



Australian Government

Department of Health

Health Insurance Act 1973
Approved Medical Deputising Service Program

Guidelines
1 March 2018

1. Preliminary.....	2
2. Principles.....	2
3. Definitions and Interpretation.....	3
4. Eligibility.....	5
4.1 Service Provider.....	5
4.2 Non-Vocationally recognised general practitioners.....	6
5. Application and Approval Processes.....	6
5.1 Department of Health.....	6
5.2 Applicant Service Provider.....	7
5.3 Applicant non-vocationally recognised general practitioners.....	8
5.4 Approving non-vocationally recognised general practitioners for AMDS Program participation.....	9
6. Renewal of Approval as a Service Provider.....	10
7. Renewal of Placements for Non Vocationally Recognised General Practitioners.....	11
8. Standards for Participation.....	12
8.1 Accreditation.....	12
8.2 Obligations of Participant non-vocationally recognised general practitioners.....	12
8.3 Interacting with General Practice.....	13
8.4 Operation.....	13
9. Reporting.....	15
10. Terminating participation.....	15
10.1 AMDS Service Providers.....	15
10.2 AMDS Non-Vocationally Recognised General Practitioners.....	15
11. Appeals.....	16

Appendix A: Application/Renewal Form

Declaration

Appendix B: Guidance for Developing Triage Protocols under the AMDS Program

Purpose

Minimum expected triage capabilities

Clinical matters that are outside of the scope of deputised care

1. Preliminary

- 1.1 These Guidelines may be referred to as the Approved Medical Deputising Service (AMDS) Program Guidelines (the Guidelines).
- 1.2 These Guidelines take effect on 1 March 2018 and supersede all previous versions of the Guidelines.
- 1.3 The Australian Government Department of Health (Health) is the administering body for the AMDS Program.
- 1.4 The AMDS Program is a specified program under Schedule 5, Part 2, Item 1 of the *Health Insurance Regulations 1975*. Placements under the AMDS Program are therefore recognised for the purposes of the Register of Approved Placements under s3GA of the *Health Insurance Act 1973* (the HIA).
- 1.5 These Guidelines provide policy direction and operational procedures for the AMDS Program. Assessments of applications from Medical Deputising Services (MDSs) seeking to join the AMDS Program and requests to place non-vocationally recognised general practitioners under existing Deeds for the Program will be conducted in accordance with this version of the Guidelines.
- 1.6 MDSs that do not participate in the AMDS Program are not required to comply with these Guidelines.

2. Principles

- 2.1 The purpose of the AMDS Program is to offer non-vocationally recognised general practitioners the opportunity to gain general practice experience in after-hours settings by allowing them to work in supervised deputised positions. By providing a mechanism for non-vocationally recognised (non-VR) medical practitioners to access certain items in the Medicare Benefits Schedule (MBS), the AMDS Program significantly increases the number of eligible non-vocationally recognised general practitioners providing after-hours in-clinic and home visit services. The AMDS Program provides this opportunity to non-vocationally recognised general practitioners on the basis that they are consulting patients at the request of that patient's normal general practitioner (GP) and that the employing MDS provides a deputising service for the entirety of the Commonwealth defined after-hours period.
- 2.2 The AMDS Program is open to non-vocationally recognised general practitioners who hold general medical registration with the Medical Board of Australia (MBA) and who do not hold vocational recognition (VR) as a general practitioner. The AMDS Program is not open to any non-vocationally recognised general practitioners who is recognised as a Fellow of the Royal Australian College of General Practitioners (FRACGP) or the Australian College of Rural and Remote Medicine (FACRRM), or who has at any time been vocationally registered under s3F of the HIA.

- 2.3 A non-vocationally recognised general practitioner is treated as a participant on the AMDS Program once Health has granted them a placement with an AMDS and they have been added to the Register of Approved Placements under s3GA of the HIA by the Department of Human Services (DHS). Upon attaining approved participant status under the AMDS Program and becoming registered under s3GA, a Program participant becomes eligible to claim applicable MBS items for deputising services they perform with the approved MDS in accordance with their registration and other legislative requirements.
- 2.4 Non-vocationally recognised general practitioners are limited to participating on the AMDS Program for up to six (6) years. When applying to join the AMDS Program, prospective participants must be able to demonstrate that they are actively working towards either the FRACGP or FACRRM qualification and will become a VR GP by attaining either qualification within this period.
- 2.5 An approved participant on the AMDS Program does not meet the definition of a general practitioner provided at clause 1.1.1.A of the *Health Insurance (General Medical Services Table) Regulations 2017* (GMST Regulation). A Program participant is therefore subject to restrictions on the MBS items they may claim for after-hours deputising services they may provide while participating on the AMDS Program.
- 2.6 AMDSs must not offer services in competition with day time general practices, or offer continuing care to patients during the Commonwealth defined after-hours period, without reference to their normal General Practitioner.
- 2.7 AMDSs are able to provide after-hours clinic based or home visits during the whole of Commonwealth defined after-hours period to patients on behalf of general practice Principals.

3. Definitions and Interpretation

The following terms are defined and have the meaning given below whenever they are used in these Guidelines.

- **ACRRM** means the Australian College of Rural and Remote Medicine.
- **AMDS** means an Approved Medical Deputising Service, which is an MDS that has entered into a Deed with the Commonwealth for the purposes of the AMDS Program.
- **AMDS medical practitioner** means a medical practitioner who has been approved by Health to participate in the AMDS Program and whose name is entered by DHS on the Register of Approved Placements. This medical practitioner provides medical services to patients on behalf of a general practice Principal.
- **AHPRA** means Australian Health Practitioner Regulation Agency.
- **Australian Government nominated accreditation body** means Australian General Practice Accreditation Limited (AGPAL) and Quality Practice Accreditation Pty Ltd (QPA).
- **Certificate of accreditation** means the certificate issued by an Australian Government nominated accreditation body as evidence that a practice has been fully

accredited as an MDS in accordance with the RACGP Standards including the current standards for after-hours care.

