



**Australian Government**

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**Department of Health**

***Health Insurance Act 1973***  
***Section 3GA***

***Approved Medical Deputising Service Program***

***Program Guidelines***



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## PART 1 PRELIMINARY MATTERS

1. These Guidelines may be cited as the *Approved Medical Deputising Service (AMDS) Program Guidelines*.
2. These Guidelines commence on 19 April 2013 and supersede all previous versions of the Guidelines.
3. These Guidelines provide policy directions and operational procedures for the AMDS Program. Every decision with respect to an approved placement made for the AMDS Program must comply with this version of the Guidelines. All instances where an application has been rejected and a review application has been made must also comply with these Guidelines.
4. While these Guidelines specify particular issues that will be considered by a delegate in making decisions regarding placing a doctor on this Program, all applications will be assessed on individual merit.
5. The Australian Government Department of Health and Ageing is the administering body of the AMDS Program.
6. The AMDS Program is an approved program under the *Health Insurance Act 1973* (the Act), and allows medical practitioners who meet these Guidelines to be placed on the Register of Approved Placements under section 3GA of the Act.
7. This Program applies to medical practitioners who are subject to section 19AA of the Act who are restricted from accessing Medicare unless they are enrolled in, or are undertaking a course or program of a kind provided for under section 3GA of the Act and specified in Schedule 5 (Regulations 6E and 6EA) of the *Health Insurance Regulations 1975*. Medical practitioners working for an approved medical deputising service must be recorded on the Register of Approved Placements under section 3GA of the Act by Department of Human Services.
8. The purpose of the AMDS Program is to expand the pool of available medical practitioners who provide after hours only services on behalf of the Principal, including home visits during the whole of the Commonwealth defined after-hours period. These medical practitioners are eligible to provide a restricted range of professional services for which Medicare benefits will be payable if they work in an approved medical deputising service.
9. The AMDS Program was established under section 3GA of the Act in 1999 in response to concern about the shortage of medical practitioners providing after hours home visiting services in metropolitan areas. Initially, the AMDS Program only covered home visits.
10. Following an independent review of the AMDS Program in 2001, the Program was extended to include work in accredited “after hours only” clinics operated by duly accredited medical deputising services (MDS), provided they also carry out after hours home visits during the whole of the Commonwealth defined after-hours period.

## PART 2 DEFINED TERMS

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

11. **Accreditation** means the dual process of certification by an accreditation body that ensures a MDS firstly meets the Royal Australian College of General Practitioners (RACGP) Standards for General Practices and, secondly meets the definition of a medical deputising service as set out in Appendix A.
12. **Accreditation body (bodies)** means Australian Government recognised accreditation bodies. These are currently *Australian General Practice Accreditation Limited (AGPAL)* and *Quality Practice Accreditation Pty Ltd (QPA)*. Further information on accreditation can be obtained from these agencies. Contact details are available in **Part 5** of these Guidelines.
13. **Accredited ‘after hours only’ clinic** means an approved medical deputising service that has received full accreditation from an Australian Government recognised accreditation body and whose function is to offer after hours clinic-based medical services to patients of general practitioners during the absence of, and at the request of, the Principal. The clinic can only operate in the afterhours time period, must not provide routine in-hours care, or be co-located with a daytime practice.
14. **Accredited medical deputising service** means a MDS that has received full accreditation from an Australian Government recognised accreditation body and provides after-hours medical services, including home visits during the whole of the Commonwealth defined after-hours period, according to both the RACGP Standards for General Practices and the definition of a MDS as shown in Appendix A.
15. **ACRRM** means the Australian College of Rural and Remote Medicine.
16. **After hours** means a home consultation or clinic-based consultation during the hours of 6pm to 8am on weekdays, noon onwards on Saturday, all day Sunday, and public holidays .
17. **AMDS medical practitioner** means a doctor subject to section 19AA of the Act who has been:
  - approved by the Australian Government Department of Health and Ageing to participate in the AMDS Program;
  - granted a 3GA placement to work at an approved medical deputising service on the AMDS Program; and
  - placed on the Register of Approved Placements.
18. **Approved medical deputising service** means a medical deputising service that has been granted approval to operate as a MDS under the AMDS Program.
19. **AHPRA** means Australian Health Practitioner Regulation Agency.
20. **Approved placement** means a placement approved by Department of Human Services on the Register of Approved Placements as provided for under section 3GA of the Act and specified in Schedule 5 (Regulations 6E and 6EA) of the *Health Insurance Regulations 1975*.
21. **Australian Government recognised accreditation body (bodies)** means an accreditation body that the Australian Government has deemed suitable to assess the standards for the clinical and educational processes and structures relevant to MDS. These are currently AGPAL and QPA. Further information on accreditation can be obtained from these agencies. Contact details are available in **Part 5** of these Guidelines.

22. **Certificates of accreditation** means the certificates issued by the accreditation body as evidence that the MDS has been fully accredited as a MDS in accordance with both the RACGP Standards and in accordance with the definition of MDS shown in Attachment A.
23. **Certificate of registration for accreditation** is a certificate issued by an accreditation body (against the standards set by RACGP) which acknowledges the application by a MDS for accreditation, but where a survey visit to complete the accreditation process may not yet have been undertaken and where the MDS is yet to be accredited against both the RACGP Standards and the MDS definition as per Attachment A.
24. **Co-location** refers to a Medical Deputising Service located in the same building or address as a general practice where surgery or receptionist facilities are shared between the MDS and the general practice.
25. **CPD** means continuing professional development.
26. **Deed** means Deed of Agreement signed by both the MDS and the Department of Health and Ageing by which the service agrees to abide by the Program Guidelines and the Department agrees to recognise the service as an approved medical deputising service for a specified period.
27. **Department** means the Australian Government Department of Health and Ageing.
28. **FACRRM** means Fellowship of the Australian College of Rural and Remote Medicine.
29. **FRACGP** means Fellowship of the Royal Australian College of General Practitioners.
30. **Guidelines** mean the current AMDS Program Guidelines.
31. **Home visit services only** means that the MDS has been approved only for the home visit services component of the AMDS Program and is precluded under their Deed from providing clinic-based services.
32. **Medical deputising service** means an organisation that arranges for, or facilitates the provision of, medical services to patients of general practitioners (Principals) by other medical practitioners (deputising doctors) during the absence of, and at the request of, the Principals. The definition of a MDS for the purposes of the Program is provided at Appendix A.
33. **Medical Director** means a doctor who holds Fellowship of the Royal Australian College of General Practitioners (FRACGP), or Fellowship of the Australian College of Rural and Remote Medicine (FACRRM), or who is vocationally registered by Department of Human Services as a general practitioner, and is designated as a Medical Director of an approved medical deputising service in accordance with these Guidelines.
34. **Department of Human Services** means Department of Human Services formerly the Medicare Australia.
35. **NAMDS** means *National Association for Medical Deputising Services Australia*. NAMDS is the peak body for medical deputising services in Australia.
36. **Non-vocationally recognised general practitioner** means a medical practitioner who does not satisfy the criteria for vocational registration under section 3F of the Act, or registration as a recognised Fellow of the RACGP or a recognised Fellow of ACRRM under section 3EA of the Act.

37. **Principal** means a general practitioner that engages an approved medical deputising service to provide after hours services for his/her patients.
38. **Program** means the Approved Medical Deputising Service Program.
39. **QI** means Quality Improvement.
40. **RACGP** means the Royal Australian College of General Practitioners.
41. **RACGP Standards** mean the RACGP Standards for general practices including updated standards for after hours care, current at the time of application for accreditation. Copies of the Standards, which include updated standards for after hour care services, can be ordered from the RACGP or viewed at their website at [www.racgp.org.au](http://www.racgp.org.au).  
For the purposes of these guidelines, the RACGP Standards together with the definition of a Medical Deputising Service, set out in Appendix A, apply.
42. **Recognised Fellow** means a medical practitioner who is a recognised Fellow of the RACGP or a recognised Fellow of ACRRM under section 3EA of the Act.
43. **Register of Approved Placements** means the Register of Approved Placements as provided for under section 3GA of the Act and specified in Schedule 5 (Regulations 6E and 6EA) of the *Health Insurance Regulations 1975*.
44. **Service provider** means the medical organisation approved as a MDS under this Program.
45. **Supervisor** means a vocationally registered or recognised general practitioner that supervises the work of an AMDS medical practitioner.
46. **Vocationally registered general practitioner** means a general practitioner registered by Department of Human Services under section 3F of the Act.

