



Australian Government

**Department of Health
and Aged Care**

Approved Medical Deputising Services (AMDS) Program
Service Provider Application Form

Instructions

This form is to be completed by Medical Deputising Services seeking to join or renew participation on the Approved Medical Deputising Services Program. Please review the AMDS Program Guidelines prior to completing your application.

If you are applying for multiple sites, please submit a new form for each site.

Service Details

Name of service	
Trading name	
Physical address	
Mailing address	
Name and address of legal entity under which service operates	
ABN	
Telephone number	
Call centre number	
Primary email address	
Website	
Operating hours	6pm – 8am Weekdays Before 8am and after 12pm Saturdays All day on Sundays, and public holidays
Maximum number of non-VR placements sought	
Application type	<input type="checkbox"/> New application <input type="checkbox"/> Renewal



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Medical Director's Details

Full Name	
AHPRA Registration number	
Medicare provider number(s)	
VR Status	
Total number of non-VR GPs under direct supervision, by registration category	Limited: Provisional: General: Total:

Attachments

<input type="checkbox"/>	Your accreditation report and certificate, confirming that your service meets the eligibility criteria listed in Part 1 of the Program Guidelines
<input type="checkbox"/>	A written statement from the accreditation agency to confirm that your service has operated as a Medical Deputising Service for more than twelve months prior to this application being made.
<input type="checkbox"/>	The triage plan for your service
<input type="checkbox"/>	A list of suburbs (including postcodes) currently covered by your MDS
<input type="checkbox"/>	A list of suburbs (including postcodes) that will be reliably and consistently covered by your AMDS. Please provide in a spreadsheet (excel/numbers) format.



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Declaration

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

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

- abide by the Responsibilities of the AMDS in **Part 5** of the 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 patients;
- not offer comprehensive care to patients in place of their regular GP or provide follow up appointments;
- ensure coverage area maps, lists, or search functions are an accurate reflection of the approved service areas listed in the deed of agreement, and that service provision in those coverage areas are reliably and consistently available to patients in those areas.
- an event summary or consultation notes are provided to the patient's regular general practice following the provision of a service to the patient.
- be managed by Medical Director(s) who hold either FRACGP or FACRRM, or who were included on the Vocational Register for General Practice by Services Australia;
- ensure that the Medical Director is available on an 'on-call' basis to AMDS non-vocationally recognised general practitioners at all times and is physically located in the same state or territory as the AMDS provider;
- ensure that non-vocationally recognised general practitioners who are participating on the Program meet the necessary criteria in terms of medical board registration, experience and completion of Advanced Life Support (ALS) course;
- operate a 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 where the service does not share common resources such as staff, telephone line or consultation rooms with another medical practice. The service must also have a separate address, entrance and signage;
- ensure clinical triage protocol satisfies each of the minimum capabilities identified in Appendix A of the Guidelines;
- ensure any advertising undertaken complies with the *Health Practitioner Regulation National Law Act 2009* as per **Part 7** of the Program Guidelines; and
- provide a statutory declaration by 30 June of each year while participating in the Program to confirm operation in accordance with the Guidelines.



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

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

Name of Company Director	
Signature of Company Director	
Date	
Name of Medical Director	
Signature of Medical Director	
Date	

Please submit the completed form, and supporting documentation, to AMDS@health.gov.au.