



Australian Government
Department of Health

Approved Medical Deputising Services (AMDS) Program Guidelines

Effective 1 August 2020

Table of Contents

Introduction	3
Definitions and Interpretation	4
Medical Deputising Services	6
1. Eligibility	6
2. Application process – service provider	6
3. Length of Deed	7
4. Accreditation	7
5. Responsibilities of the AMDS	8
6. Call centres and bookings	9
7. Advertising.....	9
8. Compliance.....	10
9. Review of Decision	10
Doctors.....	11
1. Eligibility	11
2. Application Process	11
3. Placement Duration	12
4. Supervision	12
5. Responsibility of doctors.....	12
6. Compliance.....	13
7. Review of decision.....	13
8. Department of Health	14
Appendix A: Guidance for Developing Triage Protocols under the AMDS Program.....	15
Purpose	15
Minimum expected triage capabilities	15
Clinical matters that are outside of the scope of deputised care	18

Introduction

The Approved Medical Deputising Services (AMDS) Program offers non-vocationally (non-VR) recognised doctors the opportunity to gain general practice experience by granting access to a Medicare benefit while providing deputising services to the community through an AMDS.

Section 3GA of the *Health Insurance Act 1973* (the Act) grants Medicare access to doctors who participate in an approved workforce or training program. The AMDS Program is listed in the *Health Insurance Regulations 2018* (the Regulations) as an approved program under section 3GA of the Act. The Department of Health (Health) has the delegated authority as the Specified Body to grant program placements. Section 3GA also provides legislative framework for Services Australia to place doctors on the Register of Approved Placements.

An AMDS is a service or organisation, approved by the Department of Health, to arrange and facilitate the provision of deputised medical services to patients at the request of their regular general practitioner in the after-hours period when they are not available. Deputising services can be provided at a clinic and/or in the home of a patient.

For the purposes of the AMDS program, the after-hours period is defined as:

- after 6pm and before 8am on weekdays;
- before 8am and from noon onwards on Saturday; and
- all day Sunday and all public holidays.

Doctors participating on the AMDS Program are able to access items in the Medicare Benefits Schedule (MBS) for medical practitioners (Group A7, A2 and some items in A11) depending if they are a VR or non VR.

These guidelines provide the policy and operational procedures under which Health manages the AMDS Program. These Guidelines take effect from **1 August 2020** and supersede all previous versions of the Guidelines.

Definitions and Interpretation

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

Term	Description
ACRRM	Australian College of Rural and Remote Medicine
AMDS	Approved Medical Deputising Service - A Medical Deputising Service that has entered into a Deed with the Commonwealth to allow AMDS participants to access Medicare benefits, for otherwise restricted doctors, to provide deputising services in the after-hours period.
AMDS doctor	A doctor who has been approved by Health to participate in the AMDS Program and whose name is entered on the Register of Approved Placements by Services Australia.
Ahpra	Australian Health Practitioner Regulation Agency
Australian Government nominated accreditation body	Australian General Practice Accreditation Limited (AGPAL), and Quality Practice Accreditation Pty Ltd (QPA).
Certificate of accreditation	A certificate issued by an Australian Government nominated accreditation body as evidence a service meets the current RACGP Standards for After Hours and Medical Deputising Services.
Commonwealth defined after-hours period	The hours between 6pm to 8am on weekdays, the hours before 8am and from 12 noon onwards on Saturday, all day Sunday, and public holidays.
Communications control centre	A call centre or staff who answer the phone and based at an AMDS location.
CPD/PDP	General practice professional development programs through either the RACGP or ACRRM.
Deed	A Deed of Agreement signed by the Commonwealth of Australia represented by Health and the MDS, under which the MDS provider agrees to abide by these Guidelines to access non-vocationally recognised doctors.
Deputising	To take on someone's responsibilities and temporarily assume their position.
FACRRM	Fellowship of the Australian College of Rural and Remote Medicine
FRACGP	Fellowship of the Royal Australian College of General Practitioners
Guidelines	The AMDS Program Guidelines
Health	Department of Health
MBA	Medical Board of Australia
MBS	Medicare Benefits Schedule
Medical Director	A doctor who holds either FRACGP, FACRRM, or is vocationally registered as a general practitioner by Medicare responsible for the clinical supervision of AMDS participants. The Medical Director must be located in the same state or territory as the service being provided and be available on an 'on call basis' to all AMDS Program participants under the AMDS Deed.

