



Australian Government

Department of Health

Rural Locum Relief Program

Health Insurance Act 1973

Section 3GA

Administrative Guidelines

Commencing from December 2013

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PART 1 DEFINED TERMS

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

1. **Areas of Consideration** were developed recognizing the limitations of the RRMA classification system in its application to the Rural Other Medical Practitioners Program (ROMPS) and the Rural Locum Relief Program (RLRP). Many towns that are in areas classified as RRMA 2 and 3 are also a long distance from regional centers and it is this anomaly that Areas of Consideration is addressing. Areas of Consideration focuses on helping small communities those sometimes miss out because they are in the same region as a large rural center. Small towns that are more than 20 kilometers from the largest urban center in their regional will have access to the ROMPS and the RLRP. Locations approved as an Area of Consideration may be obtained from Health.
2. **ASGC – RA** means the Australian Standard Geographical Classifications – Remoteness Areas classification system.
3. **Department of Human Services (DHS)** means Medicare Australia, formerly also known as the Health Insurance Commission.
4. **Department of Immigration and Border Protection (DIBP)** previously known as the Department of Immigration and Citizenship.
5. **DWS** refers to District of Workforce Shortage and means a geographic area in which the general population need for health care is not met. Population needs for health care are unmet if a district has significantly less access to medical professional services of the type provided by applicants than the national average.
6. **FACRRM** means Fellowship of the Australian College of Rural and Remote Medicine.
7. **FRACGP** means Fellowship of the Royal Australian College of General Practitioners.
8. **General practitioner (GP)** means a medical practitioner who offers person centred, continuing, comprehensive and coordinated whole person health care to individuals and families in their communities.
9. **Guidelines** mean the current Rural Locum Relief Program Guidelines.
10. **Health** means the Australian Government Department of Health.
11. **Rural Health Workforce Australia (RHWA)** is the peak body of the Rural Workforce Agencies. It provides national leadership and supports and represents Rural Workforce Agencies by providing information and policy advice on health workforce issues.

12. **Rural Workforce Agencies (RWAs)** are the administrative bodies for the Rural Locum Relief Program. They recruit and support general practitioners in each State and Territory.
13. **RRMA** means the Rural, Remote and Metropolitan Areas classification.
14. **RLRP** means the Rural Locum Relief Program.
15. **Register** means the Register of Approved Placements.
16. **Permanent Resident or Australian Citizen** means the same as defined in the *Migration Act 1958*.
17. **The Act** means the *Health Insurance Act 1973*.
18. **Recognised Fellow** means a medical practitioner who has obtained FACRRM or FRACGP.
19. **ROMPs** means the Rural Other Medical Practitioners Program.
20. **RRGPP** means the Rural and Remote General Practice Program.

PART 2 PRELIMINARY MATTERS

These Guidelines:

- may be cited as the Rural Locum Relief Program Guidelines.
- commenced on or from 18 November 2013 and supercede all previous versions of the Guidelines.
- provide policy direction and operational procedures of the Program. All decisions in respect to the Program must comply with this version of the Guidelines.

Background:

The Rural Locum Relief Program (RLRP) was introduced in 1998 in response to the 1996 Budget initiatives that restricted access to Medicare benefits through provider number restrictions for newly graduated medical practitioners. The intent of the provider number restrictions was to ensure that new medical graduates met certain proficiency standards before being able to provide services that attract Medicare benefits.

The RLRP was developed to allow medical practitioners affected by the provider number restrictions to attract Medicare benefits whilst providing locum services in rural and remote Australia. The RLRP has been administered by the Rural Workforce Agencies (RWAs) in each State and the Northern Territory since 1998.

Eligibility for the RLRP is determined by the RRMA classification of a town and practice. Placements are restricted to practices within RRMA 3 – 7, Areas of Consideration and all Aboriginal Medical Services (RRMA 1 – 7).