## PART 3 PRINCIPLES

47. The Australian Government recognises that the provision of after hours medical services is an area of workforce shortage. The principle behind the AMDS Program is to improve public access to after hours medical services provided by MDS, including home visits, during the whole of the provision of the defined after hours period.
48. A MDS is an organisation that arranges for, or facilitates the provision of medical services to patients of general practitioners (Principals) by other medical practitioners (deputising doctors) during the absence of, and at the request of, the Principals.
49. MDS must offer home visits (and may additionally operate dedicated after hours clinics) which operate in the defined after hours period. The *Definition of a Medical Deputising Service* for the purpose of the Program and these guidelines is provided at [Appendix A](#).
50. Medical practitioners subject to section 19AA of the *Health Insurance Act 1973* may, under the AMDS Program, provide after hours services that attract benefits under the Medicare Benefits Scheme if they have a current and valid approved placement on the Program.

## PART 4 RELEVANT LEGISLATION

### ***Health Insurance Act 1973***

51. The AMDS Program is an approved program under section 3GA of the *Health Insurance Act 1973* (the Act).
52. Section 3GA of the Act provides for the creation of a Register of Approved Placements. Medical practitioners may be listed on the Register once they are enrolled or undertaking a course or program of a kind specified in Schedule 5 (Regulations 6E and 6EA) of the *Health Insurance Regulations 1975*. For the purpose of the AMDS Program, this is currently schedule 5, part 2, item 1 of the *Health Insurance Regulations 1975*. Users of these Guidelines should note that the Regulations may be amended from time to time and such amendments will supersede schedule 5 of the *Health Insurance Regulations 1975*.
53. The text of the section 3GA provisions, current as at the date when these Guidelines were drafted, is reproduced at Appendix B. Users of these Guidelines should note that the legislation may be amended from time to time and such amendments will supersede the legislation extract for section 3GA at Appendix B.
54. The AMDS Program Guidelines (the Guidelines) relies on section 19AA of the Act. The text of these provisions, current as at the date when these Guidelines were drafted, is reproduced at Appendix C. Users of these Guidelines should note that the legislation may be amended from time to time and such amendments will supersede the legislation extract for section 19AA at Appendix C.

### ***How the Legislation affects overseas trained doctors and Australian graduates***

55. Section 19AA of the Act states that doctors who were first recognised as medical practitioners for the purposes of the Act on or after 1 November 1996 are unable to attract Medicare benefits unless they are recognised general practitioners, specialists, consultant physicians, or persons undertaking approved placements. Recognised general practitioners are either vocationally registered general practitioners or persons who hold FRACGP or FACRRM.
56. Since January 1997, overseas trained doctors and foreign graduates of an accredited medical school have been subject to restrictions under section 19AB of the Act. The restrictions imposed by section 19AB of the Act are in addition to the restrictions imposed by section 19AA of the Act. Accordingly, the Class Exemption for the AMDS program covers medical practitioners subject to the restrictions under 19AB who wish to attract Medicare benefits under the AMDS Program.
57. In summary, in order to be eligible to provide services that attract Medicare benefits, doctors who are permanent residents or Australian citizens must meet one of the following criteria:
  - (a) have been recognised as medical practitioners under the Act, prior to 1 November 1996. This means that before 1 November 1996, the doctors must have been:
    - (i) permanent residents or citizens of Australia; and
    - (ii) completed their internship or period of supervised training (for AMC purposes); and
    - (iii) registered with The Medical Board of Australia.

or,

  - (b) have been recognised as medical practitioners under the Act after 1 November 1996 and:
    - (i) are recognised under the Act as specialists, consultant physicians or general practitioners; or

- (ii) are on approved placements under section 3GA of the Act (that is, placements on approved training programs such as the Australian General Practice Training Program or approved workforce programs, such as the Rural Locum Relief Program in rural areas, or this Program in metropolitan areas).

58. Doctors who wish to clarify whether they are subject to the Medicare provider number restrictions contained in sections 19AA should contact the Department of Human Services.

**Department of Human Services**

Provider Eligibility Section

GPO Box 9822

Capital City in relevant State and/or Territory

Telephone: 13 21 50

## **PART 5 ACCREDITATION**

### ***Service Providers seeking accreditation as medical deputising services in order to join the AMDS Program***

**OR**

### ***Existing approved Medical Deputising Services opening new clinics***

59. The first requirement that a medical deputising service needs to fulfil in order to become an approved medical deputising service is accreditation against both the RACGP Standards by an Australian Government recognised accreditation body and meeting the definition of an MDS as set out in Appendix A. A confirmation certificate that the MDS meets both the RACGP Standards and the MDS Definition must be provided by the accreditation agency to the Department. The two Australian accreditation bodies are currently Australian General Practice Accreditation Limited (AGPAL) and Quality Practice Accreditation Pty Ltd (QPA).
60. If the MDS operates after hours clinic(s), then each clinic location must also be accredited against the RACGP Standards in order to be an approved location for the Program.
61. Existing service providers opening new clinics must have the clinic accredited against the RACGP Standards before the clinic can become an approved location for the Program.

### ***Link between accreditation and Deeds of Agreement***

62. Deeds of Agreement (Deeds) are granted by the Department under which the service provider agrees to abide by the Program Guidelines and the Department agrees to recognise the service provider as an approved medical deputising service for a specified period.
63. Under these Guidelines, the specified period for which a service provider is approved to participate in the AMDS Program can be directly related to the duration for which accreditation has been granted to the service provider by an Australian Government recognised accreditation body. Generally, accreditation may be granted for a maximum period of three years.
64. Accordingly, Deeds can be granted to service providers up to the expiry date of their current accreditation, as determined by the certificate of accreditation presented at the time of application. This applies to Deeds issued on first joining the Program, and all Deed renewals thereafter. The requirements for renewing Deeds are provided in **Part 8**.
65. Under these Guidelines, a transition process applies to new and existing service providers. Central to this transition process is the link between accreditation and Deeds of Agreement. Refer to **Part 13** for more details.

## ***Certificates of registration for accreditation***

66. Certificates of registration for accreditation are not considered evidence of full accreditation. However, where a certificate of registration is accompanied by a statement from the appropriate accreditation body that the non-practitioner related RACGP Standards and MDS Definition have been met by the service, this will be considered as part of the eligibility documentation.
67. On receipt of a certificate of registration and the statement mentioned in section 66, a Deed of Agreement will be drawn up allowing the service provider to engage **one** doctor to the practice.
68. The Deed will be valid only until the end of the registration for accreditation period and will allow the applying service provider to meet the remaining RACGP Standards for accreditation as a medical deputising service and the definition of an MDS.
69. Should the applying service provider not be successful in obtaining full accreditation as a medical deputising service, nor show evidence that they meet the definition of an MDS the Deed will not be extended.

## ***Contact details for accreditation***

70. Medical deputising services wishing to apply for accreditation from AGPAL or QPA can contact the organisations at:

### **Australian General Practice Accreditation Limited**

PO Box 2058

Milton Business Centre

MILTON QLD 4064

Telephone: 1300 362 111

Fax: 1300 362 110

Email: [info@agpal.com.au](mailto:info@agpal.com.au)

Web: [www.agpal.com.au](http://www.agpal.com.au)

### **Quality Practice Accreditation Pty Ltd**

136 Mount Street

GUNDAGAI NSW 2722

Telephone: 1800 188 088

Facsimile: 1800 644 807

Email: [info@gpa.net.au](mailto:info@gpa.net.au)

Web: [www.gpa.net.au](http://www.gpa.net.au)

- 70A To obtain a copy of the RACGP Standards, please contact:

### **Royal Australian College of General Practitioners**

1 Palmerston Crescent

SOUTH MELBOURNE VIC 3205

Telephone: 03 8699 0495

The RACGP Standards for General Practices can also be obtained from:

[www.racgp.org.au/standards](http://www.racgp.org.au/standards)

- 70B To access the Definition of an MDS see Appendix A

## **PART 6 ELIGIBILITY TO JOIN THE PROGRAM**

### ***Eligible Medical Deputising Services***

71. In addition to fulfilling the accreditation requirement in **Part 5**, a MDS seeking to become an approved medical deputising service must meet the primary criteria of the *Definition of a Medical Deputising Service* set out in Appendix A, and have a certificate from an accreditation body confirming this.
72. Medical deputising services must also satisfy the Department that they meet the following additional criteria. An eligible MDS must:
  - (a) operate as a medical deputising service, rather than a medical locum service providing only temporary service to cover gaps in regular general practice; and
  - (b) be clinically governed by Medical Directors who hold FRACGP, or FACRRM or are vocationally recognised as general practitioners.
73. To ensure compliance with **Part 6**, when considering applications from MDS to participate in the AMDS Program, the Department retains the discretion to determine if the proposed hours of service meets the after hours period requirement stipulated in the Guidelines and may audit the service to confirm compliance.
74. If the Department rejects an application, it will advise the applicant in writing setting out the reasons for rejection which may include non-compliance with points 71, 72 and 73 above.

