



Australian Government
Department of Health and Aged Care

General Practice Fellowship Program Placement Guidelines

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1 Purpose

These guidelines provide the overarching strategic policy objectives and operational direction for Australia's two General Practice (GP) Fellowship Programs:

- The Australian College of Rural and Remote Medicine (ACRRM) Fellowship Program; and
- The Royal Australian College of General Practitioners (RACGP) Fellowship Program.

The primary audience for these guidelines includes the Australian Government Department of Health and Aged Care (the Department); the Australian College of Rural and Remote Medicine (ACRRM); the Royal Australian College of General Practitioners (RACGP); Regional Training Organisations (RTOs); and the Remote Vocational Training Scheme Ltd (RVTS).

Current and prospective participants of the GP Fellowship Programs may also find the guidelines useful, but should first review the information provided in the [General Practice Training in Australia: The Guide](#). The Guide provides broad information on GP training in Australia.

These guidelines provide information about the GP Fellowship Program structure and the application process for an Approved Placement and Medicare Provider Number (MPN) to access the Medicare Benefit Schedule (MBS). These guidelines do not replace existing policies or standards that govern the GP training streams that operate under these Programs.

These guidelines will be reviewed and updated periodically by the Department (in conjunction with ACRRM and RACGP) to ensure they appropriately reflect program arrangements and policy priorities.

2 Defined Terms

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

Term	Description
19AA	<p>Section 19AA of the Health Insurance Act (1973) (the Act) restricts doctors first registered in Australia on or after 1 November 1996 from claiming a Medicare benefit for professional services unless they are:</p> <ul style="list-style-type: none"> • recognised as a general practitioner, specialist, or consultant physician; or • participating in an approved training or workforce program (3GA placement); or • a temporary resident covered by an exemption under subsection 19AB(3) of the Act.
19AB	<p>Section 19AB of the Act applies to Overseas Trained Doctors (OTDs) and Foreign Graduates of an Accredited Medical School (FGAMS) first registered in Australia on or after 1 January 1997. Section 19AB prevents the payment of a Medicare benefit to these doctors for a minimum of ten years from the date of their first registration in Australia as a medical practitioner, unless they are granted a section 19AB exemption.</p>
3GA Programs	<p>Section 3GA programs are programs specified in the Regulations, for the purposes of s 3GA of the Act. 3GA Programs allow non-vocationally recognised doctors to work towards their qualification on a workforce or training program.</p>
ACRRM	<p>Australian College of Rural and Remote Medicine.</p>
ACRRM Fellowship Program	<p>The ACRRM Fellowship Program commenced on 1 January 2019 and is delivered through three distinct streams:</p> <ul style="list-style-type: none"> • Australian General Practice Training Program; • Remote Vocational Training Scheme • Independent Pathway; and • Rural Generalist Training Stream <p>These streams are approved specified programs listed in Division 6 of the Health Insurance Regulations 2018 (the Regulations).</p>
AGPT	<p>The Australian General Practice Training Program is one of the training programs under either the ACRRM or RACGP Fellowship Program.</p>
Ahpra	<p>The Australian Health Practitioner Regulation Agency supports the National Boards that are responsible for regulating the health professions. The primary role of the National Boards is to protect the public and the setting of standards and policies that all registered health practitioners must meet. Health professions in Australia are regulated by nationally consistent legislation under the National Registration and Accreditation Scheme.</p>
AMDS	<p>The Approved Medical Deputising Services Program allows doctors to gain clinical experience in the after-hours period and increase the workforce available during the after-hours period.</p>
Approved Placement	<p>A placement in a specified program listed in the Regulations which:</p> <ul style="list-style-type: none"> • must be linked to a course or program that is named in the Regulations; • can only be granted by an organisation that is named in Division 6 of the Regulations as being responsible for the relevant course or program (a 'specified body'); and

