

## Frequently asked questions – Revised Guidelines for the Approved Medical Deputising Service (AMDS) Program

Issue	Questions	Responses
Relationship between AMDS providers and general practices	<p><i>Clause 8.3 of the revised Guidelines provides that it has been engaged by a practice Principal before it deputise to patients of the practice. What does this clause mean?</i></p>	<p>Clause 8.3 of the revised AMDS Program Guidelines requires AMDS providers to have entered into an agreement with a general practice before deputising on behalf of that practice. This clause has been included in the Guidelines to:</p> <ol style="list-style-type: none"> <li>1. reinforce Health’s expectation that the primary role of AMDS providers is to work on behalf of general practices, rather than as independent operators acting in competition with full-time care providers;</li> <li>2. respond to complaints previously referred to Health, which indicated some providers have advertised deputising relationships that have not first been agreed with the Principal of the general practice.</li> </ol> <p>Clause 8.3 does not exclude the possibility that an AMDS provider may be contacted directly by a prospective patient for after-hours care. Instead, this clause confirms the expectation that the primary purpose of deputised services engaged in the AMDS Program is to organise after-hours care for patients at the request of their normal GP.</p> <p>This expectation considers that AMDS providers receive the privilege of employing non-vocationally recognised GPs who are normally subject to restrictions on their ability to perform after-hours attendances under the MBS. AMDS providers receive this privilege so that they may deploy an appropriately sized workforce to deputise to patients on behalf of affiliate GPs across the entirety of the after-hours period.</p>
	<p><i>Does clause 8.3 completely prohibit an AMDS provider from attending a patient who has not been referred by their normal GP?</i></p>	<p>No. The revised Guidelines provide a set of minimum triaging competencies that will apply to situations where a prospective patient makes a direct approach to an AMDS. 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. The triaging guidance in the revised AMDS Guidelines provides advice on the management of un-referred patients.</p>

<b>Issue</b>	<b>Questions</b>	<b>Responses</b>
Relationship between AMDS providers and general practices	<i>Are AMDS providers restricted from deputising on behalf of general practices that are not accredited according to the RACGP standards?</i>	No. The AMDS Guidelines do not restrict AMDS providers from deputising to patients of unaccredited general practices.
	<i>Can an AMDS provider deputise on behalf of an after-hours clinic?</i>	No. An AMDS provider may only offer deputised care on behalf of a practice that operates on a full-time basis.
	<i>Can a general practice enter into agreements with more than one AMDS provider?</i>	Yes.
Advertising standards	<i>Are AMDS providers prohibited from attending industry events that they arranged before the release of the revised Guidelines?</i>	AMDS providers are not prevented from attending industry events under arrangements negotiated before the release of the revised Guidelines. However, providers cannot engage in directly marketing at these events as the requirements specified in part 8.4 of the revised AMDS Program Guidelines will apply.
	<i>Are AMDS providers restricted from directly marketing services through mechanisms that are not listed in the Guidelines (e.g. radio marketing)?</i>	The AMDS Program Guidelines apply a restriction on direct marketing. While clause 8.4 of the Guidelines provides several examples of types of direct marketing of AMDSs that is restricted, this list is not exhaustive. The Guidelines prohibit AMDSs from directly marketing deputised services to consumers without limiting consideration to the type of medium/technology that is used to assist with the approach to market.  For example, while the AMDS Program Guidelines do not make reference to radio marketing, Health would consider an advertisement to consumers through the radio as both a form of direct marketing and a violation of the Guidelines.
	<i>Can an AMDS maintain a Facebook page?</i>	Not for marketing purposes. Health is aware that several providers use Facebook to provide general health advice to the public. The AMDS Program Guidelines do not prohibit AMDS providers from maintaining a presence on Facebook or from providing general health tips to the public via this mechanism. The Facebook page and any related materials are not to market deputising services to other users.