Approved Medical Deputising Services (AMDS) Program Guidelines

Medicare Provider Number	A Medicare provider number uniquely identifies a doctor and the practice location from which they perform professional services. Medicare provider numbers are issued by Services Australia.
MDS	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.
Non-vocationally recognised doctor (non-VR)	A doctor who does not hold either FRACGP or FACRRM or is not vocationally recognised as a general practitioner by Services Australia.
Principal	A general practitioner who undertakes the continuing care of patients in a medical practice who enters into a written agreement with an AMDS to provide after-hours services on their behalf to patients of their medical practice.
Program	The Approved Medical Deputising Service Program
RACGP	Royal Australian College of General Practitioners
RACGP Standards	The current RACGP Standards for After-hours and Medical Deputising Services. Copies of the RACGP Standards can be obtained from the RACGP website .
Register of Approved Placements	Register of Approved Placements as provided for under section 3GA of the Act.
Services Australia	Services Australia is an executive agency (formerly named Department of Human Services).
Service provider	An AMDS Service Provider approved under this Program is responsible for the supervision and support of non-vocationally recognised doctors who are approved to participate in the AMDS Program while they provide deputising services.
Supervisor	A medical practitioner who holds either FRACGP, FACRRM, or who is vocationally registered as a general practitioner by Medicare who is employed by the AMDS to provide clinical supervision and oversee the completion of professional development activities of non-VR doctors employed by the AMDS.
Vocationally recognised (VR)	A vocationally recognised doctor is a general practitioner who has been placed on the vocational register or Fellows list held by Medicare: <ul style="list-style-type: none"> - as a Fellow of the RACGP; or - as a Fellow of ACRRM or - based on historical eligibility requirements for the Vocational Register with Medicare. Vocationally Registered doctors have access to general practice items in the Medicare Benefits Schedule.
RACGP	The Royal Australian College of General Practitioners
Register	Register of Approved Placements maintained by Services Australia under section 3GA of the Act. Doctors placed on the Register satisfy the requirements of Section 19AA of the Act.
Permanent Resident or Australian Citizen	As defined in the <i>Migration Act 1958</i>

Medical Deputising Services

1. Eligibility

To be eligible for the AMDS Program, a Medical Deputising Service (MDS) must satisfy the following criteria:

- hold current full accreditation as an MDS from an accreditation body (see section 4. Accreditation below).
- have operated as an MDS for a minimum of 12 months prior to applying to join the AMDS Program.
- be clinically governed by one or more Medical Directors.
- be a stand-alone service where the service does not share common resources such as staff (excluding the medical director), telephone line or consultation rooms with another general or medical practice. The service must also have a separate address, entrance and signage.
- be fully operational during the entirety of the Commonwealth defined after-hours period and operate only during the defined after-hours period.
- demonstrate that it has a clinical triage protocol that satisfies each of the minimum capabilities identified in Appendix A of these Guidelines

2. Application process – service provider

An MDS service provider who participates in the AMDS program must first enter into a Deed of Agreement (Deed) with Health. The application process is as follows:

- Complete the application form available on Health’s website. The application must contain:
 - A copy of the accreditation certificate for the service.
 - A copy of the triaging plan for the service confirming the MDS satisfies the minimum capabilities set out in Appendix A.
 - Evidence of a formal agreement with another AMDS if phone calls are being transferred.
- Send a complete application to Health at the following email address: AMDS@health.gov.au.
- When assessing an application for the renewal of a Deed, Health will consider the past performance of the AMDS Service Provider including any breaches of the Guidelines. Health may seek further information from the applicant provider and other relevant bodies including, but not limited to, the Medical Board of Australia (MBA), the Royal Australian College of General Practitioners (RACGP), the Australian College of Rural and Remote Medicine (ACRRM), the Australian Health Practitioner Regulation Agency (Ahpra), state and territory health authorities, Services Australia, the Regional Training Organisations for the Australian General Practice Training program (AGPT), and the Australian Government nominated accreditation bodies.
- Health has 28 working days to process an application for an AMDS Service Provider, where the 28 working days commences once a complete application has been

Approved Medical Deputising Services (AMDS) Program Guidelines

provided. A complete application is one where all information and documents have been provided.