Term	Description
	will always specify the relevant practice location(s) and will be time-limited. Access to the Medicare Benefits Schedule (MBS) is limited to the listed practice location(s) and the duration of the placement.
AoN	Area of Need applies to both public and private sector positions. They are determined by the State and Territory Governments and methods of defining them vary. Contact the health department in the state or territory you would like to practise in to get more information about AoN positions.
DPA	Distribution Priority Area classification system replaced the Districts of Workforce Shortage (DWS) Assessment Areas for General Practitioners (GPs) and Bonded Doctors from 1 July 2019. Instead of using a GP to population ratio, the new DPA system takes into account demographics (gender/age) and socio-economic status of patients living in a GP catchment area. The DPA also applies a number of blanket rules: <ul style="list-style-type: none"> • inner metropolitan areas are automatically deemed non-DPA; • MM2-7 are automatically deemed DPA; and • Northern Territory is automatically deemed DPA.
DWS	A District of Workforce Shortage for GPs was an area identified as having below average access to GP doctors. This was determined using population data and Medicare billing information to get a GP to population ratio. The DWS for GPs system was replaced by DPA on 1 July 2019.
Extenuating and Unforeseen Circumstances	Circumstances that were unforeseen and outside a participant's control that warrant College's consideration of exempting the participant from meeting some or all program training placement conditions. Exceptional circumstances policies apply to each training stream (AGPT, RVTS, IP, PEP and FSP). Further information on these policies are available on ACRRM and RACGP websites.
FACRRM	Fellowship of the Australian College of Rural and Remote Medicine.
Fellowship	A qualification awarded by an accredited specialist medical college leading to registration in a specialist field of medicine and eligibility for Medicare benefits of that specialism.
FRACGP	Fellowship of the Royal Australian College of General Practitioners.
FSP	The Fellowship Support Program is one of the training streams under the RACGP Fellowship Program.
FGAMS	Foreign graduates of an accredited medical school are doctors who were not: <ul style="list-style-type: none"> • a permanent Australian; or • a New Zealand citizen; or • a permanent resident of New Zealand; • when they enrolled in their primary medical degree at an accredited medical school in Australia or New Zealand.
GP Catchment Areas	GP catchment areas are a custom designed geography, constructed using the Australian Statistical Geographical Standard and Medicare data. There are 829 non-overlapping GP catchment areas that are based on a number of factors including patient flows, workforce, rurality, and topography.
GP Fellowship Program	The General Practice Fellowship Program refers to the Fellowship Program and its supporting training streams (AGPT, RVTS, PEP, IP or RGTS) delivered through

Term	Description
	either of the two Colleges.
Guidelines	The Australian Government Department of Health and Aged Care General Practice Fellowship Program Placement Guidelines.
HeaDS UPP Tool	The Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) tool is a single, integrated, quality source of health workforce and services data. The tool provides sophisticated and comprehensive evidence to inform workforce planning and analysis. It uses GP catchment areas to reflect where people live and where they access health services, as well as where health practitioners and services are located.
IP	The Independent Pathway is one of the training streams under the ACRRM Fellowship Program and requires candidates to pay for their training. This stream operates independently of the RTO training program and is managed by ACRRM.
IMG	International Medical Graduate is a general term that covers both OTDs and FGAMS.
MBA	The Medical Board of Australia: <ul style="list-style-type: none"> • registers medical practitioners and medical students; • develops standards, codes and guidelines for the medical profession; • investigates notifications and complaints about medical practitioners; • where necessary, conducts panel hearings and refers serious matters to Tribunal hearings; • assesses international medical graduates who wish to practise in Australia; and • approves accreditation standards and accredited courses of study.
MBS	The Medicare Benefits Schedule is a listing of Medicare services subsidised by the Australian Government. Practitioners must have a Medicare Provider Number to claim items/services listed in the MBS.
MDRAP	The More Doctors for Rural Australia Program (MDRAP) supports non-vocationally recognised (non-VR) doctors to gain valuable general practice experience in rural and remote communities prior to joining a college fellowship pathway.
MMM	The Modified Monash Model is a geographic classification system that categorises metropolitan, regional, rural and remote areas. For more information on the MMM system visit the health website.
MM	Modified Monash (MM) refers to one of the seven remoteness categories (MM1 – 7) of the Modified Monash Model (MMM).
MPN	A Medicare Provider Number uniquely identifies a medical practitioner and the practice location from which they perform professional services. MPNs are issued by Services Australia .
Non-VR	Non-Vocationally Recognised Doctors are medical practitioners who have not yet obtained Fellowship of a specialist medical college (FACRRM or FRACGP for general practice).
OTD	An Overseas Trained Doctor (OTD) is one that obtained their primary medical degree outside of Australia or New Zealand.
Participant	This refers to the person enrolled in a GP Fellowship Program to become a Vocationally Registered specialist general practitioner.

Term	Description
Practice location	The practice location where professional medical services are provided that attract a MBS item. Place of practice is related to a participant's MPN (granted by the Chief Executive Medicare in the Services Australia).
PEP	The Practice Experience Program is one of the training streams under the RACGP Fellowship Program. It has two streams, Standard and Specialist. The PEP – Standard Stream is the journey to FRACGP for non-VR doctors who do not hold a specialist qualification. The PEP – Specialist Stream is the journey to FRACGP for IMGs with overseas specialist qualifications in general practice.
Permanent Resident or Australian Citizen	As defined in the <i>Migration Act 1958</i> .
RACGP	The Royal Australian College of General Practitioners.
RACGP Fellowship Program	<p>The RACGP Fellowship Program commenced on 1 January 2019 and is delivered through five distinct streams:</p> <ul style="list-style-type: none"> • Australian General Practice Training Program; • Remote Vocational Training Scheme; and • PEP – Standard Stream • PEP – Specialist Stream • Fellowship Support Program (commencing January 2023) <p>These streams are approved specified programs listed in Division 6 of the Health Insurance Regulations 2018 (the Regulations).</p>
Register	Register of Approved Placements is an electronic register maintained by Services Australia under s 3GA of the Act. Doctors placed on the Register satisfy the requirements of Section 19AA of the Act.
Regulations	Health Insurance Regulations 2018, made under the Act.
RGTS	The Rural Generalist Training Scheme (RGTS) is a government funded stream of the ACRRM Independent Pathway which provides up to 100 Rural Generalist GP training places each year.
RLRP	The Rural Locum Relief Program allows doctors who are permanent residents or Australian citizens to access a Medicare Provider Number to work in rural and remote areas while they are working towards GP Fellowship. The RLRP closed to new entrants on 12 May 2019.
RTO	Regional Training Organisations – predominantly Commonwealth funded organisations which are accredited by ACRRM and RACGP to deliver training streams under the GP Fellowship Programs.
RVTS	The Remote Vocational Training Scheme is one of the training streams under the ACRRM or RACGP Fellowship Programs. This is a recognised program under the Act and is managed by the Remote Vocational Training Scheme Ltd.
SAPP	The Special Approved Placements Program provided access to Medicare rebates to non-vocationally recognised doctors who must work in metropolitan areas and can continue to demonstrate exceptional circumstances. The SAPP closed to new