- **Certificate of registration for accreditation** is a certificate issued by an Australian Government nominated accreditation body which acknowledges the application by a practice for accreditation. This certificate indicates that a survey visit to complete the accreditation process may not yet have been undertaken and the practice is yet to be accredited against the RACGP Standards. This is not full accreditation.
- **Commonwealth defined after-hours period** means the hours of 6pm to 8am on weekdays, the hours before 8am and from 12noon onwards on Saturday, all day Sunday, and public holidays.
- **Communications control centre** means a call centre located onsite in the physical location in respect of which the AMDS is accredited.
- **CPD/PDP** means continuing professional development through either RACGP or ACRRM.
- **Deed** means Deed of Agreement signed by the Commonwealth of Australia as represented by Health and the MDS, under which the MDS provider agrees to abide by these Guidelines, and Health agrees to recognise the service under the AMDS Program while it holds a valid certificate of accreditation with an Australian Government accreditation body.
- **DHS** means Department of Human Services.
- **FACRRM** means Fellowship of the Australian College of Rural and Remote Medicine.
- **FRACGP** means Fellowship of the Royal Australian College of General Practitioners.
- **Guidelines** mean the AMDS Program Guidelines, as in force from time to time.
- **Health** means the Australian Government Department of Health.
- **MBA** means Medical Board of Australia.
- **MBS** means the Medicare Benefits Schedule.
- **Medical Director** means a medical practitioner who holds either FRACGP or FACRRM, or who is vocationally registered by DHS as a general practitioner, and is designated as a Medical Director of an AMDS undertaking the overall responsibility for clinical supervision. The Medical Director must be located in the same state or territory as the AMDS provider and be available on an 'on call basis' to all AMDS Program participants under their supervision.
- **Medicare Provider Number** means the number issued and used by DHS to uniquely identify the health professional and claim location for MBS and the Department of Veterans' Affairs benefits processing.
- **MDS** means a medical deputising service that has received accreditation from an Australian Government nominated accreditation body to deliver services in the Commonwealth-defined after-hours period including home visits.
- **Non-vocationally recognised general practitioner** means a medical practitioner who does not satisfy the criteria for vocational registration under s3F of the HIA, or hold either the FRACGP or the FACRRM qualification.
- **Principal** means a general practitioner who undertakes the continuing care of patients in a medical practice and enters into a written agreement to engage an AMDS to provide after-hours services on their behalf for patients of their general practice.
- **Program** means the Approved Medical Deputising Service Program.

- **QI** means quality improvement.
- **RACGP** means the Royal Australian College of General Practitioners which is responsible for maintaining standards for quality clinical practice, education and training, and research in Australian general practice.
- **RACGP Standards** mean the RACGP Standards for General Practices including standards for after-hours care, current at the time of application for accreditation. Copies of the RACGP Standards can be obtained from [the RACGP website](#).
- **Register of Approved Placements** means the Register of Approved Placements as provided for under s3GA of the HIA.
- **Service provider** means a practice approved as an AMDS under this Program for the purposes of supervising and supporting non-vocationally recognised general practitioners approved to participate in the Program.
- **State health authority** means the state or territory government department responsible for health policy and service delivery in that state or territory.
- **Supervisor** means a medical practitioner holding either the FRACGP or FACRRM qualification, or is VR by DHS, who is employed by the AMDS to provide clinical supervision and oversee the completion of CPD activities by non-vocationally recognised general practitioners employed by the AMDS under their supervision.
- **Vocationally recognised general practitioner** means a general practitioner who has been placed on the vocational register established under s3F of the HIA.

4. Eligibility

4.1 Service Provider

To be eligible for the AMDS Program, an MDS must satisfy the following criteria:

- a) hold current full accreditation as an MDS from an Australian Government nominated accreditation body;
- b) have operated as an MDS for a minimum of 12 months prior to applying to join the AMDS Program;
- c) be clinically governed by one or more Medical Directors;
- d) comprise a physical location, incorporating a communications control centre. (This means Practices operating from a virtual office are not eligible for the AMDS Program);
- e) be a stand-alone service that is not co-located in the same building or address as a general practice or another MDS where surgery, treatment rooms and/or receptionist facilities (including office equipment) is shared between the prospective AMDS Program provider and the other service;
- f) operate exclusively during the Commonwealth defined after-hours period;
- g) be fully operational, including the Communications control centre, during the entirety of the Commonwealth defined after-hours period; and
- h) demonstrate that it has a clinical triage protocol that satisfies each of the minimum capabilities identified in Appendix B of these Guidelines.

Health recognises that under previous Guidelines that had effect prior to 1 November 2007, a number of co-located MDSs were granted approval to operate as AMDSs. Health will allow these co-located MDSs to continue to participate on the AMDS Program under these

Guidelines. These co-located MDSs must comply with all other requirements of these Guidelines.

AMDS Program providers are required to remain compliant with each of the standards for participation and the related reporting requirements as set out in Parts 8 and 9 of these Guidelines. This includes a requirement to remain compliant with the RACGP standards and to maintain a full certificate of accreditation with an Australian Government nominated accreditation body for the duration of AMDS Program participation.