- Health has the discretion to reject an application or offer a reduced period for future Deeds.
- Once approved, a Deed is sent to the AMDS service provider. The Deed will specify:
 - The period of the Deed.
 - The AMDS service provider's responsibilities as a participant of the AMDS program.
- The Deed does not take effect until it is executed by both Health and the MDS.
- By executing the Deed, the MDS agrees to comply 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.
- 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, to allow Health to take necessary actions for continuity of access to MBS items by AMDS Program participants.
 - The new street address must have received accreditation as an MDS from an Australian Government nominated accreditation body.
 - The provider will require a new Deed so that it can remain on the AMDS Program at the new address.
- The Deed is between the Service Provider and Health. If ownership of the business changes, the new owners will be required to enter into a new Deed with Health within 3 months of ownership changes.
- As a condition of entering into the Deed, the service agrees to register with Health every non-vocationally recognised doctor it employs for the purpose of the AMDS Program, including temporary resident doctors who are subject to the ten year moratorium under s19AB of the HIA.
- The AMDS should lodge renewal applications at least four (4) weeks before the expiry of a current deed. Failure to do so may result in temporary loss of Medicare eligibility for participating doctors.

3. Length of Deed

Deeds under the AMDS program will be issued for a maximum of three (3) years and are contingent on the accreditation status of a MDS.

All new AMDS service providers will initially be accredited for 3 years.

After initial accreditation, Health can opt for a Deed of Agreement of a period for less than 3 years.

4. Accreditation

An AMDS must hold full accreditation of an Australian Government nominated accreditation body approved under the National General Practice Accreditation Scheme (the Scheme). Accreditation ensures an MDS meets the current RACGP Standards.

5. Responsibilities of the AMDS

An AMDS service provider must ensure that it is formally engaged by a practice Principal before it begins consulting patients on behalf of a particular general practice. An AMDS can provide a consultation to a patient who has not been referred by their normal caregiver if there is a genuine clinical need. In recognition of the fact that there are situations when a prospective patient makes a direct approach to an AMDS, the triaging guidance attached to these Guidelines provides advice on the management of un-referred patients.

Service providers who participate in the AMDS program must:

- Assess applications according to the AMDS guidelines when employing non-VR doctors.
- Not offer services that are already offered in day time general practices, or offer continuing care to patients during the Commonwealth defined after-hours period without reference to their regular doctor.
- Obtain a copy of the doctor's supervision plan submitted as part of their registration with Ahpra.
- Notify Health of the name of the supervisor assigned to doctors.
- Provide after-hours services in a clinic or through home visits during the whole of Commonwealth defined after-hours period to patients on behalf of general practice principals.
- Understand and be compliant with all requirements detailed in the Guidelines.
- Register every non-VR doctor that is engaged including temporary resident doctors who are subject to the ten-year moratorium under Section 19AB of the Act with Health and be granted a placement.
- Ensure all doctors to be extended on the program are actively working towards fellowship.
- Ensure all doctors who participate in the AMDS program maintain current Level 1 Advanced Life Support Course qualification and provide evidence to Health when making an application or on request.
- Provide a statutory declaration to Health by 30 June each year which contains:
 - confirmation the service is operating in accordance with the Guidelines;
 - a list of the doctors participating in the AMDS program employed/engaged by the service; and
 - a list of supervisors assigned to each doctor where necessary.

The Medical Director must:

- Be accessible to staff, doctors and principals for the entirety of the Commonwealth defined after-hours period.
- Be located in each State or Territory the AMDS provides services
- Ensure the supervision of doctors meet the requirements set by the MBA where applicable.
- Ensure relevant protocols, standards and guidelines are available to staff.
- Ensure the workforce meets quality and safety standards against those set by the RACGP, MBA and other relevant bodies.

6. Call centres and bookings

To facilitate patient care, each AMDS must operate an Australian-based call centre. The call centre will be:

- capable of receiving calls from the public.
- able to triage patients or provide advice as set out in the triage procedures.
- capable of receiving requests from the relevant general practice principal(s).
- operational for the entire Commonwealth defined after-hours period.
- able to transfer calls to another AMDS if required, noting the requirement to have an agreement with another AMDS if phone calls are to be transferred.

The use of website and smartphone applications to accept patient bookings is permitted, provided that all bookings are triaged by a staff member before the appointment time, and patients redirected to more appropriate care options as required.

7. Advertising

An AMDS is considered to be a regulated health service. This means that the AMDS provides public or private health services directly to the community, only through an Agreement with medical practices. As a result, it is the responsibility of MDS directors and/or managers to ensure any advertising undertaken complies with the *Health Practitioner Regulation National Law Act 2009* and other national or state relevant legislation. Services should follow the *Guidelines for Advertising Regulated Health Services* published by Ahpra).