Term	Description
	applicants on 1 July 2019.
Services Australia	Services Australia, formerly known as the Department of Human Services (this includes Medicare Australia).
Specified Body	<p>A Specified Body is an organisation that is responsible for administering programs or courses that are listed in Division 6 of the Health Insurance Regulations 2018. This includes the granting of 'Approved Placements'. A specified body:</p> <p>must be identified in Division 6 of the Regulations as being responsible for the relevant program;</p> <ul style="list-style-type: none"> • can be an Australian Government Department, a medical college or a private entity; • can be responsible for several programs and courses; and • can share responsibility for the program or course with other specified bodies.
Specified Programs	Section 3GA of the Act allows medical practitioners participating in specified programs (listed in the Regulations), to provide professional services that attract Medicare benefits for a defined period.
SRHS	The Australian Government Stronger Rural Health Strategy.
The Act	Health Insurance Act 1973.
VR-GP	A Vocationally Recognised doctor has obtained Fellowship of a specialist general practice medical college (FACRRM or FRACGP).
Vocationally registered	<p>A vocationally registered doctor is a general practitioner who has been placed on the vocational register or Fellows list held by Medicare:</p> <ul style="list-style-type: none"> • as a Fellow of the ACRRM; or • as a Fellow of RACGP; or • based on historical eligibility requirements for the Vocational Register with Medicare. Vocationally registered doctors have access to general practice items in the MBS.

3 GP Fellowship in Australia

Ensuring Australia has the best possible health workforce to deliver services to the community is essential. This involves having the right people with the right mix of skills, providing quality services at the right time and place, right around the country.

General Practitioners (GPs) play a central role in the delivery of health care to the Australian community as one of the first points of contact within the system.

The GP Fellowship programs all aim to:

- build a sustainable, high quality Australian trained and qualified health workforce;
- support the distribution of a high-quality General Practice workforce across Australia and support community need, particularly regional, rural and remote locations; and
- provide clear GP training and qualification pathways and support, including the mechanism for doctors to provide services under the MBS while training.

These guidelines seek to ensure that the GP Fellowship Programs are working towards these

objectives, with delivery of the programs underpinned by four core principles:

- **Support** – ensuring participants are appropriately supported and supervised (as applicable) during all their training placements which balance the needs of the practices with patient safety;
- **Momentum** – ensuring participants progress to GP Fellowship in a timely manner;
- **Quality** – ensuring all training providers hold College accreditation to maintain the standard for doctors providing general practice services to the community; and
- **Distribution** – support the equitable distribution of doctors in regional, rural and remote locations.

4 GP Fellowship Program Structure

To be recognised and work independently as a specialist General Practitioner (GP), participants need to gain:

- Fellowship of the Australian College of Rural and Remote Medicine (FACRRM); or
- Fellowship of the Royal Australian College of General Practitioners (FRACGP).

Both GP Fellowship Programs:

- lead to Vocational Recognition (VR) and registration under the specialist (GP) category with the Medical Board of Australia (MBA);
- are accredited by the Australian Medical Council (AMC) to ensure GPs provide safe, specialised, high-quality care; and
- upon attaining Fellowship, specialists will be able to work unsupervised as a GP anywhere in Australia (note – OTDs and FGAMS are subject to additional conditions under section 19AB of the *Health Insurance Act 1973* (the Act) that restrict the location they are able to work with access to Medicare).

Table 1 GP Fellowship Program Training Streams

	ACRRM Fellowship Program	RACGP Fellowship Program
Training Streams	<ul style="list-style-type: none"> • Australian General Practice Training (AGPT) Program# • Remote Vocational Training Scheme (RVTS)# • Independent Pathway (IP)* • Rural Generalist Training Scheme (RGTS)# 	<ul style="list-style-type: none"> • Australian General Practice Training (AGPT) Program# • Remote Vocational Training Scheme (RVTS)# • Practice Experience Program (PEP)* • Fellowship Support Program (FSP)*

#Commonwealth supported training pathway

* Self-funded pathway

Access requirements and eligibility criteria for each training stream are specified in individual policies (links provided in table below).