4.2 Non-Vocationally recognised general practitioners

- 4.2.1 A non-vocationally recognised general practitioner must satisfy the following eligibility criteria before they may approach an AMDS and apply to join the Program:
- a) be subject to the operation of s19AA of the HIA and not at any time have been vocationally registered under s3F of the HIA;
 - b) hold current general medical registration with the MBA if employed to perform home visits, or a limited category registration that covers the clinic address if seeking to practise for an AMDS that maintains, as part of its deputising operation, an in-clinic service that is accredited according to the requirements at 4.1 of these Guidelines;
 - c) have completed the Level 1 Advanced Life Support Course as approved by the RACGP and/or the ACRRM;
 - d) hold current membership of either the RACGP or the ACRRM;
 - e) have at least two years post-graduate experience that includes paediatrics, accident and emergency medicine, surgery and general practice; and
 - f) be working towards either the FRACGP or FACRRM qualification as demonstrated by a (less than 6 months old) General Practice Experience Assessment Report. This report must be provided to Health within 6 months of commencement on the Program

5. Application and Approval Processes

5.1 Department of Health

- 5.1.1 When assessing AMDS Program Deed applications from MDSs, Health retains the discretion to determine if the proposed hours of service meet the requirement to operate for the entirety of the Commonwealth defined after-hours period defined in Part 3 of these Guidelines. Health may audit the prospective AMDS Program provider to confirm compliance.
- 5.1.2 Health has eight (8) weeks to assess all complete AMDS Program Deed applications and 28 working days to assess placement requests when they are submitted by an approved AMDS Program participant on behalf of an eligible non-vocationally recognised general practitioner. The 28 working day period for assessing placement requests can only commence once the requesting service provider has a current Deed for the AMDS Program with Health.

- 5.1.3 Incomplete applications that fail to meet the standards of these Guidelines will be rejected by Health. Applications that are found to contain incorrect or outdated information will be rejected by Health.
- 5.1.4 When rejecting an application, Health will provide written reasons for the rejection to the applicant. This correspondence will provide the applicant with the opportunity to respond. Health will write to the AMDS Provider in cases where a non-vocationally recognised general practitioner placement request is rejected. The AMDS Provider will be responsible for providing the reasons for Health's decision to the rejected non-vocationally recognised general practitioner and assisting them with making a response.

5.2 Applicant Service Provider

- 5.2.1 MDSs wishing to be recognised as an AMDS must enter into a Deed with the Commonwealth as represented by Health. To apply to enter into a Deed, an MDS must complete the application form at Appendix A and submit it to Health with the required supporting documentary evidence (also set out at Appendix A). A complete application must be forwarded to: AMDS@health.gov.au.

- 5.2.2 Health will assess each applicant MDS on an individual basis against the criteria in clause 4.1 of these Guidelines and within the timeframe specified in clause 5.1.2

Health may seek information from relevant bodies to inform the assessment of the MDS's application. Relevant bodies include, but are not limited to, the MBA, the RACGP, the AHPRA, state and territory health authorities, DHS, Regional Training Organisations, and the Australian Government nominated accreditation bodies.

- 5.2.3 If Health approves an MDS's application, an AMDS Program Deed will be drafted and forwarded to the applicant. The Deed will specify:
- a) the duration of the AMDS Program approval period that is linked to the MDS's current certificate of accreditation;
 - b) the MDS's responsibilities under the AMDS Program, including its requirement to offer supervision and mentorship to the non-VR medical practitioners it employs; and
 - c) the number of non-vocationally recognised general practitioner placements Health will make available to the MDS under the terms of the AMDS Program.

The Deed does not take effect until it is executed by both Health and the MDS.

- 5.2.4 By executing the Deed, the MDS agrees to comply with these Guidelines.

By executing the Deed, Health agrees to recognise the practice as an accredited AMDS Program service provider for a specified period and while it is compliant with these Guidelines.

If the Deed is executed by both parties, Health will provide the newly recognised AMDS with the application form to be submitted with each non-vocationally recognised general practitioner placement request.

- 5.2.5 An AMDS may apply to extend the duration of its Deed with Health when it renews its certificate of accreditation as an MDS with one of the Australian Government nominated accreditation bodies.
- 5.2.6 Deeds are granted for the street address of an AMDS. If the AMDS or any of its after-hours clinics change address, Health must be notified at least four (4) weeks in advance by emailing AMDS@health.gov.au. This will allow Health to take action to provide continuity of access to MBS items by AMDS Program participants.

As AMDS Deeds are location specific, the new street address must have received accreditation as an MDS from an Australian Government nominated accreditation body before Health can assess the provider for a new Deed. The provider will require a new Deed with the Commonwealth of Australia as represented by Health so that it can remain on the AMDS Program at the new address.

- 5.2.7 As a condition of entering into the Deed, the service agrees to register every non-vocationally recognised general practitioner it employs with Health for the purpose of the AMDS Program. This requirement includes temporary resident doctors who are subject to the ten year moratorium under s19AB of the HIA.

This requirement is applied to ensure the Deed covers every non-vocationally recognised general practitioner employed by an AMDS. Services must refer to the definition provided for a non-vocationally recognised general practitioner in Part 3 of these Guidelines when interpreting this clause.

5.3 Applicant non-vocationally recognised general practitioners

- 5.3.1 Health will assess the non-vocationally recognised general practitioner against the eligibility criteria for participating on the AMDS Program as set out at clause 4.2.1 of these Guidelines.
- 5.3.2 Applications must include documentary evidence that each non-vocationally recognised general practitioner satisfies each of the conditions set out at clause 4.2.1 and a copy of the non-vocationally recognised general practitioners current curriculum vitae. Health requires a recent General Practice Experience Report as evidence that an AMDS participant is committed to attaining either a FRACGP or FACRRM qualification. This must be provided within six months of the doctor commencing on the Program with an AMDS provider or the doctor is in breach of these Guidelines.
- 5.3.3 The applicant's medical registration must not limit them from practising during the Commonwealth defined after-hours period or from performing deputised services.

