



Approved Medical Deputising Services (AMDS) program Application form for a Deed of Agreement

When to use this form

Use this form if you are applying to:

- join the Approved Medical Deputising Services (AMDS) program as a new AMDS Service Provider
- renew your AMDS Deed of Agreement to continue participating in the AMDS program.

Filling in this form

If you are applying for multiple sites, you must complete this application form for each site.

You can fill this form digitally in some browsers, or you can open in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print and complete this form.

Applicants must:

- Review the AMDS program guidelines prior to completing this form
- Complete all sections within this form correctly
- Gather all the required supporting documents as per the AMDS program guidelines
- Submit the completed application form and all supporting documents to the Department of Health, Disability and Ageing for assessment.

What supporting documents are required

The following supporting documents are required for all applications:

- The AMDS accreditation certificate issued from an Australian Government nominated accreditation body, confirming the service meets the eligibility criteria as listed in the AMDS program guidelines
- A written statement from the Australian Government nominated accreditation body confirming the service has operated as a Medical Deputising Service (MDS) for at least 12 months
- The Clinical Triage Protocol, confirming the MDS meets all criteria as listed in Appendix A of the AMDS program guidelines
- A list of localities (including postcodes) the MDS commits to reliably and consistently provide service to for the entirety of the Commonwealth-defined after-hours period as per the AMDS program guidelines
- If phone calls are transferred to another AMDS Service Provider, evidence of a formal agreement with that Service Provider must be supplied.

More information

More information, including the AMDS program guidelines, is available on the Department of Health, Disability and Ageing website. Go to www.health.gov.au and search AMDS

Application type

1. Are you applying for a new MDS site or a renewal of an existing AMDS Service Provider location?

Tick one only

- ☐ New MDS site
- ☐ Renewal of an existing AMDS Service Provider location

Service details

2. Name of the service
3. Trading as name
4. Street address of the service
Street number and name

Locality, state or territory, and postcode
5. Mailing address of the service
Street number and name

Locality, state or territory, and postcode
6. Name of the legal entity under which the service operates
7. Address of the legal entity under which the service operates
Street number and name

Locality, state or territory, and postcode
8. Australian Business Number (ABN) of the service
9. Phone number of the service
10. Call centre phone number of the service
11. Email address of the service
12. Public website of the service

Medical Director details

13. Full name

14. Ahpra registration number

15. Ahpra registration status

16. Medicare provider number (if known)

Company and Medical Director declaration

17. I/we declare that, if approved by the Department of Health, Disability and Ageing, my/our AMDS agrees to:

Tick all

- ☐ Abide by the Responsibilities of the AMDS as confirmed in the AMDS program guidelines
- ☐ Provide after-hours services only to patients on behalf of Principals including home visits and, if applicable, accredited after-hours only clinic(s) throughout the entire Commonwealth defined after-hours period
- ☐ Operate as a medical deputising service, providing only temporary service to cover gaps in regular general practice on behalf of general practice principals and will not utilise direct marketing to engage with patients
- ☐ Do not offer comprehensive care to patients in place of their regular general practitioner or provide follow-up consultations
- ☐ Ensure coverage area maps, lists, or search functions are an accurate reflection of the approved service areas listed in the Deed of Agreement with the Department of Health, Disability and Ageing, and that service provision in those coverage areas is reliably and consistently available to patients in those areas
- ☐ Ensure an event summary or consultation notes are provided to the patient's regular GP following the provision of a deputising service to the patient
- ☐ Be managed by Medical Director(s) who hold either FRACGP or FACRRM, or who are included on the Vocational Register for General Practice by Services Australia
- ☐ Ensure the Medical Director is always available on an on-call basis to AMDS non-vocationally recognised doctors, and is physically located in the same state or territory as the AMDS Service Provider
- ☐ Ensure doctors participating on the AMDS program meet the necessary criteria imposed by their Ahpra registration, experience, and hold a certificate of completion of a Level 1 or 2 Advanced Life Support (ALS) course
- ☐ Operate an Australian call centre adequate for receiving calls from patients on behalf of the Principal during the whole of the Commonwealth defined after-hours period
- ☐ Be a stand-alone service with its own street address, entrance, and signage. The service does not share common resources with another general practice or medical practice. Such as staff (excluding the Medical Director), telephone line and consultation rooms
- ☐ Ensure the Clinical Triage Protocol satisfies each of the minimum capabilities confirmed in Appendix A of the AMDS program guidelines
- ☐ Ensure any advertising undertaken complies with the *Health Practitioner Regulation National Law Act 2009* and the AMDS program guidelines

- ☐ I/we understand that, should this practice be approved under the AMDS program, there is a requirement to enter into a Deed of Agreement with the Department of Health, Disability and Ageing to comply with the AMDS program guidelines
- ☐ I/We confirm that the above statements are true and correct to the best of my/our knowledge and acknowledge that under *Division 137* of the *Criminal Code Act 1995*, to knowingly provide false or misleading information or documents is a criminal offence under that Act
- ☐ I/we have attached all the required supporting documents as outlined in the AMDS program guidelines and page one of this application form

Company Director

Full name	
Signature	
Date of signature	

Medical Director

Full name	
Signature	
Date of signature	

Returning this form

Submit the completed application form and all supporting documents to AMDS@health.gov.au