Participants need to successfully complete one training program under one GP Fellowship Program including successfully passing the relevant College examinations to attain Fellowship of the relevant College. Table 2 summarises the key features of each of the training programs available under the GP Fellowship Programs.

Table 2 Key features of each training stream under the GP Fellowship Programs

Fellowship Program	AGPT	RVTS	PEP	IP	RGTS	FSP
Suited to	Recent medical graduates and experienced non-vocationally recognised doctors	Graduates and experienced non-vocationally recognised doctors, who have enough experience to be supported by remote clinical supervision and who work in remote areas or Aboriginal Medical Services	Non-vocationally recognised doctors who are usually already working in general practice and who are ineligible for or choose not to apply to the AGPT or the RVTS.	Experienced non-vocationally recognised doctors who are seeking flexibility	Recent medical graduates and experienced non-vocationally recognised doctors who want to train as a Rural Generalist GP.	Non-vocationally recognised doctors who are usually already working in general practice and who are ineligible for or choose not to apply to the AGPT or the RVTS.
Training Timeframes	4 years FTE* (FACRRM) 3 years FTE* (FRACGP) 4 years FTE* (FRACGP-RG)	4 years FTE* (FACRRM) 3 years FTE* (FRACGP)	12-30 months FTE (for education component Variable post-education component whilst becoming exam eligible and sitting Fellowship exams.	4 years FTE*	4 years FTE*	2 years (for education and training component). Variable post-education component whilst becoming exam eligible and sitting Fellowship exams.
Training Organisation	RTOs† accredited by ACRRM and RACGP. Delivery from 2023 by the colleges themselves.	RVTS accredited by ACRRM and RACGP	RACGP in partnership with RTOs† and RVTS	ACRRM	ACRRM	RACGP
Location restrictions	RACGP Metropolitan, regional, rural and remote training sites ACRRM	Live and work in rural or remote community, or work in an Aboriginal Medical Service	Regional, rural and remote training sites, usually MM2-7	Regional, rural and remote facilities. MM2-7 with minimum 12m in MM4-7	Regional, rural and remote facilities. MM2-7 with minimum 12m in MM4-7	Regional, rural and remote sites, usually MM2-7

Fellowship Program	AGPT	RVTS	PEP	IP	RGTS	FSP
	Regional, rural and remote facilities. MM2-7 with minimum 12m in MM4-7					
Practice Placement	RTOs† and the relevant college will facilitate placements based on priority and preferred location/s in accredited training posts	Must already be employed as a GP in a rural or remote location or in an Aboriginal Community Controlled Health Service (ACCHS).	Must already be employed in a general practice or have a job offer with a general practice.	College supported placements based on priority and preferred location/s in accredited training posts	College supported placements based on priority and preferred location/s in accredited training posts	All practices must hold practice accreditation against the RACGP Standards for general practices with the aim to hold training post accreditation within 6 months.
Number of places available per year	1500	22 Remote Stream places 10 Aboriginal Community Controlled Health Service places	Demand based	Demand based	100	500 (250 per intake)
Application process	Apply to ACRRM and/or RACGP for a specific training region Complete the ACRRM and/or the RACGP selection process See ACRRM or RACGP website for further information	Apply to RVTS Selection by RVTS Enrol with either ACRRM and/or RACGP Commence training	The PEP has now closed to new applications.	Apply to ACRRM Complete the ACRRM Selection process See ACRRM website for further information	Apply to ACRRM Complete the ACRRM Selection process See ACRRM website for further information	Apply to RACGP Complete the RACGP selection process Commence training

Fellowship Program	AGPT	RVTS	PEP	IP	RGTS	FSP
Fees	Training is fully Commonwealth funded Assessment fees are self-funded	Training is Commonwealth funded, some self-funding may be required Assessment fees are self-funded	Training is partially Commonwealth funded if eligible under the Non-VR FSP** Assessment fees are self-funded	All training and assessment is self-funded	Training is fully Commonwealth funded Assessment fees are self-funded	Training is fully self-funded Assessment fees are self-funded
Further information	AGPT	RVTS	PEP	IP	RGTS	FSP

* FTE Full-Time Equivalent

**FSP Non-VR Fellowship Support Program

†RTOs Regional Training Organisations (RTOs' role in the AGPT program will cease at the end of the 2022 training year)

Note: Dual GP Fellowship - Registrars who elect to train in the AGPT program can train towards Fellowships of both colleges in the same training region on the same pathway and complete the training concurrently. For more information visit the college websites.

5 Accessing the Medicare Benefits Schedule

Once accepted into a GP Fellowship Program, participants will need to apply for an Approved Placement, Medicare Provider Number (MPN) and have an Approved Placement entered into the Register of Approved Placements (the Register). The Register is managed by Services Australia.

While working towards Fellowship of either College on a College-led training program, participants will have access to the highest value MBS GP items.

The Act provides the legislative framework for Services Australia to enter doctors with Approved Placements on the Register. The Register is maintained by Services Australia under 3GA of the Act. Persons with an Approved Placement can access the MBS for services they provide.