As a broad guide, a doctor who holds general registration with the MBA is considered to meet registration requirements.

5.4 Approving non-vocationally recognised general practitioners for AMDS Program participation

- 5.4.1 A non-vocationally recognised general practitioner may be placed on the AMDS Program according to the terms of their employing MDS's Deed with Health. This means that where a non-vocationally recognised general practitioner is approved for participation on the AMDS Program, Health will grant a placement that is specific to the employing MDS's street address and time-limited to coincide with the end date of the provider's current AMDS Program Deed with Health.
- 5.4.2 Health may also set additional limits on the timeframe of a non-vocationally recognised general practitioners AMDS Program placement so that it expires before the Deed held by the MDS.
- 5.4.3 Health will notify DHS when a non-vocationally recognised general practitioner has been granted a placement with an AMDS Program provider. The purpose of this notification is to allow DHS to add the Program participant to the Register of Approved Placements under s3GA of the HIA. To ensure s3GA can be satisfied, Health's notification to DHS will provide:
- (a) the non-vocationally recognised general practitioner's full name as it appears on their current certificate of registration with the MBA;
 - (b) the period of approval (this will be 14 calendar days after Health approves the placement to give DHS time to register the approved placement);
 - (c) the full name and street address of the MDS; and
 - (d) a reference to the AMDS Program as a recognised program under Schedule 5, Part 2 of the *Health Insurance Regulations 1975*.
- 5.4.4 Health will also notify the AMDS in writing of the outcome of all placement requests within the timeframe specified in these Guidelines. Health's notification to the AMDS will specify any conditions attached to an approved placement, including the timeframes for the placement.
- 5.4.5 The AMDS is responsible for monitoring the end date of all approved placements granted to its non-vocationally recognised general practitioners. Health does not remind service providers or Program participants of the end date of their approved placements and the AMDS is responsible for managing and coordinating placement renewal applications according to the provisions of these Guidelines.

The AMDS is responsible for notifying the non-vocationally recognised general practitioners of the outcome of their placement request, including when a placement request has been declined as per clause 5.1.4 of these Guidelines.

- 5.4.6 When an approved placement is granted to a non-vocationally recognised general practitioner, the AMDS is responsible for assisting the Program participant with applying to DHS for a Medicare provider number. To ensure a complete application, the approved placement issued by Health must be submitted with the Medicare provider number application form. The Medicare provider number application form is provided on the [DHS website](#).

In addition to assisting Program participants with making their Medicare provider number application, the AMDS is responsible for ensuring that non-vocationally recognised general practitioners do not attempt to claim Medicare benefits for services rendered under MBS items before they:

- (a) receive an AMDS Program placement from Health;
- (b) have had their name added to the Register of Approved Placements for the purpose of s3GA of the HIA by DHS; and
- (c) are granted a Medicare provider number for the AMDS's street address by DHS.

MBS eligibility cannot be granted retrospectively under the AMDS Program. Non-vocationally recognised general practitioners who attempt to claim MBS items for services under the AMDS Program without satisfying the conditions under these Guidelines will breach the offence provisions of s19CC of the HIA.

- 5.4.7 It is the responsibility of the AMDS to keep records of the number of non-vocationally recognised general practitioners it has employed under its Deed and to inform Health whenever a non-vocationally recognised general practitioner ceases working under the conditions of the Program.

6. Renewal of Approval as a Service Provider

- 6.1 Requests to renew AMDS Program Deeds must be lodged with Health at least four (4) weeks prior to the expiry of the provider's current Deed. Failure to do so may result in temporary loss of MBS eligibility for participating non-vocationally recognised general practitioners.
- 6.2 Renewal applications must include a current certificate of accreditation and relevant supporting documentation as specified in Part 5 of these Guidelines. Health will not approve incomplete renewal applications.
- 6.3 When assessing a renewal request, Health will consider prior situations where the MDS has been found to have engaged in conduct that is not compliant with these Guidelines and may seek further information from the applicant provider and other relevant bodies including, but not limited to, the MBA, the RACGP, the AHPRA, state and territory health authorities, DHS, the Regional Training Providers for the AGPT, and the Australian Government nominated accreditation bodies.

- 6.4 Following the execution of any Deed, the AMDS must provide Health with a list of all current participant non-vocationally recognised general practitioners. Documentary evidence is required showing that all non-vocationally recognised general practitioners to be extended on the AMDS Program are actively working towards either the FRACGP or FACRRM qualification and have a current Level 1 Advanced Life Support Course qualification at the time of the extension request.

7. Renewal of Placements for Non Vocationally Recognised General Practitioners

- 7.1 An AMDS may request Health to renew a participant's placement, following renewal of its accreditation as an MDS with an Australian Government nominated accreditation body. The renewal request ensures that participant non vocationally recognised general practitioners can be considered for an extension in line with the end date of the MDS's current accreditation.
- 7.2 Non-vocationally recognised general practitioners making a request for a placement renewal through their AMDS must meet each of the eligibility requirements at clause 4.2.1 of these Guidelines. Health will reject placement renewal requests from non-vocationally recognised general practitioners who do not satisfy the eligibility requirements at clause 4.2.1 or who have failed to satisfy clause 2.4 by attaining either the FRACGP or FACRRM qualification within six years of commencing on the AMDS Program.
- 7.3 As set out at Part 5 of these Guidelines, approved placements are location specific. The location specific nature of AMDS Program participation applies to the assessment of all placement renewal requests.
- 7.4 Health will advise DHS in writing when a non-vocationally recognised general practitioner has been granted a renewal of their placement and this notification will contain the information set out in Part 5 of these Guidelines to ensure compliance with the requirements of s3GA of the HIA.
- 7.5 Health will also advise the AMDS when a non-vocationally recognised general practitioner has been granted a renewal of their placement. The AMDS is responsible for informing the non-vocationally recognised general practitioner of Health's decision and ensuring that the doctor remains compliant with the MBS claiming requirements set out in Part 5 of these Guidelines.
- 7.6 If a placement renewal request is declined, Health will inform the AMDS in writing, as per the process set out in Part 5 of these Guidelines. The AMDS will be responsible for informing the non-vocationally recognised general practitioner of the outcome of their placement renewal request.

