEDICINE DOCTORS

The private hospital must ensure that a medical practitioner who is nominated by the hospital for Approved Placement to act as an emergency medicine doctor:

- holds medical registration in the State/Territory of practice;
- has a minimum of three years post-graduate experience, including experience in emergency medicine, paediatrics, medicine and surgery;
- holds appropriate membership of a medical defence organisation approved by the private hospital;
- is an Advanced Trainee of the Australasian College for Emergency Medicine

4.6 CONTINGENCY ARRANGEMENTS

A medical director of an approved private hospital emergency department must:

- ensure that adequate staff and emergency medicine physicians are available to ensure the provision of prompt, efficient, continuous service during all hours of operation.
- ensure the availability of reserve/back up staff and emergency medicine physicians to meet common contingencies.
- ensure that an “on call” emergency physician is available at all times.

4.7 QUALITY ASSURANCE AND CONTINUING MEDICAL EDUCATION

An approved private hospital emergency department and/or the private hospital must:

- undertake a hospital wide quality Program eg EQuIP/ACHS or equivalent
- ensure emergency department/emergency medicine doctor specific Quality Programs eg doctor specific medical record audits
- have a dedicated emergency medicine CME program that all medical staff can access
- ensure that emergency medicine trainees and physicians have access to the ACEM MOPS Program

4.8 SAFE WORKING HOURS

The private hospital must ensure that the duty of care obligations under State and Territory occupational health and safety legislation are met in relation to the work of emergency medicine doctors, and that the rostering of emergency medicine doctors is undertaken in accordance with the guidelines contained in the AMA's *National Code of Practice - Hours of Work, Shiftwork and Rostering for Hospital Doctors*.

In order to comply further with safe hours, eligible doctors must not work more than two sessions in any consecutive seven day period (with a maximum time limit per session of ten hours).

4.9 COMMUNICATION AND INFORMATION MANAGEMENT

A private hospital emergency department must:

- maintain regular and effective communication with patients' usual medical practitioner (at the patient's discretion).
- ensure that a medical record is compiled on each patient attendance. Patient reports must contain:
 - patient name, address, date of birth/age, telephone number
 - date and time of attendance
 - name and provider number of emergency medicine doctor
 - name of patient's GP (at the patient's discretion)
 - appropriate clinical notes on history, examination, diagnosis, investigation, management, treatment, review, referral, hospital admission.
- Ensure post discharge communication is completed to the patients' usual practitioner (at the patient's discretion)

4.10 COMPLAINTS

A private hospital must have an effective mechanism for the handling, investigation and resolution of complaints from patients, the patient's usual practitioner and the emergency medicine doctors.

4.11 RESPONSIBILITY FOR MEDICAL CARE PROVIDED BY AN EMERGENCY MEDICINE DOCTOR

The doctors approved under this Program have professional and ethical obligations to fulfil in relation to the services they provide, as well as a legal duty of care to their patients and to other persons with whom they deal. Doctors should note that in recent cases of medical negligence, the courts have been willing to extend the duty of care owed by doctors to members of the public, even where the member of the public was not the doctor's patient. Where doctors are uncertain as to their personal responsibilities in relation to work under this Program they should seek independent legal advice.

5.0 ACCESS TO MEDICARE BILLING

Medical practitioners approved under this Program have access to all items reasonably necessary for the practice of emergency medicine, including Group A2, T8, D1, T7 of the Medicare Benefits Schedule.

6.0 MONITORING AND REVIEW

The Program will be evaluated after 3 years to assess the need to continue with the Program and the level of provider numbers sought under this Program.

7.0 BACK DATING APPROVALS

Placements under section 3GA of the Act may not commence earlier than the date on which the name of the eligible doctor is entered on the Register of Approved Placements with the Health Insurance Commission.

Placements will not be backdated under any circumstances.

Doctors seeking a provider number to participate on the Approved Private Emergency Department Program must ensure that their application (or re-application if a placement is due to expire) is lodged with the Health Insurance Commission at least 14 days prior to the proposed commencement date. It is the doctor's personal responsibility to ensure that the required documentation is complete, in order to avoid the considerable risk that an incomplete application will not be processed within the 14 day period.

Under section 19CC of the Act, a medical practitioner who does not have a valid and current placement on the Register of Approved Placements under section 3GA may be committing an offence if he or she provides a professional service to a patient without first advising the patient that a Medicare benefit is not payable with respect to that professional service.