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Advertising standards	<i>How does Health define flyers – are flyers considered to include other materials such as fridge magnets?</i>	For the purpose of the AMDS Program, the term flyer is deemed to include any small handbill form of advertising. While the flyer definition does not include fridge magnets, the distribution of magnets to consumers for the purpose of advertising an AMDS is prohibited under the advertising standards of the Guidelines.
	<i>Is online consumer feedback considered to be direct marketing?</i>	<p>This will depend on the nature of information being provided in the feedback forum. Health recognises that consumer feedback is a longstanding feature of primary care and is not prohibiting AMDS providers from engaging with an online feedback process.</p> <p>The Advertising standards in the revised Guidelines do compel AMDS providers to ensure that any publicly available feedback is moderated to avoid presenting deputised care as either:</p> <ul style="list-style-type: none"> <li>• an alternative to a consultation in a general practice; or</li> <li>• having value to consumers that is limited to either convenience or cost-effectiveness.</li> </ul> <p>The revised Guidelines do not set limits on the ability of an AMDS provider to receive feedback that speaks to the quality and clinical relevance of care received from a deputising doctor.</p>
	<i>Can an AMDS email consumers listed on its patient base with non-marketing material?</i>	AMDS providers should not be cultivating or maintaining a patient base as they are primarily engaged through a deputising agreement with a general practice.
	<i>Is advertising through Google AdWord considered to be a form of direct marketing?</i>	Yes.
	<i>Do the advertising standards in the revised AMDS Program Guidelines restrict only direct marketing that involves materials that are addressed to identified individuals?</i>	No. The advertising standards prohibit all direct marketing of deputising services.

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Advertising standards	<i>Are AMDS providers prohibited from leaving a contact card with a patient they have attended at the request of their GP in case they require further care in the same unbroken after-hours period?</i>	The revised AMDS Program Guidelines do not restrict an AMDS provider from leaving a contact card with a patient they have attended. However, this contact card cannot be a business card of a type that promotes the AMDS as being either: <ul style="list-style-type: none"> <li>• an alternative to the patient's general practice; or</li> <li>• being generally available to the patient without a referral from their normal caregiver.</li> </ul>
	<i>Can a general practice advertise the arrangements it has made for deputised care to its patients?</i>	Yes. This would not be a form of direct marketing. However, the advertising is to highlight the relationship between the general practice and the AMDS provider. The general practice is not to advertise the AMDS provider to its patients as a convenient or cost effective alternative to a general practice consultation.
	<i>Does this extend to advertising in the waiting room/practice space of a General Practice to whom an AMDS has agreed to deputise?</i>	Yes. This is not a form of direct marketing.
	<i>Is advertising within the waiting room of an emergency department with whom an AMDS has established a relationship permitted?</i>	Yes. This is not a form of direct marketing.

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MBS item claiming entitlements for AMDS Program participants	<i>Regarding the new MBS item 594 - The descriptor references 'medical practitioner' rather than 'General Practitioner. Does this item apply to VR GPs and GP Registrars when they perform subsequent attendances after completing an urgent consultation?</i>	<p>Yes. Item 594 is to be claimed whenever a vocationally recognised GP, GP Registrar or other medical practitioner performs an additional attendance after completing an urgent consultation under item 585, 588 or 591. The descriptor for this item in the <i>Health Insurance (General Medical Services Table) Regulations (GMST)</i> applies the medical practitioner term to cover all doctors who work in a general practice setting, including those who:</p> <ul style="list-style-type: none"> <li>• hold a specialist qualification from the Royal Australian College of General Practitioners and/or the Australian College of Rural and Remote Medicine;</li> <li>• have been vocationally registered by the Department of Human Services (DHS) under s3F of the <i>Health Insurance Act 1973</i> (the HIA)</li> <li>• have attained standing as a GP Registrar because of their participation on a general practice training program that is recognised by one or both of the Colleges;</li> <li>• have met the definition of an eligible non-vocationally recognised GP under clause 1.1.1 of the GMST through participation on the AHOMPs, Rural Other Medical Practitioners (ROMPs), the Outer-Metropolitan Other Medical Practitioners (OM-OMPs) or the MedicarePlus for Other Medical Practitioners (MOMPs) Programs; and</li> <li>• are other medical practitioners who qualify to claim MBS items, but who do not fall into one of the above groups.</li> </ul>
	<i>Are AMDS Program participants treated as GP Registrars for MBS item claiming purposes?</i>	No. GP Registrars are participants on the Australian General Practice Training Program (AGPT), the Remote Vocational Training Scheme (RVTS) or the Australian College of Rural and Remote Medicine's Independent Training Pathway.