8. Standards for Participation

8.1 Accreditation

- 8.1.1 An AMDS must hold continued full accreditation as an MDS.
- 8.1.2 Accreditation means the process of certification by an Australian Government nominated accreditation body that ensures a practice meets current RACGP Standards. The two Australian Government nominated accreditation agencies are [Australian General Practice Accreditation Limited](#) and [Quality Practice Accreditation Pty Ltd.](#)
- 8.1.3 A certificate of registration for accreditation or any form of preliminary advice regarding pending accreditation does not meet the standards for participation on the AMDS Program.

8.2 Obligations of Participant non-vocationally recognised general practitioners

The AMDS will provide all AMDS non-vocationally recognised general practitioners with a manual providing these Guidelines and advice on other relevant topics including:

- (a) protocols for arranging hospital admissions;
- (b) relevant operational details of the AMDS;
- (c) general requirements of Principals;
- (d) lists of available hospitals, pharmacies, support services and agencies etc. together with contact details;
- (e) work health and safety issues relevant to their roles;
- (f) processes by which the privacy and confidentiality of patient health information is maintained within the AMDS;
- (g) the local health and cultural environment of the AMDS;
- (h) key public health regulations that will influence how they work; and
- (i) other information necessary to assist non-vocationally recognised general practitioners in the performance of their duties.

Health requires AMDS program participants to be involved in appropriate QI CPD and PDP programs offered by the RACGP or the ACRRM.

The Supervisor is responsible for ensuring the completion of QI CPD and PDP activities and undertakes the responsibility for clinical supervision. This role can be undertaken by the Medical Director of the AMDS, or another medical practitioner who holds either FRACGP or FACRRM, or who is Vocationally Registered with DHS and holds suitable medical indemnity insurance for this role. See the RACGP standards for further information on clinical supervision.

The name of the Supervisor for each AMDS program participant must be provided to Health within 28 days of the commencement of the AMDS placement.

AMDS Program participants must be supervised, mentored and supported in their education in line with the RACGP or ACRRM standards for education and training.

AMDS Program participants are required to successfully complete all examinations for either the FRACGP or FACRRM qualification within six (6) years of commencing on the Program.

8.3 Interacting with General Practice

An AMDS will ensure that it has been engaged by a practice Principal before it begins consulting patients of the general practice. For the purpose of the AMDS Program, an AMDS is considered to have been engaged when it has entered into a written agreement with the Principal(s) of the general practice to provide deputised services to patients of that practice.

The means by which a Principal of an engaged general practice may refer their patients to the AMDS may include a recorded telephone message, telephone diversion or direct contact by the Principal.

The AMDS will provide at their accredited physical location, a Communications control centre capable of receiving assistance requests from the relevant Principal(s). This Communications control centre will operate for the entirety of the Commonwealth defined after-hours period as defined in Part 3 of these Guidelines.

The AMDS will ensure Principals provide all the information necessary to facilitate the proper conduct of the AMDS and management of their patients including:

- (a) relevant telephone numbers;
- (b) names of preferred specialists;
- (c) preferred hospitals;
- (d) surgery hours;
- (e) names of partners, associates and assistants; and
- (f) arrangements for the management of patients who live beyond the geographic boundaries serviced by the AMDS.

The AMDS will encourage feedback on clinical matters from Principals to doctors employed by the AMDS.

8.4 Operation

The AMDS will –

- (a) ensure adequate staff and AMDS Program participants are available to provide prompt, efficient and continuous service during the entirety of the Commonwealth defined after-hours period;

- (b) ensure the availability of reserve/back up staff and medical practitioners to meet common contingencies;
- (c) ensure that the Medical Director is accessible on an 'on-call' basis to staff, deputised doctors and Principals for the entirety of the Commonwealth defined after hours period and is physically located in the same state or territory as the AMDS Program participants;
- (d) ensure that the Medical Director is supervising AMDS Program participants as per the supervisory requirements set by the MBA;
- (e) ensure that AMDS Program participants return patient reports to Principals the next business day;
- (f) ensure all electronic transfer of health information is encrypted and/or secured according to the RACGP Standards for general practice;
- (g) maintain regular and effective communication with Principals;
- (h) retain in trust, as a secondary record only, duplicates of patient reports for subsequent access where necessary by Principals or AMDS Program participants;
- (i) provide the facility for Principals to record (with the AMDS) relevant clinical and other information on individual patients, where the Principal considers such information to be necessary for the better management of patients by the AMDS Program participant. Such patients might include those with multiple, chronic or terminal conditions and those with acute illnesses being managed at home by the Principal; and
- (j) maintain an adequate communication network including appropriate use of telephone, facsimile, paging systems, two-way radio and mobile telephone systems to ensure effective operation of the AMDS.

Critical to the communication network is the communications control centre which acts as a call centre to facilitate care to patients. To ensure that deputising services do not compete with day-time general practice or offer comprehensive care, Appendix B outlines principles to be applied to triage patients seeking care in the after-hours period.