The Health Insurance Commission does not issue reminders that approved placements are due to expire. It is the personal responsibility of the individual doctor to ensure that an application for a new or extended section 3GA placement is submitted to the Health Insurance Commission in sufficient time for registration, and that it is not prudent to make an application less than fourteen days before the new or amended registration is needed.

8.0 DURATION OF APPROVED PLACEMENT

A placement within the Approved Private Emergency Department Program is for a period of twelve months.

Doctors are reminded that there is no provision for backdating the date on which they are given a placement in the Approved Private Emergency Department Program and that the Health Insurance Commission does not backdate entries in the Register of Approved Placements. This will mean that the services of a doctor who fails to reregister before their current registration expires will not be eligible for the payment of Medicare benefits.

9.0 APPEALS

A service provider that is refused participation in the Approved Private Emergency Department Program can apply to the Department of Health and Ageing for a reconsideration, and should at that time provide whatever information that it considers necessary to support the application.

10.0 APPLICATION AND ACCREDITATION PROCESS

A service provider wishing to participate in the Approved Private Emergency Department Program should submit an application to:

Director
Workforce Distribution Programs Section
Mail Drop Point 50
Department of Health and Aged Care
PO Box 9848
CANBERRA ACT 2601

Phone (02) 6289 8203
Fax (02) 6289 1352

December 2001

The following is a summary of the application process for a private hospital applying to participate in the Program. In general, the steps for the private hospital are:

1. Submit an application to the Workforce Distribution Programs Section of the Department of Health and Ageing seeking recognition as an approved private hospital emergency department. The application will be refused if it does not include sufficient details to enable the Department of Health and Ageing to assess whether the emergency department meets the criteria as outlined in clause 4.2. The private hospital should also include the total number of eligible doctors in FTE's that are likely to be required over the next twelve month period, together with a statement from the Medical Director of the emergency department that the supervisory requirements in clause 4.3 will be met.
2. The total number of doctors approved (by FTE) for the private hospital emergency department under this program will be negotiated on the basis between the Department of Health and Ageing and the service provider.
3. The private hospital will execute an agreement with the Department of Health and Ageing regarding the agreed number of placements to be made available under the Program, and declaring that the service meets the clinical supervision and support standards specified in the Guidelines.
4. The private hospital will recruit eligible emergency medicine doctors to participate under this Program and will continue at all times to ensure that the emergency department is staffed and operated in accordance with these Guidelines.
5. The private hospital will then provide the Department with the names and relevant details of doctors wishing to apply for an Approved Placement.
6. Subject to the private hospital meeting the requirements of points 2 and 3 above, the Department of Health and Ageing will notify the Health Insurance Commission that these doctors are undertaking placements on the Program and that they appear to eligible to be listed on the Register of Approved Placements.
7. The private hospital must ensure that a doctor who intends to fill an emergency medicine placement has completed the HIC form *Application for a Medicare Provider Number for a Medical Practitioner*.
8. If an overseas trained doctor is also subject to the 10-year moratorium (under section 19AB), the Department may also grant an exemption under section 19AB. The exemption would be location and time specific for a maximum of 12 months.
9. If during the course of the Approved Placement a doctor leaves his or her position in the private hospital emergency department, the private hospital must notify the Department of Health and Ageing and the Health Insurance Commission as soon as practicable, and in any event within 14 days, and may nominate an eligible doctor to replace the previously approved doctor.

APPENDIX 1

DEFINITIONS

ACEM	means Australasian College for Emergency Medicine
ACEM MOPS	means the Maintenance of Professional Standards program of the Australasian College for Emergency Medicine
AMA	means Australian Medical Association
Approved service provider	means a service provider that has been approved by the Department of Health and Ageing
CME	means Continuing Medical Education
Department of Health and Ageing	means the Commonwealth Department of Health and Ageing
Eligible doctor	means a an Advanced Trainee of the Australasian College of Emergency Medicine who is approved by the Department of Health and Ageing and who fulfills the requirements as set out in clause 4.1 of these Guidelines.
Emergency Physician	means a Fellow of the Australasian College for Emergency Medicine and registered as an Emergency Medicine Specialist in his/her relevant State.
Emergency Medicine Trainee	means a trainee of the Australasian College for Emergency Medicine
FTE	means Full Time Equivalent (32 - 40 hours per week)
QA	means Quality Assurance