### ***Eligible After Hours Only Clinics***

75. MDS's that are seeking to operate as an approved medical deputising service under the AMDS Program may nominate one or more after hours only clinics as an approved location for the Program.
76. Each after hours only clinic nominated to participate in the AMDS Program must be part of the applying medical deputising service and provide home visit services and coverage for the full after hours period.
77. Each nominated after hours only clinic must meet the accreditation requirements set out in **Part 5** and the eligibility criteria under *Eligible Medical Deputising Services* in this Part.

### ***Co-location of practices***

78. Under these Guidelines, the Department will not accept an application to participate on the program from a MDS co-located in the same building or address as a general practice where surgery or receptionist facilities are shared between the medical deputising service and the general practice.
79. The Department recognises that under the previous Guidelines a number of co-located MDS were granted approval to participate on the Program. The Department will allow these co-located practices to continue to operate on the AMDS Program under these Guidelines. These practices must comply with all other requirements of the AMDS Guidelines in force at the time their Deed is signed by the Department.
80. Clause 79 notwithstanding, the MDS must be considered as distinct services unrelated to the normal operations of the medical practice.

81. Notwithstanding the clauses in 79 and 80, the co-located medical deputising service must not operate as an extended hours/after hours extension of an in-hours medical practice. Patients of the medical practice must not be booked in for standard consultations during the defined after-hours period.

### **Eligible Medical Practitioners**

82. Temporary resident overseas trained doctors are not generally subject to section 19AA of the Act and are not required to participate in the AMDS Program to access Medicare benefits.
83. Doctors with Fellowship of a recognised Australian medical college are not generally subject to section 19AA of the Act and are not required to participate in the AMDS Program to access Medicare benefits.
84. Medical practitioners who are eligible to join the AMDS Program are those who are subject to section 19AA of the Act and therefore need to be enrolled in a workforce or training program provided for under section 3GA of the Act and specified under Schedule 5 (Regulations 6E and 6EA) of the *Health Insurance Regulations 1975* in order to access Medicare benefits.
85. Placements on the AMDS Program may be filled by medical practitioners who are permanent residents or citizens of Australia who:
- (a) have completed their internship on or after 1 November 1996 and whose services cannot attract Medicare benefits because of subsection 19AA(1)(b) of the Act; or
  - (b) are overseas trained medical practitioners, who are subject to both sections 19AA and 19AB of the Act.
86. The medical practitioner must:
- (a) be a permanent resident, Australian citizen or NZ permanent resident;
  - (b) hold medical registration with the AHPRA.
  - (c) have a minimum of two years post-graduate experience, including experience in paediatrics, accident and emergency medicine, medicine and surgery;
  - (d) if possible, also have two years post-graduate experience in general practice; and
  - (e) satisfy the service provider that they hold an appropriate level of medical indemnity insurance with an Australian medical defence organisation.
87. The AMDS Program was issued with a 19AB class exemption on 16 September 2012.

## PART 7 APPLICATION PROCESS

### *Medical Deputising Services*

88. MDS's wishing to participate in the AMDS Program should use the application form at [Appendix D](#) to apply for approval to become an approved MDS.

Application forms can also be obtained from:

Rural Workforce Distribution Section  
Department of Health and Ageing  
Mail Drop Point 154  
GPO Box 9848  
CANBERRA ACT 2601

Telephone: (02) 6289 4063  
Email: [amds@health.gov.au](mailto:amds@health.gov.au)

89. Service providers wishing to participate in the AMDS Program must meet the requirements in **Part 5** and **Part 6** and provide to the Department:

- (1) a completed application form for the service as a whole, listing all after hours only clinics which form part of the service and for which approval as recognised locations for the purpose of the Program is sought; and

- (2) the following documentation:

- (a) proof of accreditation as a medical deputising service according to the RACGP Standards ;

(Proof of accreditation must include a certificate of registration and be accompanied by a statement of meeting the non-practitioner standards for accreditation have been met, as stipulated in **Part 5**.)

- (b) In addition to the above, signed documentation from the accreditation body that they meet the criteria specified in *Definition of a Medical Deputising Service* at [Appendix A](#).

- (c) Points 89 (2) a and 89 (2) b above, the MDS must provide written confirmation from the accreditation body of the following:

- hours of operation of the practice; including a statement that the practice provides home visits during the whole of the defined after hours period.
- existence of physical location(s) including any after hours only clinics;
- number of doctors the service provider is intending to engage;
- existence as a MDS prior to application to participate in the AMDS Program;
- operation as a MDS, rather than a medical locum service providing only temporary service to cover gaps in regular general practice;
- that the MDS does not share surgery facilities or receptionist facilities with any normal hours general practice; and
- clinical governance of the practice(s) by Medical Directors who hold the FRACGP, FACRRM, or are vocationally recognised as general practitioners.

- (d) If not already provided as part of the documentation from the accreditation body in the preceding requirements, MDS will also need to provide written confirmation of the area of coverage for home visit services and that these services are genuinely provided and utilised.

90. The Department may seek further information from the applicant, particularly if the Department is not satisfied that the requirements under **Part 5** and **Part 6** are met in full
91. Incomplete applications will be placed on hold until the Department receives the complete documentation.

### ***Subsequent Addition of After Hours Only Clinics***

92. An approved MDS may apply to add an after hours only clinic by completing the application form at Appendix D. The application must include documentation that the after hours only clinic meets the requirements in **Part 5** and **Part 6**.

### ***Medical Practitioners***

93. It is the responsibility of the service provider to recruit medical practitioners to participate in the AMDS Program. Accordingly, medical practitioners seeking to join the AMDS Program should approach the approved MDS directly for a placement on the Program.
94. The service provider is to act on behalf of the medical practitioner wishing to apply for an approved placement on the Program by forwarding to the Department the Approved Medical Deputising Service (AMDS) Program Request For Doctor Placement form Appendix H, which includes the name, relevant details and necessary documentation of the medical practitioner. These medical practitioners must meet the eligibility criteria, as specified under *Eligible Medical Practitioners* in **Part 6**.
95. Where the approved MDS at which the medical practitioner is proposed to work has more than one approved location, the application must specify at which location(s) the medical practitioner is proposed to work.
96. The Approved Medical Deputising Service (AMDS) Program Request For Doctor Placement form Appendix H includes a statement from the approved medical deputising service that it is satisfied the medical practitioner meets the eligibility requirements of the Guidelines.
97. Doctors seeking to participate in the AMDS Program must have current medical registration with the AHPRA prior to applying for the Program.
98. The medical registration must not preclude service in the approved MDS at which the medical practitioner seeks employment. The medical registration must also allow for the doctor to provide services in the after hours field, and at the proposed locations.
99. If the doctor does not hold appropriate medical registration, his or her application for a placement on the AMDS Program cannot be processed by the Department.

## PART 8 ASSESSMENT AND APPROVALS

### *Medical Deputising Services*

#### **Assessment**

100. Applications received from a MDS will be assessed on an individual basis and should be accompanied by evidence of accreditation, as set out in **Part 5** and as required in **Part 7**, and the eligibility criteria applicable to medical deputising services set out in **Part 6** and as required in **Part 7**.
101. The Department will also assess whether the MDS meets the criteria under *Definition of a Medical Deputising Service*, as set out in Appendix A and as specified in **Part 7**, using the documentation submitted by the MDS by the accreditation body.
102. The Department will examine documents submitted in support of the other requirements under **Part 7** so that it is satisfied the accredited service is genuinely operating as a MDS.
103. The Department subsequently may seek further information or evidence in support of the application. For example, the Department may verify the hours of operation and the provision of home visits by calling the medical deputising service's nominated call centre number.
104. The Department, where appropriate, may seek information from the relevant bodies when assessing an application, including the NAMDS, the RACGP, AHPRA, State health authorities, the Department of Human Services, accreditation bodies and other GP representative bodies.
105. Incomplete applications will be placed on hold until the Department receives the complete documentation.
106. If the Department is not satisfied that the MDS meets the accreditation requirements in **Part 5**, the eligibility criteria in **Part 6**, or the documentation requirements in **Part 7**, it may refuse the application in writing, setting out the reasons for doing so. The applicant will have the opportunity to respond. Refer to **Part 10**.

#### **Approval**

107. When the Department has granted approval for the MDS to participate in the Program, it will send the applicant a Deed of Agreement (Deed) which will require signatures from both parties.
108. By signing the Deed of Agreement, the applicant becomes a service provider for the purpose of the AMDS Program and agrees to comply with the Program Guidelines, the duration of the approval period, and the agreed number of placements made available to the service provider.
109. By signing the Deed, the Department agrees to recognise the MDS as an approved service provider for a specified period.
110. If approval is granted for an after hours only clinic(s), the name(s) and location(s) of the clinic(s) will be specified in the Deed.
111. Under these Guidelines, Deeds can be granted with an approval period that coincides with the service provider's accreditation period (refer to *Link between accreditation and Deeds of Agreement* under **Part 5**). Generally, accreditation may be granted for a maximum of three years.