ACRRM, RACGP, RVTS Ltd and the Department of Health and Aged Care are currently identified as Specified Bodies for the purposes of paragraph 3GA(5)(a) of the Act for granting Approved Placements in their respective GP Fellowship Programs. They are responsible for notifying Services Australia of the applicant's enrolment or that the applicant is undertaking a specified course. As responsibility for GP training transitions from the Department to the Colleges, full responsibility of processing Approved Placements for training programs is expected to be assumed by the Colleges and RVTS, and these guidelines will be updated. The Colleges are responsible for assisting participants to apply for an Approved Placement under the Act.

An Approved Placement is for a specific practice location and period of time (start and end date). An Approved Placement must be obtained for each location where participants are working towards Fellowship before an MPN can be granted. It is the responsibility of participants to keep a record of Approved Placement expiry dates to ensure continued eligibility to access Medicare billing. Services Australia cannot backdate any MPN applications they receive after the proposed commencement date of a placement.

Once entered in the Register of Approved Placements, participants can:

- apply for a MPN with Services Australia for the practice location and period of the Approved Placement;
- request certain MBS services on behalf of their patients and refer their patients to other health professionals within the scope and conditions applicable to specific MBS items; and
- perform specified professional services that attract MBS benefits.

Important:

Participants are required to have a valid MPN and written confirmation from Services Australia that confirms access to Medicare benefits before they perform any specified professional services.

Under section 19CC of the Act, doctors providing professional services to patients without informing the patient that a MBS item is not payable, are committing an offence. An offence under Section 19CC is an offence of strict liability – see section 6.1 of the Criminal Code.

Participation in a formal pathway to Fellowship and access to a MPN are intrinsically linked.

For example:

Participants that are transitioning from a workforce program to a training program (i.e. FSP) will need to apply for a FSP Placement and update or create their MPN.

Once an applicant begins a placement on the FSP and leaves their previous workforce program, they will not be able to go back to their old program.

AMDS is the only program that can be undertaken concurrently with FSP, PEP or IP.

Participation on an approved program allows doctors to satisfy:

- Section 19AA of the Act, by actively working towards vocational recognition
- Section 19AB of the Act, as participation on an approved program, at an eligible location, will enable the issue of a section 19AB exemption to the IMG or FGAMS participant.

For further information on applying for a MPN, please visit the relevant training stream website for policies and application forms.

5.1 Eligibility for an Approved Placement

To be eligible for an Approved Placement in either of the GP Fellowship Programs, doctors must be enrolled in one of the training streams (AGPT, RVTS, IP, PEP, FSP or RGTS) and must be registered to practise medicine with the MBA.

For more information about the medical registration categories and related practising rights, visit the MBA website.

Eligible applicants include:

- doctors with general medical registration;
- IMGs who completed their primary medical training with a competent authority¹ and who have been registered for a position in a general practice; and
- IMGs who hold limited medical registration under the Area of Need (AoN) rules for general practice; and meet eligibility requirements of the relevant College.

5.2 Application for an Approved Placement

The application process for an Approved Placement is outlined in the relevant training stream policy.

For further information visit the relevant website for policies and application forms.

ACRRM: acrrm.org.au

RACGP: racgp.org.au

6 Placement Requirements

6.1 Location

For AGPT and RVTS

Location requirements for the AGPT and RVTS are governed by the policies applicable to these programs.

For IP

For participants on the IP training stream, training placements must be in an accredited training post in locations classified in MM2-7, and approved for the individual registrar. Placements for specific skills training may be completed in MM1 locations with prior approval. Placements must comply with the Training Placement Policy and the Medicare Provider Number Policy.

For RGTS

For participants on the RGTS training stream, training placements must be in an accredited training post in locations classified in MM2-7, with a preference for MM3-7, and approved for the individual registrar. Placements for specific skills training may be completed in MM1 locations with prior approval. Placements must comply with the Training Placement Policy and the Medicare Provider Number Policy.

For PEP

PEP placements are limited to areas classified MM2-7.

No MM1 placements for PEP participants will be approved unless the participant:

¹ Competent Authority degrees come from: the General Medical Council (UK), the Medical Council of Canada, Educational Commission for Foreign Medical Graduates of the United States, Medical Council of New Zealand and the Medical Council of Ireland.

- has been found by the RACGP to meet the definition of extenuating and unforeseen circumstances in the program policies; or
- enters the program already working in MM1 under an existing 3GA program (such as the Special Approved Placements Program (SAPP) or Rural Locum Relief Program (RLRP), has not reached their maximum participation timeframe on their existing program, and will be undertaking their PEP placement in the same location; or
- is already working in MM1 as a pre-1996 non-vocationally registered GP; or
- is an international medical graduate with substantially comparable specialist qualifications participating in the PEP under the PEP Specialist Stream and will be working in a Distribution Priority Area (DPA).

The exemptions outlined in the *Health Insurance (Section 19AB Exemptions) Guidelines Determination* are otherwise not available to doctors seeking to participate on the PEP at a non-DPA location. These include, but are not limited to, the replacement, spousal, and locum provisions.