The AMDS will ensure that it does not engage in direct marketing of services to patients. Direct marketing is considered to include text and SMS messaging, emails, online advertising, social media advertising (eg. Instagram), database marketing, fliers, catalogue distribution, promotional letters or events, newspaper and magazine advertisements, targeted television, radio and outdoor advertising.

In addition to complying with Part 8, the AMDS will ensure that any marketing activities it engages in, comply with the standards for advertising regulated health services as set out in s133 of the *Health Practitioner Regulation National Law Act 2009*.

The AMDS must provide and maintain an effective mechanism for receiving, investigating and resolving complaints. Any complaint of a clinical nature should be referred to the responsible Medical Director.

9. Reporting

9.1 All AMDSs must provide a statutory declaration to Health on 30 June each year confirming they are operating in accordance with the Guidelines.

10. Terminating participation

10.1 AMDS Service Providers

Failure to comply with any of the following requirements will result in termination of the Deed:

- (a) AMDSs must maintain full accreditation as a MDS by an Australian Government nominated accreditation body and continue to meet the eligibility criteria in Part 4;
- (b) AMDSs must complete a placement from Health for every non-vocationally recognised general practitioner it seeks to employ and these doctors must be assessed as satisfying the eligibility requirements at clause 4.2.1 of these Guidelines before they can apply for a Medicare provider number with DHS or attempt to perform any deputised service that attracts an MBS item.
- (c) AMDSs must observe the Standards for Participation as specified in Part 8; and
- (d) AMDSs must provide a statutory declaration by 30 June each year as specified in Part 9.

If Health is satisfied that an AMDS does not continue to meet the requirements of the Guidelines, Health will write to the service provider stating this with reasons. Health will provide the service provider with a reasonable opportunity to respond. Health may extend the Deed by a period of up to three (3) months to allow consideration of the AMDS's response, subject to the AMDS's remaining period of accreditation as an MDS. The Deed will not be renewed if the AMDS fails to respond or where Health considers that the response does not adequately address the referred concerns.

Where Health decides to terminate a Service's participation on the AMDS Program, Health will terminate its Deed with the MDS with at least three (3) months' notice, except where the current Deed has three months or less until its expiry, where the Deed will not be renewed.

10.2 AMDS Non-Vocationally Recognised General Practitioners

Failure of a non-vocationally recognised general practitioner to comply with any of the eligibility requirements in Part 4 will result in termination of their participation on the AMDS Program.

If Health is satisfied that a non-vocationally recognised general practitioner does not meet all of the requirements in Part 4, Health will write to the service provider setting out the reasons and giving them a reasonable opportunity to respond. Health

may extend the non-vocationally recognised general practitioner's placement by up to three (3) months, subject to the end date of the Deed, to permit receipt and consideration of a response.

11. Appeals

- 11.1 Appeals of decisions under the AMDS Program may include further documentary evidence to support the request. Requests for appeal are to be lodged by email to AMDS@health.gov.au

- 11.2 Health has up to 28 working days to respond to an appeal.

Appendix A: Application/Renewal Form

Please complete this application form to join or renew participation in the AMDS Program. Applicants must read the AMDS Program Guidelines before completing the application form to demonstrate that they meet the eligibility criteria as specified in **Part 4**.

Please attach:

- a copy of the accreditation certificate, confirming that the practice meets the eligibility criteria listed in Part 4 and the RACGP Standards for General Practices including standards for after-hours care;
- a written statement from the accreditation agency confirming existence as a MDS for a minimum of 12 months prior to applying to participate in the Program; and
- a copy of the triaging plan for the service.

Details of Practice

Name of practice: (including trading name)		
Address of service: (List all physical locations and mailing addresses if there is more than one)		
Name and address of legal entity under which the practice operates:		
ABN		
Medical Director(s) details:		
	VR:	MPN:
Total number of non-vocationally recognised general practitioners under direct supervision including level of medical registration.		
Telephone No.	()	
Call Centre No.		
Email address		
Website address		
Opening Hours		
Please attach a list of suburbs, including postcodes covered by the MDS.		
Location of where home visits will be provided (including postcodes):		
Maximum number of non-vocationally recognised general practitioners requested for placement on the Program:		

Declaration

To the best of my knowledge and belief, all the information I have provided in this application is true and correct. I have attached the necessary documentation to support my application.

I declare that, if approved, my medical deputising service agrees to:

- abide by the Standards for Participation for the Program in **Part 8**;
- provide 'after-hours' services only to patients on behalf of Principals including home visits and, if applicable, accredited 'after-hours only' clinic(s) throughout the entire Commonwealth defined after-hours period;
- operate as a medical deputising service, providing only temporary service to cover gaps in regular general practice on behalf of general practice Principals and will not utilise direct marketing to engage patients;
- not offer comprehensive care to patients in place of their regular GP or provide follow up appointments;
- be managed by Medical Director(s) who hold either the FRACGP or FACRRM, or who were included on the Vocational Register for General Practice by DHS;
- ensure that the Medical Director is available on an 'on-call' basis to AMDS non-vocationally recognised general practitioners at all times and is physically located in the same state or territory as the AMDS provider;
- ensure that non-vocationally recognised general practitioners who are participating on the Program meet the necessary criteria in terms of medical board registration, experience and completion of Advanced Life Support (ALS) course;
- provide an onsite operations or control centre adequate for receiving calls from patients on behalf of the Principal during the whole of the Commonwealth defined after-hours period;
- not operate in a co-location arrangement with a general practice or another AMDS where surgery, treatment rooms, waiting areas or medical and office equipment are shared between the AMDS or a general practice;
- avoid engaging in direct marketing of deputising services to consumers as per clause 8.4 of these Guidelines; and
- provide a statutory declaration on 30 June of each year while participating in the Program to confirm operation in accordance with the Guidelines.