112. Accordingly, the approval period for each Deed will be dependent on the expiry date of the certificate of accreditation presented by the service provider at the time of applying to join the AMDS Program. Thereafter, Deeds can be renewed every three years to coincide with the renewal by the service provider of their accreditation.
113. MDS's with less than six months left on their certificate of accreditation may wish to consider taking the necessary steps to renew their accreditation prior to applying to join the AMDS Program to obtain a Deed of Agreement with a longer approval period.
114. Service providers are advised to take note of the expiry date of their Deed so that the Department is provided sufficient time to renew it. As the Deeds can be linked with the duration of accreditation, it is advised that service providers take the necessary steps to renew their accreditation with sufficient time to allow for renewal of their Deed. This applies to all after hours clinics registered as approved locations for the AMDS Program.
115. If the approved MDS or any of its clinics change address, this needs to be notified at least 4 weeks in advance to ensure continuity of Medicare access by AMDS medical practitioners. The new location will need to be accredited by an Australian Government recognised accreditation body.
116. As Medicare provider numbers are location specific, failure to notify the Department of a change in address will result in the rejection of Medicare payments by Department of Human Services.
117. Medicare provider numbers are time and location specific and cannot be backdated. Refer to **Part 9** for details.
118. Service providers are to observe the *Standards for Participation on the AMDS Program* applicable to MDS set out at Appendix E. These standards relate to:
- after hours period;
  - activities and conduct;
  - principal general practitioners;
  - contingency arrangements;
  - safe working hours;
  - communication and information management;
  - complaints;
  - requirements of approved medical deputising services to AMDS medical practitioners;
  - clinical support;
  - Quality Improvement (QI) and Continuing Professional Development (CPD); and
  - personal safety for AMDS medical practitioners.

119. MDS's wishing to receive information on NAMDS can contact the organisation at:

**National Association for Medical Deputising Australia (NAMDS)**

Secretary/Treasurer

Suite 2/2 Salisbury Street

RICHMOND VIC 3121

Website: [www.namds.com](http://www.namds.com)

***Renewal of Approval for a Service Provider***

120. Applications for renewals should be lodged with the Department no less than four weeks prior to the expiry of the service provider's Deed. This will ensure timely renewal of the Deed.

121. Renewal applications should include a current certificate of accreditation and the documentation specified in **Part 7** applicable to MDS.
122. Incomplete applications will be placed on hold until the Department receives the complete documentation.
123. If a service provider has one or more after hours clinics registered as approved locations for the AMDS Program, then only the Deed of the clinic with a current certificate of accreditation will be renewed by the Department.
124. Service providers with less than six months left on their certificate of accreditation at the time renewal is due may wish to consider taking the necessary steps to renew their accreditation prior to renewing their Deed to obtain a Deed of Agreement with a longer approval period.
125. Approved MDS that join the Program under the Guidelines are required to apply for renewal through the same process outlined in this section.
126. The Department may extend the Deed to permit the service provider reasonable time for completion of a re-accreditation process already in progress. These extensions will only be considered in limited circumstances. Refer to **Part 5**.
127. When considering an application for renewal, the Department will take into consideration any instances where the service provider has not complied with the Guidelines and may seek further information. This includes checking whether the approved MDS has complied with the *Standards for Participation on the AMDS Program* applicable to MDS at Appendix E, as required in this Part.
128. If the approved MDS or any of its clinics change address, or intend to change address, this needs to be notified at least four weeks in advance of the renewal of the Deed to ensure continuity of Medicare access by AMDS medical practitioners.
129. As Medicare provider numbers issued to doctors employed at approved MDS are location specific, failure to notify the Department of a change in address will result in the rejection of Medicare payments by Department of Human Services.
130. Medicare provider numbers issued to doctors recruited at the approved MDS are time and location specific and cannot be backdated. Refer to **Part 9** or details.
131. If the Department is not satisfied that the service provider should be renewed, it will write to the service provider setting out the reasons. The service provider will have the opportunity to respond. The Department may extend the Deed by three months to permit a response and/or to allow for reasonable notice of termination. Refer to **Part 10**.

### ***Medical Practitioners***

132. Applications received from medical practitioners through their service providers will be assessed on an individual basis and should include the Approved Medical Deputising Service (AMDS) Program Request For Doctor Placement form Appendix H with evidence that the doctor meets the eligibility criteria relevant to medical practitioners outlined in **Part 6** and as required under *Medical Practitioners* in **Part 7**.
133. Where the approved MDS at which the medical practitioner is proposed to work has more than one approved location, the application must list the names and addresses of each location at which the medical practitioner is proposed to work.

134. The Department will assess whether the medical practitioner meets the necessary requirements using the documentation submitted on his or her behalf by the MDS.
135. Incomplete applications will be placed on hold until the Department receives the full information.

***Approval of placements under section 3GA of the Health Insurance Act 1973***

136. Under these Guidelines, doctors' approved placements can be granted with an approval period that coincides with the service provider's accreditation period and Deed of Agreement (refer to **Link between accreditation and Deeds of Agreement under Part 5**). The accreditation period is generally for a period up to three years.
137. Accordingly, the length of time allowed for each approved placement will be dependent on the expiry date of the service provider's most recent certificate of accreditation held on file by the Department. Thereafter, approved placements can be renewed to coincide with the renewal by the service provider of their accreditation.
138. When the Department has granted approval for the placement of a medical practitioner on the AMDS Program, it will send a written notification, including a placement instrument, to Department of Human Services. This notification will include the name of the approved medical practitioner, the period of approval and the name and address of the approved MDS where the medical practitioner will operate.
139. Where the approved MDS at which the medical practitioner is proposed to work has more than one approved location, the placement instrument will list the names and addresses of each location at which the medical practitioner is approved to work.
140. Department of Human Services will place the medical practitioner on the Register of Approved Placements and will notify the medical practitioner in writing of the approval.
141. The Department will also advise the approved MDS in writing of the approval. Where the approved MDS has more than one approved location, the advice will list the names and addresses of each location at which the medical practitioner is approved to work.
142. Approved placements are time and location specific and cannot be backdated. Refer to **Part 9** for details.

***Medicare provider numbers***

143. Once the approved MDS and the medical practitioner have been advised of the approval, the medical practitioner should then lodge an application to Department of Human Services for a Medicare provider number(s).
144. Application forms for a Medicare provider number can be obtained from Department of Human Services website at: [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

For further information on the requirements of Department of Human Services please contact Department of Human Services on 13 21 50 or in writing at:

**Department of Human Services**  
Provider Eligibility Section  
GPO Box 9822  
Capital City in relevant State and/or Territory

145. The doctor's Medicare provider number(s) will be issued in accordance with the approval period of the doctor's approved placement(s) on the Program.

***Other considerations***

146. AMDS medical practitioners are to observe the *Standards for Participation on the AMDS Program* applicable to medical practitioners set out at Appendix E while on placements on the AMDS Program. These standards relate to:

- Accreditation Standards, Quality Improvement and Continuing Professional Development (CPD); and
- responsibility for medical care provided by AMDS medical practitioners.

147. If the approved MDS or any of its clinics change address, this needs to be notified at least 4 weeks in advance to ensure continuity of Medicare access by AMDS medical practitioners.

148. Placements will not be approved beyond the expiry date of the service provider's Deed.

149. If the Department is not satisfied that the medical practitioner meets the eligibility criteria in **Part 6** and the requirements in **Part 7**, it will write to the service provider setting out the reasons. The medical practitioner will have the opportunity to respond. Refer to **Part 10**.

***Renewal of Approved Placements for AMDS Medical Practitioners***

150. In order to extend the placement of an AMDS medical practitioner, the service provider must forward a request for the doctor's renewal and the necessary documentation, including current medical registration, at least four weeks prior to the expiry date of the placement. This will ensure timely renewal of their approved placements on the Program.

151. Where the approved MDS has more than one approved location, the renewal request must list all the locations for which placement extensions are being sought.

152. Approved placements for doctors participating in the AMDS Program can be renewed with an approval period that coincides with the service provider's accreditation period and Deed of Agreement.

153. Accordingly, the renewal of an approved placement will be dependent on the expiry date of the service provider's most recent certificate of accreditation held on file by the Department. Thereafter, approved placements can be renewed to coincide with the renewal by the service provider of their accreditation.

154. Department of Human Services will notify the medical practitioner in writing of the 3GA placement(s) extension.

155. The Department will also advise the approved MDS in writing of the AMDS medical practitioner's 3GA placement(s) extension.

156. The same process outlined above for the assessment and approval of AMDS medical practitioners also applies to the renewal of doctors' approved 3GA placements.

157. Service providers and AMDS doctors are advised to take note of the expiry date of their Medicare provider number so that the Department is provided sufficient time to renew them.