Doctors wishing to participate in the PEP in a MM1 location sit outside the general eligibility requirements. It is the RACGP's responsibility to ensure only those doctors who meet the eligibility requirements are able to stay in or have a Medicare Provider Number approved for a MM1 location.

Doctors with a current SAPP or RLRP placement may require additional assessment. This is because there are a small number of doctors who exceeded maximum program timeframes. Doctors without a current placement should supply information about their 3GA history. The RACGP can assess the information against maximum program timeframes which are:

- SAPP – 2 years (or 5 years for exceptional circumstances)
- RLRP – 4 years

Doctors who hold an existing 3GA placement that contains a condition that requires them to transition to another program will not be able to transition to the PEP, AGPT, FSP, RVTS at their existing practice location, unless it meets the location requirements for that program.

For FSP

Broadly FSP placements are limited to areas classified MM2-7. The only conditions through which FSP participants could take up a new placement in an MM1 location would be through approved extenuating and unforeseen circumstances.

The exemptions outlined in the *Health Insurance (Section 19AB Exemptions) Guidelines Determination* are otherwise not available to doctors seeking to participate on the FSP at a non-DPA location. These include, but are not limited to, the replacement, spousal, and locum provisions.

All placement locations being applied for must allow the applicant / participant to work in a practice accredited against the relevant RACGP Standards for General Practice Training. If you are currently working in a practice that is accredited to train AGPT registrars, then your practice will be considered as an 'approved practice'. If you are working in a practice that is not currently accredited to train AGPT registrars, then your position in the FSP is conditional upon your practice gaining accreditation against the relevant RACGP Standards for General Practice Training. The RACGP will support your practice to achieve accreditation within your first six months in the program. For further information regarding this please contact fspadmin@racgp.org.au.

No MM1 placements for FSP participants will be approved unless the participant:

- has been found by the RACGP to meet the definition of an extenuating and unforeseen circumstances exemption in the program policies; or
- is already working in MM1 as a pre-1996 non-vocationally registered GP.

Table 3 Summary of location requirements for participants of existing training and workforce program entering the PEP and FSP

Program	PEP Location Requirements	FSP Location Requirements
<ul style="list-style-type: none"> • Rural Locum Relief Program (RLRP) • Special Approved Placements Program (SAPP) • Temporary Resident Other Medical Practitioners Program (TROMPs) 	<p>Participants who (at the time of application for entry into the PEP) were actively participating in one of these programs may remain in the same practice location(s) while participating in the PEP, provided they have not reached the maximum participation period for their existing program. If they wish to move to a new location, they must meet the PEP eligibility criteria (MM 2-7).</p> <p>Note: 3GA program placements that were issued to allow a doctor to transition to an alternate training program will need to meet the PEP entry requirements. These are areas classified as MM2-7.</p>	<p>Participants of these programs who have not reached the maximum participation period for their existing program, may apply to enter the FSP. They will need to be employed, or have an employment offer, in comprehensive general practice in an MM2-7 location and meet all other FSP entry requirements.</p> <p>MM1 locations will only be approved in the exceptional circumstances outlined in Section 6.1 of these Guidelines. [i.e., No MM1 placements for FSP participants will be approved unless the participant:</p> <ul style="list-style-type: none"> • has been found by the RACGP to meet the definition of an extenuating and unforeseen circumstances exemption in the program policies; or • is already working in MM1 as a pre-1996 non-vocationally registered GP.]
<ul style="list-style-type: none"> • More Doctors for Rural Australia Program (MDRAP) 	<p>Participants who were providing GP services via the MDRAP prior to entry into the PEP may remain in their MDRAP location. These participants will be restricted to Approved Placements in areas that have a MMM 2-7 classification.</p>	<p>Participants who were providing GP services via the MDRAP prior to entry into the FSP may remain in their MDRAP location, provided that placement meets the FSP entry requirements.</p>
<ul style="list-style-type: none"> • Approved Medical Deputising Service (AMDS) Program 	<p>AMDS program doctors entering the PEP can:</p> <ul style="list-style-type: none"> • participate in PEP education activities • continue to provide services in the after-hours period through their AMDS provider under a PEP placement. • apply for business hours placement in MMM classification 2-7 in addition to, or instead of, their AMDS work; and • work during business hours work in MMM1 would be subject to exceptional circumstances and (if approved) granted for a limited period of time <p>Note: AMDS program may be done concurrently with the PEP. Doctors who wish to undertake additional AMDS work outside their PEP placement can potentially do so, using an AMDS program provider number. Doctors who wish to use a PEP provider number for their AMDS work (hence attracting higher rebates) will need to transfer from the AMDS program to the PEP</p>	<p>An AMDS is not considered comprehensive general practice and therefore isn't suitable for the education and training provided on the FSP. It is expected that all FSP registrars work in comprehensive general practice as outlined in the RACGP's Comprehensive Australian General Practice Guidance Document. To be eligible to apply for the FSP, AMDS doctors would be required to apply for business hours placement in MM2-7 in addition to, or instead of, their AMDS work.</p> <p>Doctors who retain their AMDS placement in addition to a business hours placement in an MM2-7 location on the FSP will remain under the AMDS Program at their AMDS location and will not have access to the GP Medicare items at that location.</p>

Program	PEP Location Requirements	FSP Location Requirements
	<p>and fulfill PEP requirements. A new AMDS placement will only be granted so long as it is concurrent with daytime practice in areas classified as MM2-7. A PEP participant cannot work in two AMDS practices concurrently unless they entered PEP with two AMDS provider numbers and cannot move solely into AMDS.</p>	

6.2 Placements for Dual Fellowship Qualification

A single MPN application for an appropriate Approved Placement needs to be submitted through one College (not both) for those who are undertaking FACRRM and FRACGP concurrently.