<b>Issue</b>	<b>Questions</b>	<b>Responses</b>
MBS item claiming entitlements for AMDS Program participants	<i>Are GP Registrars guaranteed the eligibility to claim new MBS item 585 as part of additional deputising service work they perform under the AMDS Program?</i>	If the Registrar is placed under the AGPT with an AMDS provider, they will be eligible to claim MBS item 585. Health is making arrangements under the terms of the AGPT to recognise placements in AMDS settings.
Pre-booking of after-hours services	<i>What are the restrictions on pre-booking after-hours attendances?</i>	Restrictions apply to pre-booking <b>urgent</b> after-hours attendances from 1 March 2018. From this date, any urgent after-hours attendance may only be booked during the same unbroken after-hours period.
	<i>Do these restrictions mean an after-hours attendance cannot be pre-booked with an AMDS from 1 March 2018?</i>	No. An after-hours attendance can be pre-booked before the commencement of the after-hours period. The attending doctor may claim the non-urgent MBS item.
Participant doctors	<i>Why is Health capping AMDS Program participation at six years?</i>	The revised AMDS Program Guidelines limit participation to six years as Health has deemed that this is sufficient time for a participant doctor to accrue the full level of general practice experience that may be attained through after-hours work.
	<i>If a doctor has already been on the AMDS Program for more than six years, is their provider number going to be automatically cancelled on 1 March 2018.</i>	No. Health will not be revoking any doctor's existing Medicare provider number under the AMDS Program on 1 March 2018. A doctor who has participated on the AMDS Program beyond six years on 1 March 2018 will be able to continue working under the terms of their existing provider number. However, Health will not renew provider numbers held by these doctors when they expire. These Doctors are expected to use their remaining time on the AMDS Program to either meet outstanding requirements for becoming a VR GP or transition to an alternate program.
	<i>Why is Health requiring AMDS providers to register temporary resident overseas trained doctors (OTDs) they employ to deputise?</i>	The revised AMDS Program Guidelines apply this requirement so that Health can be assured that all participant non-VR GPs are working under the same standards of supervision and mentorship.

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	<i>Is it correct that temporary resident OTDs are not subject to the operation of s19AA of the Health Insurance Act 1973?</i>	<p>No. s19AA applies to all doctors who:</p> <ul style="list-style-type: none"> <li>• were registered to practise medicine in Australia for the first time on or after 1 November 1996;</li> <li>• completed their Internship or supervised training on or after 1 November 1996; or</li> <li>• become a permanent resident or Australian citizen within the meaning of the <i>Migration Act 1958</i> on or after this date.</li> </ul> <p>Doctors are not exempted from the operation of s19AA on the basis of their Australian residency status.</p>
Triage protocols and call centre arrangements	<i>Can an AMDS provider support multiple sites with a single communications control apparatus (e.g. call centre)?</i>	Yes.

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	<p><i>Do the triaging capacities in the revised Guidelines prohibit AMDS participants from filling prescriptions?</i></p>	<p>The revised AMDS Guidelines do not completely prohibit participant doctors 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.</p> <p>The triaging material in the revised AMDS Program Guidelines does limit the ability of participant doctors to issue 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.</p> <p>The revised 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. The 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.</p> <p>The Guidelines have been revised to reflect this position.</p>