I understand that, should this practice be approved under the Program, there is a requirement to enter into a Deed of Agreement with the Department of Health to comply with the Guidelines.

I/We confirm that the above statements are true and correct to the best of my/our knowledge and acknowledge that under Division 137 of the *Criminal Code Act 1995*, to knowingly provide false or misleading information or documents is a criminal offence under that Act.

.....
Printed Name	Signature
Company Director	Company Director

.....
Printed Name	Signature
Medical Director	Medical Director

Date:/...../.....	Date:...../...../.....
-------------------------	------------------------

Appendix B: Guidance for Developing Triage Protocols under the AMDS Program

Purpose

This appendix identifies six minimum triage standards that are expected from each AMDS provider. Triage promotes effective general practice and gives primary consideration to clinical need instead of prioritising the most demanding patients. This information is provided to ensure that an appropriate standard is applied under the AMDS Program for assigning an appropriate clinical priority to patients who seek appointments.

The primary role of AMDS providers is to organise after-hours in-clinic or home visit services to patients on behalf of their regular GP. These services complement rather than compete with general practices and are not positioned to offer comprehensive care to patients. As an outcome of this role, Health recognises that many patients will be referred to an AMDS for after-hours care by their normal GP as part of a continuity of care framework. In these cases, Health is satisfied that a patient would have been triaged by their normal GP and that a deputising doctor will be acting on the instructions of the primary caregiver with appropriate understanding of the patient's medical history.

Health also recognises that the AMDS program supports a range of commercial arrangements that deploy doctors to offer a broad mix of in-clinic and home visit services to patients. This protocol therefore identifies a set of expected minimum capabilities that service providers can apply to their existing patient triage process, whether this involves telephone or in-clinic triaging.

This appendix is primarily concerned with the segment of patients who make direct contact with an AMDS provider with the objective of obtaining an after-hours service or consultation. This group of patients may be seeking assistance outside of their normal care framework and this protocol assists AMDS providers with managing these cases by:

- providing the minimum triage standards that will apply when engaging with patients who make direct contact; and
- identifying the types of routine, non-urgent clinical matters that are deemed to fall outside of the scope of medical deputising and the intent of the AMDS Program.

As these capabilities establish a minimum standard for triaging patients who are not referred by their normal caregiver, the capabilities do not provide direct clinical guidance for managing all potential scenarios. Each AMDS provider must employ a vocationally recognised (VR) GP to act as a Medical Director. It is the Medical Director who will retain responsibility for providing the level of clinical governance necessary for ensuring high quality deputised services are provided to patients.

While this appendix acknowledges that patients may make direct contact with an AMDS provider while their normal caregiver is unavailable, it does not condone the direct marketing of deputising services to patients through the AMDS Program. The restrictions on direct marketing of deputising services that are applied through the AMDS Program Guidelines will continue to apply to all approved providers.

Minimum expected triage capabilities

Each AMDS provider must develop and implement a triage process for patients and, as part of this process, maintain the following minimum capabilities.

Capability 1: Identify and appropriately refer patients who identify themselves as having a medical emergency

AMDS providers offer a subset of general practice services and have not been established for the purpose of providing emergency care. As a matter of good risk management, the provider's triage system must include a method for identifying patients who need to be referred to an emergency department.

As part of its normal triage process, an AMDS provider is expected to ensure staff (including persons employed into non-clinical roles):

- understand how emergency conditions are defined;
- understand how to quickly get urgent assistance, when needed, for a patient who either attends the clinic setting (where applicable) or who calls the service;
- as part of their role in triage, use this information to routinely ask patients if they are seeking assistance for an emergency condition;
- when they identify that a patient has either called/attended a clinic setting with an emergency condition, follow a process established by the AMDS's Medical Director for arranging either an ambulance or a referral to an Emergency Department; and
- keep track of, and record in writing, triage response by administrative and clinical staff.

An AMDS provider may choose to support this capability by including a statement on its website to confirm for consumers that medical emergencies should be referred to the nearest Emergency Department.

Capability 2: Obtain a brief and accurate description of the patient's condition

To perform effective triage an AMDS must have staff who are trained to obtain an accurate description of the caller's concern. As a minimum standard, triage staff employed to support non-VR GPs who are deputising under the terms of the AMDS are obligated to confirm the patient's reason for calling. This will include, but is not limited to confirming:

- the key symptom(s) that have initiated the need to contact the AMDS;
- the duration of the symptom(s);
- whether the symptom(s) are escalating;
- (where appropriate) the level of pain associated with symptoms; and
- whether the patient has previously attempted to treat the symptoms (including taking previously prescribed medicines or through home care measures).

In cases where a family member or third party is calling on behalf of a patient, their relationship to the patient must be confirmed.

This capability is required to determine if the caller is presenting to the AMDS provider with a clinical matter that falls outside of the scope of deputised care. Further advice on these matters is provided below.

Capability 3: Obtain a brief health history from the patient

While a patient may initiate contact with the AMDS provider and present a clear expectation that they will receive an after-hours service or consultation in response to their immediate medical concern, the service must ensure that any care that is offered is both safe and clinically correct in the context of the patient's health history. To meet this standard, the AMDS provider is expected to obtain a brief health history from a patient as part of its standard triage process.

This capability is required to determine if the caller is presenting to the AMDS provider with a clinical matter that falls outside of the scope of deputised care. Further advice on these matters is provided below.