It is the responsibility of registrars and participants, RTOs, Colleges and/or RVTS Ltd to ensure that the Approved Placement meets the requirements of both Colleges.

6.3 Duration of Approved Placements

To access the MBS, a medical practitioner must be enrolled in a specified program and placed on the Register of Approved Placements (the Register) for the duration of their time on the program. The Register is maintained by Services Australia.

The Colleges are responsible for determining the duration of each Approved Placement for the relevant training stream and the specific needs of the participant and training post. The Colleges will notify Services Australia of the commencement and end dates of an Approved Placement. When participants cease the program, Services Australia will remove them from the Register.

The focus of GP training is to create momentum for participants to achieve a specialist GP qualification through obtaining Fellowship. Once a non-VR medical practitioner joins a College-led training program, they are unable to enrol in, or return to, general practice workforce programs (i.e. RLRP, SAPP, TROMPs or MDRAP programs).

6.4 Renewal of Placements

When considering a placement renewal request, the Colleges have the right to:

- assess the merits of the renewal request according to the standards and guidelines for the relevant training stream;
- revise the start and end dates of the Approved Placement (for future dated placements); and
- apply additional conditions that are deemed necessary for the doctor to achieve Fellowship. This includes the right for a doctor to relocate to an alternate training practice location.

Once the Colleges or an organisation operating under the delegation of the College has agreed to renew a participant's Approved Placement, the process for renewing is similar to the steps outlined in these guidelines under Application Process for Approved Placement.

An MPN application must be made so that Services Australia can:

- arrange for a new section 19AB exemption to be granted (for those doctors who are subject to 19AB);
- register the new Approved Placement; and
- update the doctor's MBS provider record to reflect the terms of the revised Approved Placement.

The Services Australia assessment process can take up to six weeks in peak processing periods. Program participants are advised to begin the process of seeking an extension of their Approved Placement from the relevant College at least 10 weeks before the projected end date of their training/experience placement is renewed.

6.5 Backdating Training Placements

Approved Placements cannot commence earlier than the date of entry on the Register of Approved Placements. The Specified Body cannot grant a "backdated" Approved Placement approval.

Section 19CC of the Act states that medical practitioners are committing an offence if they provide professional services to patients without informing the patient that a Medicare benefit is not payable.

OTDs and FGAMS will be able to access Medicare benefits after the approval of an exemption under section 19AB of the Act. This is irrespective of the approval date of an Approved Placement.

Section 19AB exemptions are granted prospectively and cannot be backdated to coincide with the Approved Placement approval date.

6.6 Termination of Placement

The relevant College or the Department will send notification to Services Australia to remove participants who are no longer in training from the Register of Approved Placements. When a participant withdraws from the program it is the responsibility of the participant to advise the College or the training organisation working under the auspices of the College (e.g. RTOs and the RVTS Ltd) within ten working days of the termination.

Each training stream has policies which govern when a participant may be withdrawn from training.

On achievement of Fellowship, the relevant College will distribute required Fellowship documentation enabling the practitioner to apply for an updated MPN.

6.7 Request of Review

Each training stream has policies which govern review processes.

7 Contact Details

Services	Contact details
The Department of Health and Aged Care	T: 1800 DR AGPT (1800 37 2478) or for international callers: +61 2 6289 2666 Website: agpt.com.au E: AGPTeligibility@health.gov.au
Australian College of Rural and Remote Medicine (ACRRM)	T: 1800 223 226 Website: acrrm.org.au E: training@acrrm.org.au
Royal Australian College of General Practitioners (RACGP)	T: 1800 472 247 Website: racgp.org.au E: racgpeducation@racgp.org.au
Remote Vocational Training Scheme (RVTS)	T: 02 6057 3400 Website: rvts.org.au E: rvts@rvts.org.au
Services Australia	For information about Medicare provider numbers and Medicare benefits email: Medicare.prov@humanservices.gov.au

Regional Training Organisations

Training organisations	Contact details
AUSTRALIAN CAPITAL TERRITORY / NEW SOUTH WALES	GP Synergy W: gpsynergy.com.au T: 1300 477 963 (International: +61 2 8321 4000) E: applicant@gpsynergy.com.au
SOUTH AUSTRALIA	GPEX W: gpex.com.au T: 1300 473 972 or (08) 8490 0400 E: selection@gpex.com.au
QUEENSLAND	North Western Queensland GP Training James Cook University W: jcugp.edu.au T: (07) 4781 3262 E: gpselections@jcu.edu.au