158. If the approved MDS or any of its clinics change address, this needs to be notified at least 4 weeks in advance to ensure continuity of Medicare access by AMDS medical practitioners.

159. As approved placements, failure to notify the Department of a change in address will result in the rejection of Medicare payments by Department of Human Services.
160. Approved placements will not be renewed beyond the expiry date of the service provider's Deed.
161. To ensure ongoing approval to participate in the AMDS Program, AMDS medical practitioners must fulfil the Quality Improvement and CPD requirements of the Program, including completion of the *Quality Improvement and Continuing Professional Development Checklist for Approved Medical Deputising Service Medical Practitioners* at Appendix F& G. This form must be completed and included with the renewal request from the service provider.
162. When considering an application for renewal, the Department will take into consideration whether the AMDS medical practitioner has undertaken the necessary Quality Improvement and CPD activities, as required under *Standards for Participation on the AMDS Program* applicable to medical practitioners set out at Appendix E. The Department will do this by assessing the *Quality Improvement and Continuing Professional Development Checklist for Approved Medical Deputising Service Medical Practitioners* form submitted by the service provider of the AMDS medical practitioner.
163. In accordance with the *Standards for Participation on the AMDS Program* applicable to medical practitioners set out at Appendix E, the Department may also check whether doctors who have been on long-term placements on the Program have undertaken, or will be undertaking, the exam for the Fellowship of the RACGP or ACCRRM within six years of beginning participation in the AMDS Program, if eligible.
164. If the Department is not satisfied that the medical practitioner should be renewed, it will write to the service provider setting out the reasons. The medical practitioner will have the opportunity to respond. Refer to **Part 10**.
165. In consideration of any appeal the Department may, at its discretion, refer the approved MDS to independent review by a nominated accreditation body with costs for this review paid for by the appellant.

## **PART 9 BACKDATING APPROVALS**

166. Placements granted under section 3GA of the Act may not commence earlier than the applicant's date of entry on the Register of Approved Placements. As a consequence, there are no circumstances under which the Department will be able to grant a "backdated" placement approval.

## **PART 10 APPEALS**

167. If a MDS is refused participation on the AMDS Program they can apply to the Department for reconsideration. MDS's should at that time provide additional information to support their application and, in particular, address the accreditation requirements set out in **Part 5** and the eligibility criteria relevant to MDS set out in **Part 6** of these Guidelines.
168. If a medical practitioner is refused participation on the AMDS Program he or she can apply to the Department for reconsideration. Medical practitioners should at that time provide additional

information to support their application and, in particular, address the eligibility criteria relevant to medical practitioners set out in **Part 6** of these Guidelines.

169. Appeals should be lodged to:

Director  
Rural Workforce Distribution Section  
Department of Health and Ageing  
Mail Drop Point 154  
GPO Box 9848  
CANBERRA ACT 2601

170. The Department has up to 28 calendar days to respond to an appeal. If a decision is not made in this time, it is deemed to be a refusal.

## **PART 11 DURATION OF APPROVED PLACEMENTS**

171. Unless otherwise agreed with the service provider or AMDS medical practitioner, a placement on the AMDS Program is generally granted to coincide with the expiry date of the service provider's Deed of Agreement and can be renewed in accordance with Renewal of 3GA Placements for AMDS Medical Practitioners in **Part 8**.

172. AMDS medical practitioners should ensure that their Medicare provider number(s) and medical registration will remain valid until the expiry date(s) of their placement(s).

173. Department of Human Services and the Department of Health and Ageing do not issue reminders that approved placements are due to expire. It is the responsibility of the approved MDS and individual medical practitioners to ensure that renewal applications for approved 3GA placements are completed expeditiously.

## **PART 12 ACCESS TO MEDICARE BENEFITS**

174. Section 19CC of the Act states that medical practitioners are committing an offence if they provide professional services to patients where a Medicare benefit is not payable as a consequence of section 19AA, 19AB or 19ABA of the Act.

175. Medical practitioners working under this Program can have access to the relevant service items under Medicare benefits for services that are performed during the hours of operation as agreed to in these Guidelines, subject to:

- (a) the location and period for which the practitioner is registered to provide services as specified in the entry on the Register of Approved Placements in accordance with section 3GA and 19AA(3) of the Act; and
- (b) any other relevant limitations or conditions as provided by the Act and the regulations made under that Act, as amended from time to time.

176. Medical practitioners who require more information regarding the relevant items under Medicare for which they can bill and the level of Medicare rebate for which they are eligible should contact Department of Human Services on 13 21 50 or in writing to:

**Department of Human Services**  
Provider Eligibility Section

177. Access to Medicare benefits cease upon the expiration of the Medicare provider number. 3GA placements and section 19AB exemptions cannot be backdated, as specified in **Part 9**.
178. Under the AMDS Program, access to Medicare benefits is limited to services provided during the after hours period.

## **PART 13 Existing Service Providers**

179. Approved MDS will be required to meet the requirements of the Guidelines on signing their Deeds. Service providers will need to submit evidence of accreditation, as specified in **Part 5**, and documentation from an accreditation body that they meet the *Definition of a Medical Deputising Service* at Appendix A and the eligibility criteria set out in **Part 6** relevant to MDS.
180. Deeds can be renewed according to the expiry date of the service provider's accreditation, as determined by the certificate of accreditation presented by the service providers at the time of renewal.
181. Service providers with less than six months left on their certificate of accreditation at the time renewal is due may wish to consider taking the necessary steps to renew their accreditation prior to renewal to obtain a Deed with a longer approval period.
182. A notice period of three months will be granted to the service provider to terminate participation on the AMDS Program or until the expiry of the Deed, whichever is the sooner.
183. Service providers whose Deeds have not been approved for renewal may apply to the Department for reconsideration under **Part 10**.

## **PART 14 REVOKING REGISTRATION AND PARTICIPATION**

### ***Medical Deputising Services***

184. An approved MDS must maintain accreditation as specified in **Part 5**.
185. An approved MDS must continue to meet the criteria under *Definition of a Medical Deputising Service* in Appendix A and the eligibility criteria applicable to medical deputising services in **Part 6**.
186. An approved MDS must observe the *Standards for Participation on the AMDS Program* applicable to medical deputising services set out at Appendix E.
187. Failure to comply with the above requirements may result in termination of participation on the AMDS Program. A notice period of three months will be granted to the service provider to terminate participation on the AMDS Program or until the expiry of their Deed, whichever is the sooner.
188. Service providers whose participation on the Program has been revoked may apply to the Department for reconsideration under **Part 10**.

### ***Medical Practitioners***

189. An AMDS medical practitioner must maintain their medical registration, medical indemnity and visa status, otherwise their participation in the AMDS Program will be revoked.
190. An AMDS medical practitioner must undertake the necessary QI and CPD activities, as required under *Standards for Participation on the AMDS Program* applicable to medical practitioners set out at Appendix E.
191. As evidence of Quality Improvement and CPD activities, the medical practitioner must complete the *Quality Improvement and Continuing Professional Development Checklist for Approved Medical Deputising Service Medical Practitioners* at Appendix F& G during the course of his or her engagement with the approved medical deputising service.
192. If the Department is not satisfied that the AMDS medical practitioner has met his or her requirements under the Program, it will write to the service provider setting out the reasons. The service provider will have the opportunity to respond. The Department may extend the medical practitioner's placement by three months both to permit a response and/or to allow for reasonable notice of termination.
193. AMDS medical practitioners whose participation on the Program has been terminated may apply to the Department for reconsideration under **Part 10**.

## **PART 15 MONITORING AND REVIEW**

194. Section 19AD of the Act provides that the Medicare Provider Number Legislation will be reviewed every five years.
195. The Review of the Medicare Provider Number Legislation reports on the operation of sections 19AA, 3GA and 3GC of the Act.
196. The AMDS Program forms part of this Review.

## **Appendix A Definition of a Medical Deputising Service**

**This definition is based on the NAMDS definition of a Medical Deputising Service.**

1. A Practice Principal is a registered medical practitioner (vocationally recognised or not, full-time or part-time), who undertakes the continuing care of patients in a medical practice. The Practice Principal has a responsibility to arrange comprehensive care of patients 24 hours a day and engages the MDS.
2. A Medical Deputising Service is an organisation which directly arranges for medical practitioners to provide after hours medical services to patients of Practice Principals during the absence of, and at the request of, the Practice Principals.