There are specific advertising requirements for the AMDS Program. To participate in the AMDS program service providers are not permitted to engage in direct or database marketing of after-hours services to patients.

Under the AMDS Program information provided is restricted to the following activities only:

- Providing contact details of the AMDS, including opening hours, which may be distributed only to practices with written deputising agreements in place.
- Website or social media pages including contact details, opening hours and health advocacy information.

AMDS service providers cannot send emails, push notifications or pop up advertisements that advertise the business to patients through any channel, or provide any information other than that related to a booking confirmation or the outcome of a consultation.

AMDS service providers may not make any kind of payment to an online service or search engine to promote their service, whether by advertising or improved search result ranking,

If an AMDS service provider wants to provide health advocacy information to the community through other channels, it cannot include the business information, logos or contact details of the AMDS.

8. Compliance

Failure of AMDS Service Providers to comply with any part of the AMDS guidelines may result in termination of their participation on the Program. Health will send written notice of a possible breach to the AMDS Service Provider. The AMDS Service Provider must provide Health with a response within 28 working days. Health may suspend any further placements until the compliance issue is resolved. Health may extend or terminate a deed at its discretion.

Examples of breaches of the Guidelines include but are not limited to:

- Failure to comply with any requirements of the AMDS guidelines.
- Failure to maintain full accreditation.
- Failure to operate exclusively during the Commonwealth defined after-hours period.
- Failure to ensure non-VR doctors have at least Level 1 Advanced Life Support qualifications on entry to the AMDS program.
- Failure to supply documents as requested.
- Failure to adhere to advertising standards for regulated health services.
- Failure to respond to general compliance issues as raised by Health.

9. Review of Decision

AMDS service providers may request a review of a decision from Health. The review process does not allow considerations that fall outside the guidelines and must be made within 28 working days of the decision letter being sent to the service provider.

Health will respond to such requests by reviewing:

- the evidence that was provided in support of the initial application.
- any additional evidence provided by the AMDS service provider as part of the review request and that is deemed relevant to the AMDS assessment framework.

For a review, the service provider must provide:

- A supporting letter detailing how the guidelines were not applied correctly;
- Additional evidence to support the review request.

Health will notify the service provider of a decision, and will:

- confirm the outcome of the review request.
- confirm the factors considered in the review.
- provide a statement confirming the reasons for overturning or retaining the previous decision.

The original decision from Health will be in effect unless and until Health overturns it.

Doctors

The AMDS Program aims to assist doctors to gain valuable general practice experience in after-hours settings by allowing them to work in supervised deputised positions. Doctors on the AMDS Program are expected to work towards fellowship of either the RACGP or ACRRM.

AMDS doctors are eligible to access items in the MBS for medical practitioners (e.g. Group A7, A2 and some A11).

1. Eligibility

To join an AMDS, a doctor must satisfy the following eligibility criteria:

- Be subject to the requirements of section 19AA of the Act which requires a non-VR doctor to be on an approved 3GA workforce or training program to access a Medicare benefit.
- Hold general, limited or provisional registration with the MBA.
- Hold temporary or permanent residency in Australia.
- Hold a current Level 1 Advanced Life Support (ALS) Course Certificate as approved by relevant training institutions showing the period of certification.
- Have at least two years post-graduate experience that includes paediatrics, accident and emergency medicine and surgery.

Doctors who hold limited or provisional registration may participate on the program, provided they meet all of the conditions imposed on their registration by the MBA. Limited and provisional registrants may provide in-clinic services only.

Health will grant a doctor a placement that is linked to the AMDS Service Provider's location and time limited to not exceed the dates of the AMDS's current deed with Health.

Health may also set additional limits on the timeframe of a doctor's placement at its discretion.

2. Application Process

Doctors are required to apply for a placement directly to a participating AMDS. The process is as follows:

- The doctor completes an application form, available at the Health website, and sends it to the AMDS Service Provider with a copy of their current ALS.
- When applying for an extension the doctor must supply evidence of participation in a college led fellowship program or progress towards fellowship.
- Health assesses the doctor for eligibility, and notifies the AMDS Service Provider of the outcome of their application.
- Health has 28 working days to process an application for an AMDS doctor, where the 28 working days commences once a complete application has been provided. A complete application is one where all information and documents have been provided. 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.

Approved Medical Deputising Services (AMDS) Program Guidelines

- Health sends the AMDS Service Provider confirmation of the doctor's participation on the Program. Notifications will specify any conditions attached to a placement including timeframes.
- The AMDS provides Services Australia with the placement confirmation.