Capability 4: Scheduling care

Due to their unique role, AMDS providers are expected to maintain a mechanism for obtaining feedback from the general practices they service. As part of each arrangement to provide deputised care, the AMDS provider must have a procedure for obtaining feedback from the general practice about the quality of care provided to patients and whether there are any concerns relating to the scheduling of care provided to those patients.

Health recognises that it is more difficult to schedule care for patients who make direct contact during the after-hours period. However, the AMDS must maintain a scheduling system to accommodate situations where a determination is made that an after-hours consultation must be offered to a non-referred patient and this system must at minimum provide:

- scope to offer a patient an indicative expected time for the consultation;
- support for triaging and managing medical emergency (as per the first capability above);
- flexibility to recognise different patient needs; and
- (where appropriate) the ability to meet competing demands where the provider offers a mix of in-clinic and home visit services.

As part of the process for scheduling care, an AMDS provider must ensure that deputising doctors are deployed to practise according to their competencies and limitations.

Scheduling care with reference to the competencies of doctors is particularly important as AMDS providers receive approval from Health to employ non-VR doctors, who have not demonstrated that they meet each of the standards for working in independent private

practice by attaining Fellowship of either the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine.

Scheduling arrangements must consider the competencies of doctors and ensure that they have access to the Medical Director as per the supervision requirements set out in alternate sections of these Guidelines.

Capability 5: Managing patients who present with symptoms of a communicable disease

For AMDS providers offering an in-clinic component to their service, triage protocols must include provisions for managing patients who present with symptoms of communicable disease, including influenza, measles or chicken pox. These patients must be isolated in a secluded area of the clinic. Where possible, access to this area must be limited. In addition:

- patients with influenza-like symptoms should be required to wear a surgical mask; and
- clinical staff treating the patient should wear as a minimum, a surgical mask, gloves, and when collecting nose and/or throat swabs, protective eyewear.

Capability 6: Triage patients back to their normal GP

As a requirement for participating on the AMDS Program, an approved provider must be committed to referring patients to their normal caregiver if they have not been referred by their normal GP and are requesting a consultation for what is a routine, non-urgent matter. This requirement reflects that AMDS providers do not provide comprehensive care, and any direct engagement with patients should be for facilitating acute or urgent care.

The triage process adopted by the AMDS provider must include guidance for triaging patients to their normal caregiver when they present with routine and/or non-urgent matters. This must include guidance for managing patients who may expect an after-hours consultation on the basis that it may be more convenient than securing an appointment from their normal general practitioner. Should a patient not have a regular general practitioner, the AMDS provider should provide a contact list of local general practices.

The following section sets out several clinical matters that Health deems to fall outside the scope of deputised care. While this is not an exhaustive list, it is provided so that the Medical Director employed by each AMDS provider can:

- develop a set of protocols for the service that provide informed guidance on how and when to triage patients who make contact during the after-hours period to their normal GP; and
- make informed clinical decisions if a patient is referred to them as part of the Service's triage process.

Clinical matters that are outside of the scope of deputised care

As part of the continuity of care intent of the AMDS Program, approved providers are expected to be organising after-hours services for patients on behalf of their regular GP. Accordingly, it is not appropriate that deputising doctors who are employed by AMDS providers provide services to patients who present with symptoms or circumstances that can be addressed by their normal GP.

The following are examples of the types of consultation requests that Health deems to be the sole responsibility of a patient's normal GP. These requests are deemed to fall outside of the deputising activity that may be performed by a non-VR doctor who has received access to the MBS during the after-hours period under the conditions of the AMDS Program.

1. Health promotion activity that requires ongoing care

For example: after hours doctors are encouraged to provide brief interventions regarding smoking, alcohol or recreational drug use but would refer to the usual GP for medication and management of smoking cessation or opiate withdrawal.

2. Management of chronic disease

Examples that would be considered inappropriate include:

- blood pressure or blood glucose monitoring
- discussion of test results
- repeat prescriptions
- medication reviews
- GP management plans
- chronic disease management plans
- mental health care plans
- specialist referrals
- routine referrals to other health professionals, or pathology and imaging tests

3. Procedures that require resuscitation facilities

Examples that would be considered inappropriate include:

- Immunisations
- Surgical procedures such as joint injections, skin cancer surgery

4. Procedures that may need a chaperone, good illumination or specific equipment

Examples that are considered inappropriate include

- Examinations such as urological or gynecological unless specific to the presenting illness
- Cervical screening tests
- Ear syringing

- Hearing tests
- Skin checks
- Routine uncomplicated dressing changes for patients who are able to present to their regular GP or community nurse

5. Certification

Examples that are considered inappropriate include:

- Medical reports including but not restricted to pre-employment, insurance, and Centrelink
- Driving licence medicals
- Taxi subsidy forms

AMDS participants are not completely prohibited from prescribing medicines to a patient who has not been referred for a deputised attendance by their normal GP. Under the revised Guidelines, AMDS participants will remain eligible to prescribe medicines to un-referred patients if they identify a genuine clinical need to issue a prescription.

AMDS participants are prohibited from issuing multiple repeats for medications prescribed. A single prescription can be issued for up to a month's supply. To obtain further repeats patients will need to see their usual GP or practice. This change seeks to encourage continuity in prescribing in recognition of the increase in multimorbidity and polypharmacy.

These Guidelines consider that a patient 'running out of a prescribed medicine' is a recognised challenge in general practice and offer scope for an AMDS Program participant to prescribe as a means of preventing significant harm to a patient who has not been referred by their normal GP. These Guidelines do limit the ability of these doctors to prescribe multiple repeat medicines as a routine practice and confirm that participants should not be issuing repeat prescriptions as a matter of patient convenience, and must identify a genuine clinical need.