3. A Medical Deputising Service is a means whereby a Practice Principal may externally contract the after hours components of both continuous access to care and continuity of care to practice patients.
4. A Medical Deputising Service utilises facilities and processes which ensure continuous access to care and continuity of patient care.
5. A Medical Deputising Service comprises a physical facility which incorporates a control / communications / operations capacity, administrative services and, where applicable, a clinic.
6. A Medical Deputising Service must provide home visits and may also provide clinic and telephone triage / medical advice services. Medical Deputising Services must ensure that they are always in a position to provide home visits as required for significant medical reasons or as requested by Practice Principals, throughout the entire after hours period.
7. A Medical Deputising Service shall respond to patient or principal-initiated calls only, and not provide planned or routine patient services unless agreed with the patient's principal practitioner.
8. A Medical Deputising Service must not schedule appointments beyond the after hours period in which the patient request was received.
9. A Medical Deputising Service is required to operate and provide uninterrupted access to care, including home visits, for the whole of the after hours period. The defined after hours periods that must be covered by the Medical Deputising Service are: any time outside 8am – 6pm on weekdays from noon on Saturday, all day Sunday and public holidays. A Medical Deputising Service must demonstrate that consultations and home visits are provided during the unsociable hours from 11pm till 7am 7 days a week.
10. In providing complementary care on behalf of local, daytime general practice, a Medical Deputising Service must be independent of any individual or group of general practice(s). Medical Deputising Service premises must not be co-located with a general practice.
11. As Medical Deputising Services do not offer comprehensive GP care, direct advertising to encourage patients to use Medical Deputising Services for 'routine' or convenience purposes, thereby compromising their access to the full range of GP services, is prohibited.
12. A Medical Deputising Service must have a control / communications / operations capacity which must be operational within its premises during the majority of the defined after hours period.
13. A Medical Deputising Service which contracts out part of its control / communications / operations function may only do so to an MDS accredited control / communications / operations service.
14. The control / communications / operations service must, during the after hours period, be staffed by personnel appropriately trained in telephone triage, to guarantee maintenance of accreditation standards and ensure the appropriate management of urgent cases.
15. A Medical Deputising Service must have telephones attended 24 hours per day by trained staff so the Principals can access the service to communicate special patient information and facilitate continuity of care at all times.



## **Appendix B    *Health Insurance Act 1973 – Section 3GA***

### **Register of Approved Placements**

- (1) The purpose of this section is to provide for registration of certain medical practitioners in approved placements.
- (2) The Chief Executive Medicare is to establish and maintain a Register of Approved Placements.
- (3) The Register may be maintained in any form, including as a computer record.
- (4) A medical practitioner may apply to the Chief Executive Medicare for registration under this section.
- (5) If a medical practitioner makes an application and:
  - (a) a body specified in the regulations gives the Chief Executive Medicare written notice stating:
    - (i) that the applicant is enrolled in, or undertaking, a course or program of a kind specified in the regulations; and
    - (ii) the period over which, and the location in which, the applicant will be undertaking the course or program; or
  - (b) the applicant is, in accordance with the regulations, eligible for registration under this section;

the Chief Executive Medicare must, within the required period under subsection (6), enter the applicant's name in the Register, together with the period in respect of which and the location in respect of which the applicant is registered.
- (6) The required period for the purposes of subsection (5) is:
  - (a) if a notice was given to the Chief Executive Medicare under paragraph (5)(a) in connection with the application:
    - (i) the period of 14 days after the notice was received by the Chief Executive Medicare; or
    - (ii) if the application was made after the notice was received—the period of 14 days after the application was received by the Chief Executive Medicare; or
  - (b) if no such notice was given—the period of 14 days after the application was received by the Chief Executive Medicare.
- (7) The Chief Executive Medicare must give the applicant written notice of the day on which the applicant's name is to be entered in the Register.
- (8) The Chief Executive Medicare may give a body specified in regulations made for the purposes of paragraph (5)(a) information about the following matters, to the extent that those matters relate to persons about whom the body has given a notice under paragraph (5)(a):
  - (a) the current state of the Register;
  - (b) additions to the Register;
  - (c) deletions from the Register.

## Appendix C *Health Insurance Act 1973* – Section 19AA

### Medicare benefits not payable in respect of services rendered by certain medical practitioners

- (1) A Medicare benefit is not payable in respect of a professional service, rendered after the commencement of this section, if the person who rendered the service:
- (a) first became a medical practitioner on or after 1 November 1996; and
  - (b) was not, at the time the service was rendered:
    - (i) a specialist (whether or not the service was rendered in the performance of the specialist's specialty); or
    - (ii) a consultant physician (whether or not the service was rendered in the performance of the consultant physician's specialty); or
    - (iii) a general practitioner; or  
Note: For *general practitioner*, see subsection 3(1).
    - (iv) subject to subsection (3), a person registered under section 3GA; or
    - (v) a person who is covered by an exemption under subsection 19AB(3), being a person who is neither an Australian citizen nor a permanent resident within the meaning of the *Migration Act 1958*.

Note: Subsection (5) gives a restricted meaning to the term *professional service* for the purposes of this section.

- (2) A Medicare benefit is not payable in respect of a professional service, rendered after the commencement of this section, if the medical practitioner on whose behalf the service was rendered:
- (a) first became a medical practitioner on or after 1 November 1996; and
  - (b) was not, at the time the service was rendered:
    - (i) a specialist (whether or not the service was rendered in the performance of the specialist's specialty); or
    - (ii) a consultant physician (whether or not the service was rendered in the performance of the consultant physician's specialty); or
    - (iii) a general practitioner; or Note:  
For *general practitioner*, see subsection 3(1).
    - (iv) subject to subsection (3), a person registered under section 3GA; or
    - (v) a person who is covered by an exemption under subsection 19AB(3), being a person who is neither an Australian citizen nor a permanent resident within the meaning of the *Migration Act 1958*.

Note 1: An effect of subsection 3(17) is that a service cannot be taken to be rendered on behalf of a medical practitioner if it is rendered by another medical practitioner.

Note 2: Subsection (5) gives a restricted meaning to the term *professional service* for the purposes of this section.

- (3) Subparagraphs (1)(b)(iv) and (2)(b)(iv) only apply in relation to a professional service that was rendered:
- (a) during the period in respect of which, and in the location in respect of which, the person is registered under section 3GA; or
  - (b) in such other circumstances (which may include circumstances relating to the period during which, or the location in which, services are rendered) as are specified in the regulations.

- (1) For the purposes of this section, a medical practitioner who, on 1 November 1996:
- (a) was a medical practitioner who had not commenced, or who had not completed, training as an intern; or
  - (b) was not an Australian citizen or a permanent resident within the meaning of the *Migration Act 1958*;
  - (c) is taken to have first become a medical practitioner on 1 November 1996.
- (4) In this section: *intern* means a medical practitioner who is undertaking:
- (a) a period of internship (by whatever name called); or
  - (b) a period of supervised training (by whatever name called);

under a law of a State or Territory specified in the regulations (whether or not the medical practitioner is a resident in a hospital for some or all of that period).

*professional service* does not include:

- (a) a service of a kind referred to in paragraph (b), (ba) or (c) of the definition of *professional service* in subsection 3(1); or
- (b) a professional service (as defined in subsection 3(1)) that is constituted by assistance at an operation.

## Appendix D Application Form for a Medical Deputising Service to Join the Approved Medical Deputising Service Program

This application form is designed to assist medical deputising services applying to join the Approved Medical Deputising Service (AMDS) Program. Applicants should read the AMDS Program Guidelines before applying and should use this application form to demonstrate that they meet the accreditation and eligibility criteria set out in **Part 5** and **Part 6** of the Guidelines.

### Details of Medical Deputising Service

<b>Name of service:</b> (including trading name)	
---	--

<b>Name of legal entity under which Company operates</b>	
--	--

<b>Address of service:</b> (List all physical locations and mailing addresses if there are more than one. A separate sheet may be attached if this space is insufficient.)	
---	--

<b>ABN</b>	
<b>ACN</b>	
<b>Name of Medical Director(s)</b>	

<b>Telephone No.</b>	( )	( )
<b>Fax No.</b>	( )	( )
<b>Call Centre No.</b>	( )	( )
<b>Email address</b>		
<b>Website Address</b>		

<b>Geographic area (suburbs) covered by each service.</b> (Please provide on separate sheet if necessary.)	
---	--

1.	Current or predicted number of doctors providing after hours services for your medical deputising service:	
2.	Number of temporary resident doctors currently providing after hours care in your practice:	
3.	Maximum number of doctors required for placement on the AMDS Program:	
4.	Please attach a copy of the accreditation certificate, a certificate confirming that the MDS meets the definition of an MDS, and, for after hour clinics, a registration certificate and accreditation body statement for each location.	Attached <input type="checkbox"/>

## Declaration

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

I declare that my medical deputising service will:

- abide by the **Standards for Participation on the AMDS Program** at Appendix E;
- provide “after hours” services to patients of Principals by means of home visits and, if applicable, accredited “after hours only” clinic throughout the entire defined after hours period;
- ensure that the Medical Director or a senior medical practitioner is accessible on an ‘on-call’ basis to AMDS medical practitioners at all times;
- provide an operations or control centre adequate for receiving calls from patients on behalf of the Principal;
- ensure that medical practitioners who are participating on the AMDS Program meet the necessary criteria in terms of permanent residency or Australian citizenship, medical board registration, experience and membership of medical defence organisation, as set out in the Program Guidelines;
- encourage AMDS medical practitioners to be involved in appropriate Quality Improvement and CPD programs and meet the requirements for providing mentoring for these doctors, as set out in **Standards for Participation on the AMDS Program** at Appendix E of the Program Guidelines;
- the service operates as a medical deputising service, providing only temporary service to cover gaps in regular general practice;
- the medical deputising service provides an operations or control centre adequate for receiving calls from patients on behalf of the Principal; and
- the medical deputising service is managed by Medical Directors who hold the Fellowship of the RACGP, Fellowship of ACRRM or are vocationally recognised as General Practitioners.