3. Placement Duration

Doctors must demonstrate they are actively working towards fellowship of either the RACGP or ACRRM whilst participating on the AMDS Program.

- Doctors will be granted an initial period of two (2) years to participate on the AMDS program.
- After this initial period, an AMDS participant must request an extension every year.
- To be extended past the initial two years the doctor must provide evidence they have joined a college led fellowship program. Doctors can continue to participate on the AMDS program while they participate in a college led fellowship program, up to a maximum of 10 years in total.
- Doctors who withdraw from or are removed from a college led program before attaining general practice fellowship must notify Health of their withdrawal, and will be given 6 months to gain a position on an alternate fellowship program. Failure to do so will result in removal from the Program.
- Doctors who joined the AMDS program before the commencement of these Guidelines and have been participating in the program for a period of 2 years or more will be given an additional 2 years to join a college led fellowship program at the end of their current placement.
- Any current AMDS participant who has reached 9 years on the AMDS program will be given an additional 1 year only, from the end of their current placement.
- Any doctor who has already been on the program for 10 years in total will not be extended, unless extenuating circumstances are demonstrated.

4. Supervision

Doctors must ensure their supervision meets requirements set by the MBA and other relevant industry standards. The Medical Director will assist the doctor in ensuring the level of supervision is appropriate to the doctor's knowledge and skills.

5. Responsibility of doctors

Before doctors claim Medicare Benefits Schedule (MBS) items for their services they must:

- receive an AMDS Program approved placement from Health;
- have their name added by Services Australia to the Register of Approved Placements for the purpose of Section 3GA of the Act; and
- be granted a Medicare provider number from Services Australia for their nominated AMDS.

Approved Medical Deputising Services (AMDS) Program Guidelines

MBS eligibility cannot be granted retrospectively under the AMDS Program. Doctors who claim MBS items for services under the AMDS Program without satisfying Program conditions are in breach of the *Health Insurance Act 1973*.

Doctors are also responsible for ensuring they:

- comply with all requirements of the AMDS guidelines.
- submit all necessary paper work to the AMDS.
- have a current Level 1 Advanced Life Support qualification.
- respond to compliance issues as raised by Health or the AMDS Service Provider.
- provide evidence of participation in a college led fellowship program.

6. Compliance

Failure of doctors on the AMDS program to comply with any part of the AMDS guidelines may result in termination of their participation on the Program. Health will send written notice of a breach to doctor, with a copy to the AMDS Service Provider. The doctor must provide Health with a response within 28 working days.

Some reasons a doctor may be removed from the Program include but not limited to:

- Failure to comply with any requirements set out in the AMDS guidelines.
- Failure to ensure they have a current Level 1 Advanced Life Support qualification.
- Failure to supply documents as requested.
- Failure to respond to compliance issues as raised by Health.

7. Review of decision

Doctors wishing to appeal a decision under the AMDS Program may be required to include further documentary evidence to support the request. Requests for appeal are to be lodged by email to AMDS@health.gov.au.

For a review the doctor must provide:

- A supporting letter detailing how the guidelines were not applied correctly.
- Additional evidence to support the review request.

Following a review, Health will notify the doctor of a decision and will:

- confirm the outcome of the review request.
- confirm the factors considered in the review.
- provide a statement confirming the reasons for overturning or retaining the previous decision.

The original decision from Health will be in effect unless and until Health overturns it.

8. Department of Health

Health has the following responsibilities:

- The policy, guidelines and maintenance of the AMDS Program.
- The application of Section 19AA and 19AB of the Act for AMDS doctors.
- The administration and maintenance of the Distribution Priority Area (DPA) and the Modified Monash Model (MMM).
- Assessing reviews of decisions for the AMDS Program.
- Reviewing the performance of its programs.

Approved Medical Deputising Services (AMDS) Program Guidelines

Appendix A: 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.

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.

Approved Medical Deputising Services (AMDS) Program Guidelines

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;
- 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 doctors 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 practice 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: Triaging 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 regular 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 regular 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 doctors. 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 doctor.

The following are examples of the types of consultation requests that Health deems to be the sole responsibility of a patient's doctor. These requests are deemed to fall outside of the deputising activity that may be performed by a 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 regular doctor 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
- Fitness to drive assessment
- Taxi subsidy forms

Approved Medical Deputising Services (AMDS) Program Guidelines

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.