Training organisations	Contact details
	<p>South Eastern Queensland General Practice Training Queensland W: gptq.qld.edu.au T: (07) 3552 8100 E: gptq@gptq.qld.edu.au</p>
<p>VICTORIA</p>	<p>Eastern Victoria Eastern Victoria GP Training W: evgptraining.com.au T: 1300 851 753 E: evgptraining.com.au</p>
	<p>Western Victoria Murray City Country Coast GP Training W: mccc.com.au T: 1300 622 247 E: info@mccc.com.au</p>
<p>WESTERN AUSTRALIA</p>	<p>Western Australian General Practice Education and Training W: wagpet.com.au T: (08) 9473 8200 E: gpcareers@wagpet.com.au</p>
<p>NORTHERN TERRITORY</p>	<p>Northern Territory General Practice Education W: ntgpe.org T: (08) 8946 7079 E: registrar@ntgpe.org</p>
<p>TASMANIA</p>	<p>General Practice Training Tasmania W: gptt.com.au T: (03) 6215 5000 E: enquiries@gptt.com.au</p>

APPENDIX A – Summary of Key Changes to General Practice Training

MBS Access Reforms

Changes have been made to the way GPs are funded through Medicare to better recognise their level of expertise and the quality of service they provide. From 1 July 2018, a new MBS rebate structure was introduced for non-VR doctors. The new rebate structure provides new MBS items for non-VR doctors, worth 80% of the equivalent VR GP item for services provided in (MM) 2–7 locations.

By enrolling in a GP Fellowship Program with the ACRRM or RACGP, participants seeking to become a specialist GP will continue to have access to the highest value MBS items during training, until they reach the time limit set by their College.

Table 4 Medicare rebate access rates according to training or workforce program and location

Access to Medicare Rebates		
General Practice Fellowship Program Training Streams	MM1 - 7	
Australian General Practice Training Program (AGPT)	100%	
Remote Vocational Training Scheme (RVTS)	100%	
ACRRM Independent Pathway (ACRRM IP)	100%	
ACRRM Rural Generalist Training Scheme (ACRRM RGTS)	100%	
Practice Experience Program (RACGP PEP)	100%	
Fellowship Support Program (RACGP FSP)	100%	
General Practice Workforce Programs	MM1	MM 2-7
Rural Locum Relief Program (RLRP) (1)	60%	80%
Approved Medical Deputising Service Program (AMDS)	60%	80%
Special Approved Placements Program (SAPP)	60%	80%
Queensland Country Relieving Doctors Program (QCRD)	N/A	80%
Temporary Resident Other Medicare Practitioner Program (TROMP)	60%	80%
More Doctors for Rural Australia Program (MDRAP)	N/A	80%

(1) Some participants in the RLRP will have access to 60% rebates in select MM1 regions due to differences between the Modified Monash Model and the Rural, Remote Metropolitan Area classification which was the basis of the RLRP.

Rebates

60% - A2 items in the MBS Schedule

80% - A7 items in the MBS Schedule - for 'medical practitioners'

100% - All items in the MBS Schedule marked for 'General Practitioners' Includes A1, A11 and A22 group items

Non-Vocationally Registered Fellowship Support Program (Non-VR FSP)

The Non-VR FSP was introduced as a time-limited program to support and encourage non-VR doctors to attain Fellowship and therefore GP specialist status. Under the Non-VR FSP the Government

provides a subsidy to the Colleges to offset the cost of doctors training on ACRRM's Independent Pathway and RACGP's Practice Experience Program. Participating doctors are also expected to contribute a co-payment. The Non-VR FSP will cease on 30 June 2023.

More Doctors for Rural Australia Program (MDRAP)

The MDRAP supports non-VR doctors to gain valuable general practice experience in rural and remote communities prior to joining one of the GP Fellowship Program streams. The MDRAP also supports junior doctors and locums providing services in rural and remote communities.

For some doctors, MDRAP will be the first step to joining a GP Fellowship Program, by gaining general practice experience while participating in selection processes.

Through MDRAP, Australian trained non-VR doctors will be able to obtain an MPN and work in private practices, including in rural and remote areas.

For more information on MDRAP, visit your relevant Rural Workforce Agency's website.

Other Workforce Programs

From 1 January 2019, the Other Medical Practitioners (OMP) programs, were closed to new participants. Under grandfathering arrangements, doctors who are participating on one of the OMP programs will be given to 30 June 2023 to fulfil their commitment to obtain Fellowship. After this date, non-VR doctors who were accessing the general practitioner MBS items under an OMP program will revert to the medical practitioner items (A2 and A7 items).

The Rural Locum Relief Program (RLRP) and the Special Approved Placements Program (SAPP) closed to new participants in 2019.

Transition of GP Training to the Colleges

Responsibility for the management of the GP Fellowship program will transition from the Commonwealth Department of Health and Aged Care to the two Colleges. The ACRRM and RACGP will assume full responsibility for the program by 2023.

The impact on participants on existing pathways to Fellowship will be minimal and trainees will continue to work towards achieving their specialist qualification.