I understand that, should this service be approved under the AMDS Program, there is a requirement to enter into an agreement with the Department of Health and Ageing to comply with the AMDS Program Guidelines.

I/We confirm that the above statements are true and correct and are made under division 137 of the Criminal Code Act 1995, and acknowledge that to provide false or misleading information or documents is a criminal offense under this Act.

.....  
Printed Name  
**Medical Deputising Service Director  
(or equivalent)**

.....  
Signature  
**Medical Deputising Service Director  
(or equivalent)**

.....  
Printed Name  
**Witness**

.....  
Signature  
**Witness**

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

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

## **Appendix E Standards for Participation on the AMDS Program**

The following paragraphs outline the standards required of all medical deputising services and medical practitioners wishing to participate on the AMDS Program.

### ***Medical Deputising Service***

#### ***After Hours Period***

1. For the purposes of these Guidelines, 'after hours' is any time outside 8am-6pm on weekdays, noon onwards on Saturday, all day Sunday, and public holidays.

#### ***Activities and conduct***

2. An approved medical deputising service:
  - (a) will meet and abide by the RACGP Standards and the Standards for Participation on the AMDS Program;
  - (b) as a minimum standard, must provide "after hours" services to patients of Principals by means of home visits and, if applicable, accredited "after hours only" clinic; and
  - (c) should be aware that the mandating of home visits does not confer a right for a patient to demand a home visit.

#### ***Principal GPs***

3. GPs engaging an approved medical deputising service shall be registered as Principals with that provider.
4. The means of referral by the Principals to the approved medical deputising service may include recorded telephone message, telephone diversion or direct contact by the Principal.
5. An approved medical deputising service shall ensure Principals provide all the information necessary to facilitate the proper conduct of the approved medical deputising service 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 of the Service.

## ***Contingency arrangements***

6. An approved medical deputising service shall, as appropriate:
  - (a) ensure that adequate staff and AMDS medical practitioners are available to ensure the provision of prompt, efficient, continuous service during all hours of operation;
  - (b) ensure the availability of reserve/back up staff and AMDS medical practitioners to meet common contingencies.
  - (c) ensure that the Medical Director or a senior medical practitioner is accessible on an 'on-call' basis to staff, deputising doctors and Principals at all times.

## ***Safe working hours***

7. The approved medical deputising service shall ensure that the duty of care obligations under State and Territory occupational health and safety legislation are met in relation to the work of AMDS medical practitioners. The rostering of AMDS medical practitioners must be undertaken in accordance with the Guidelines contained in the Australian Medical Association's *National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors*.

## ***Communication and information management***

8. An approved medical deputising service will provide an operations or control centre adequate for receiving calls from patients on behalf of the Principal.
9. An approved medical deputising service shall:
  - (a) maintain regular and effective communication with Principals;
  - (b) ensure that a report (known as the Patient Report) is compiled on each patient attendance;
  - (c) retain in trust, as a secondary record only, duplicates of Patient Reports for subsequent access where necessary by Principals or AMDS medical practitioners;
  - (d) arrange timely forwarding of the original copy of Patient Reports to Principals;
  - (e) provide the facility for Principals to record with the approved medical deputising service 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 medical practitioners. Such patients might include those with multiple, chronic or terminal conditions and those with acute illnesses being managed at home by the Principal;
  - (f) maintain an adequate communication network including appropriate use of telephone, facsimile, paging systems, two-way radio and mobile telephone and 3G and 4G information systems to ensure the effective operation of the approved medical deputising service; and
  - (g) ensure all electronic transfer of health information is encrypted and/or secured according to the National Standards.

## ***Complaints***

- (a) An approved medical deputising service shall have an effective mechanism for the handling, investigation and resolution of complaints from patients, Principals, or AMDS medical practitioners. All complaints of a clinical nature should be referred to the Medical Director responsible for clinical governance.

## ***Requirements of approved medical deputising services to AMDS medical practitioners***

10. Approved medical deputising services will need to ensure that medical practitioners who are participating on the AMDS Program:
  - (a) are permanent resident, citizen of Australia, or New Zealand Permanent Resident
  - (b) hold medical registration with the Australian Medical Board ;
  - (c) have a minimum of two years post-graduate experience, including experience in paediatrics, accident and emergency medicine, and surgery;
  - (d) if possible, have a minimum of two years post-graduate experience in general practice;
  - (e) hold appropriate membership of a medical defence organisation; and
  - (f) do not use the deputising service to create a client base for their direct servicing.
  
11. An approved medical deputising service shall make available to AMDS medical practitioners a handbook or manual providing Guidelines or advice on relevant topics including:
  - (a) protocol for arranging hospital admissions;
  - (b) relevant operational detail of the approved medical deputising service;
  - (c) general requirements of Principals;
  - (d) lists of available hospitals, pharmacies, support services and agencies etc. together with telephone numbers;
  - (e) occupational health and safety issues (e.g. infection control policies) relevant to their roles;
  - (f) processes by which the privacy and confidentiality of patient health information is maintained within the practice;
  - (g) the local health and cultural environment in which the practice works (e.g. if the practice is located in an area with a high level of problems caused by illicit drug use, it is useful for new staff to understand the practice's policy concerning the prescribing of Schedule 8 medicines) ;
  - (h) key public health regulations (e.g. reporting requirements for communicable diseases, or mandatory reporting of child abuse) that will affect how they work; and
  - (i) such other information as is necessary to assist medical practitioners in the performance of their duties.
  
12. An approved medical deputising service shall encourage feedback on clinical matters from Principals to AMDS medical practitioners.

### ***Clinical Support***

13. Medical Directors shall hold the Fellowship of the RACGP or Fellowship of ACRRM or be vocationally recognised as General Practitioners and undertake CPD at a standard equivalent to the current requirements of the RACGP's Quality Improvement and Continuing Professional Development Program.
  
14. Medical Directors shall be accessible to Principals and medical practitioners participating on the AMDS Program.

## ***Quality Improvement and Continuing Professional Development***

15. An approved medical deputising service should require AMDS medical practitioners to be involved in appropriate QI and CPD programs.
16. A mentor should be made available for the doctors placed on the AMDS Program who will be responsible for ensuring completion of CPD activities and undertake the responsibility for clinical supervision. This role can be taken by the Medical Director of the approved MDS, or any duly appointed practising vocationally registered general practitioner, who holds suitable medical indemnity insurance for this role. The mentor (or their locum) must confirm availability to give clinical advice when his/her AMDS medical practitioners are on duty.
17. The name of the mentor should be supplied to the Department within 28 days of the commencement of the AMDS placement.
18. Within three months of a medical practitioner commencing on the new AMDS placement, the approved medical deputising service should notify the Department of the doctor's RACGP/ACRRM membership (if applicable), the CPD number, and a copy of the certificate advising completion of the Advanced Life Support Course.
19. When renewing an AMDS placement, the approved medical deputising service should supply notification of satisfactory completion of CPD, and the attendance at mentor meetings.

## ***Personal safety for AMDS medical practitioners***

20. Approved medical deputising services should observe the following protocols, which concern the safety of after-hours medical practitioners:
  - (a) Patients must have a phone number on which the approved medical deputising service can call back.
  - (b) The approved medical deputising service should be informed when the AMDS medical practitioner arrives at, and departs from, each call.
  - (c) Do not send a medical practitioner to a patient/caller requesting opiate based pain relief unless a pain management plan has been provided by the Principal.
  - (d) Do not send a medical practitioner to patients threatening suicide. Request the police to assist in this instance.
  - (e) Do not send a medical practitioner to enter premises which have evidence of a threatening or abusive person(s) present. Request the police to assist in this instance.
  - (f) Ask callers to restrain dogs, and to turn on an outside light at night.
  - (g) Patients should have a regular general practitioner, contact phone number and date of birth.
  - (h) Be mindful of situations where a medical practitioner has attended to a patient for longer than appears necessary and have security processes in place to allow the after-hours doctor to be contacted.

## ***Medical Practitioner***

21. It is suggested, but not mandatory, that each AMDS doctor becomes an associate member of the RACGP/ACRRM.
22. All doctors who begin participating in the AMDS Program after the commencement of these Guidelines, who have not yet met the equivalent of the Fellowship of the RACGP or Fellowship of ACRRM and who participate in the AMDS Program for more than six months must be supervised, mentored and supported in their education in line with the RACGP or ACRRM standards for education and training and, if eligible, are required to undertake the exam for Fellowship of the RACGP/ACRRM within six years of beginning participation.

## *Quality Assurance and Continuing Professional Development*

23. AMDS medical practitioners will undertake RACGP/ACRRM programs for CPD as required under Appendix F&G.
24. AMDS medical practitioners will enrol and participate in an appropriate QI and CPD program within three months of commencing on the new AMDS placement(s). These are with the RACGP QI and CPD or ACRRM PDP program. The medical practitioner should accumulate at least 130 points per triennium in accordance with the requirements of the RACGP, QI and CPD program or 100 points per triennium in accordance with the requirements of ACRRM. AMDS practitioners on the RACGP program will be required to accumulate at least 45 CPD points per year and AMDS practitioners on the ACRRM program will be required to accumulate at least 35 CPD points per year. These points must include 2 CPD activities that have the characteristics of an RACGP category 1 activity in each triennium. Guidelines on obtaining the appropriate CPD points can be obtained from the RACGP and ACRRM websites. RACGP website: <http://qicpd.racgp.org.au> ACRRM website: <https://www.acrrm.org.au/maintain-you-pdp-and-look-for-events-on-rmeo>
25. Should circumstances occur where the requirement to accumulate CPD points cannot be achieved, ie. the medical practitioner is absent due to illness or leave arrangements, this should be indicated on the Checklist.
26. A doctor participating on the AMDS Program will nominate a mentor who is responsible for ensuring completion of CPD activities and who undertakes the responsibility for clinical supervision. This mentor could be the MDS Medical Director, or any duly appointed practising vocationally registered general practitioner agreed to by the Medical Director.
27. The Medical Director will have ultimate responsibility for the mentoring process.
28. The mentor (or their locum) must confirm availability to give clinical advice when his/her AMDS program doctors are on duty.
29. The mentor's details should be notified to the Department within 28 days of commencing on the Program. Failure to nominate a CPD mentor may result in the MDS or medical practitioner being withdrawn from participating in the Program.
30. AMDS medical practitioners should engage their nominated mentor on a regular basis, with at least 10 scheduled meetings per year, including direct evaluation of clinical activity. A record of this process should be confirmed and held by the MDS.
31. AMDS medical practitioners must complete the RACGP/ACRRM approved advanced life support training, which is a requirement to complete general practice vocational training. If this has not been undertaken prior to commencing on the Program, it could be undertaken with the mentor who would provide certification of completion.
32. A doctor participating on the AMDS Program is responsible for ensuring their Medical Registration, medical indemnity, visa status, and Medicare provider number are current, and meet the eligibility requirements outlined in **Part 6** of these Guidelines.

### *Responsibility for medical care provided by AMDS medical practitioners*

33. As registered medical practitioners, doctors have professional and ethical obligations to fulfil in relation to the services they provide, as well as a legal duty of care.
34. Where medical practitioners are uncertain as to their personal responsibilities in relation to work under this Program, they should seek independent legal advice.

## Appendix F Quality Improvement and Continuing Professional Development Checklist for Approved Medical Deputising Service Medical Practitioners (Part A – Three month report)

This checklist is designed to report on the progress of the QI and CPD activities being undertaken by approved medical deputising service medical practitioners on AMDS Program placements.

The report is to be completed by mentors of AMDS medical practitioners after three months from commencement on the AMDS Program.

AMDS medical practitioner's name		
Date of report:		
Is the doctor a new or ongoing AMDS medical practitioner?	<b>New</b>	<b>Ongoing</b>
Date medical practitioner commenced on the AMDS Program		

### For new AMDS medical practitioners completing the three month point from commencement

1.	As the mentor for the above AMDS medical practitioner, have you confirmed your availability to provide the doctor clinical advice when he/she is on duty?	<b>Yes</b>	<b>No</b>
2.	Have you, as the mentor of the above AMDS medical practitioner, submitted your name to the Department within 28 days of the commencement of the doctor's placement on the AMDS Program?	<b>Yes</b>	<b>No</b>
3.	Is the AMDS medical practitioner currently undertaking an RACGP/ACRRM program for CPD? Please provide evidence such as a copy of the doctor's RACGP/ACRRM membership (if applicable) or CPD number.	<b>Yes</b>	<b>No</b>
4.	Has the AMDS medical practitioner accumulated any CPD points since commencing on the AMDS Program. If yes please attach evidence	<b>Yes</b>	<b>No</b>
5.	Has the AMDS medical practitioner completed training in advanced life support (ALS)? If yes, please attach a copy of certificate of completion of ALS.	<b>Yes</b>	<b>No</b>
6.	Has the AMDS medical practitioner engaged you on a regular basis since commencing on the AMDS Program?	<b>Yes</b>	<b>No</b>
7.	Have you undertaken a direct evaluation of the AMDS medical practitioner's clinical activity? If yes please attach a copy of the report.	<b>Yes</b>	<b>No</b>

**Declaration**

*To the best of my knowledge and belief, all the information I have provided in this report are true and correct. I have attached the necessary documentation as evidence.*

.....  
Printed Name  
**Medical Deputising Service Director  
(or equivalent)**

.....  
Signature

Date ...../...../.....

## Appendix G Quality Improvement and Continuing Professional Development Checklist for Approved Medical Deputising Service Medical Practitioners (Part B – 12 month report))

This checklist is designed to report on the progress of the QI and CPD activities being undertaken by approved medical deputising service medical practitioners on AMDS Program placements.

The report is to be completed by mentors of AMDS medical practitioners on completion of 12 month placement from commencement on the AMDS Program.

AMDS medical practitioner's name	
Date of report:	
Date medical practitioner commenced on the AMDS Program	

### Part B For ongoing AMDS medical practitioners completing a 12 month placement from commencement on the AMDS Program.

8.	Has the AMDS medical practitioner continued to undertake an RACGP/ACRRM program for CPD?	Yes	No
9.	Has the AMDS medical practitioner on the RACGP QI& CPD program accumulated at least 45 CPD points during the last 12 months or AMDS medical practitioners on the ACRRM PDP program accumulated at least 35 CDP points during the last 12 months?	Yes	No
10.	Has at least one of these CPD points been Category 1?	Yes	No
11.	Has the AMDS medical practitioner completed CPD in the past 12 months? If yes, please attach notification of satisfactory completion.	Yes	No
12.	Has the AMDS medical practitioner completed training in ALS? If yes, please attach a copy of the certificate of completion of ALS.	Yes	No
13.	Has the AMDS medical practitioner engaged you on a regular basis, with at least 10 scheduled meetings in the last 12 months? Please attach evidence of doctor's attendance at mentor meetings.	Yes	No
14.	Have you undertaken a direct evaluation of the AMDS medical practitioner's clinical activity? If yes please attach a copy of the report.	Yes	No

### Declaration

*To the best of my knowledge and belief, all the information I have provided in this report are true and correct. I have attached the necessary documentation as evidence.*

.....  
 Printed Name  
**Medical Deputising Service Director  
 (or equivalent)**

.....  
 Signature  
 Date:.....



**Appendix H APPROVED MEDICAL DEPUTISING SERVICE (AMDS) PROGRAM REQUEST  
 FOR DOCTOR PLACEMENT**

Complete all fields of this form and email to [AMDS@health.gov.au](mailto:AMDS@health.gov.au)

**1. SERVICE PROVIDER DETAILS**

**Medical Deputising Service Name:**  
 .....

**Address:**  
 .....  
 .....STATE.....POST CODE.....  
**Phone:** .....  
**Email:**.....

<b>Contact Person</b>	<b>Position:</b>
.....	.....

**2. MEDICAL PRACTITIONER'S DETAILS**    New placement                       Renewal

**First Name:**  
 .....

**Family Name**  
 .....

**Medicare Provider Number/s:**  
 .....

**Expected date of Fellowship**  
 .....

**3. AMDS SERVICE PROVIDER DECLARATION (Documents Attached)**

I, \_\_\_\_\_ am satisfied that the above medical practitioner is eligible to join the AMDS program (as outlined in the AMDS guidelines) and meets the following criteria:

- 1. Holds current medical registration
- 2. Is a permanent resident or citizen of Australia
- 3. Holds appropriate membership of a medical defence organisation
- 4. Has a minimum of two years post-graduate experience, including experience in paediatrics, accident and emergency, medicine and surgery

**Medical Deputising Service Director (or equivalent)**

\_\_\_\_\_  
*Name* *Position*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_