Scope:

The RLRP is an approved workforce program under the *Health Insurance Act 1973* (the Act) and allows medical practitioners who meet these guidelines and who obtain a workforce position through the program to be recorded by Department of Human Services on the Register under section 3GA of the Act.

This Program applies to those medical practitioners who are subject to section 19AA of the Act who are restricted from accessing Medicare benefits unless they have an approved placement.

This Program enables medical practitioners in rural areas, not otherwise eligible to access Medicare, to have temporary access to A2 Medicare rebates when providing services through approved placements. This Program is essentially a workforce measure and is not intended as a specific mechanism for education.

Relevant Parties:

Rural Health Workforce Australia (RHWA) is contracted by the Department of Health to program manage RLRP. The Department of Health has contracted each State and Territory RWA to administer the RLRP under the RRGPP.

The RWAs in each State or Territory have delegated authority for administering the RLRP under the *Health Insurance Act*.

PART 3 PRINCIPLES AND OBJECTIVES

The underlying principle behind the RLRP is to ensure that Australian rural and remote communities, especially the more isolated regions, have access to appropriately experienced and skilled medical practitioners in hard to fill rural and remote locations.

Whilst undertaking a longer-term placement on the RLRP, medical practitioners will receive support and training in order to obtain post-graduate general practice qualifications. Funding for this is provided through the RLRP Additional Assistance Scheme (See Appendix A – Related Programs).

The objectives of the RLRP are to:

1. Attract suitably qualified and experienced medical practitioners to work in general practice in rural and remote Australia; and
2. Provide a means by which medical practitioners restricted by section 19AA of the Act can access Medicare benefits for general practice services provided as part of, and in accordance with, an approved placement under section 3GA of the Act.

PART 4 RELEVANT LEGISLATION

Health Insurance Act 1973

The RLRP is an approved program under section 3GA of the *Health Insurance Act 1973* (the Act).

Section 3GA of the Act provides for the creation of a Register of Approved Placements. Medical practitioners may be listed on the Register once they are enrolled or undertaking a course or program of a kind specified in Schedule 5 (Regulations 6E and 6EA) of the *Health Insurance Regulations 1975*. For the purpose of the RLRP, this is currently Schedule 5, part 2, item 2 of the *Health Insurance Regulations 1975*. Users of these Guidelines should note that the Regulations may be amended from time to time and such amendments will supersede Schedule 5 of the *Health Insurance Regulations 1975*.

How the legislation affects Overseas Trained Doctors and Australian graduates

Section 19AA of the Act states that doctors who were first recognised as medical practitioners (for the purposes of the Act) on or after 1 November 1996, are unable to attract Medicare benefits unless they are recognised general practitioners, specialists, consultant physicians, or persons undertaking approved placements under section 3GA of the Act. Recognised general practitioners are either vocationally registered general practitioners and or persons who hold FRACGP or FACRRM as defined.

Since 1 January 1997, overseas trained doctors (OTDs) and foreign graduates of an accredited medical school (FGAMS) working in private practice in Australia are subject to the Medicare provider number restrictions under section 19AB of the Act. Section 19AB of the Act restricts access to Medicare benefits and requires OTDs and FGAMS to work in designated districts of workforce shortage (DWS).

The restrictions imposed by section 19AB of the Act are in addition to the restrictions imposed by section 19AA of the Act. Medical practitioners subject to section 19AB of the Act who wish to attract Medicare benefits under the RLRP will require an exemption under section 19AB of the Act in addition to an approved placement on the Program under section 3GA.

Medical practitioners who wish to clarify whether they are subject to the Medicare provider number restrictions under sections 19AA or 19AB of the Act should contact either the relevant RWA or Department of Human Services.

How the legislation affects graduates from a New Zealand medical school

New Zealand citizens are treated the same way as Australian citizens for the purposes of determining whether they fulfil the definition of an overseas trained doctor (OTD) or foreign graduate of an accredited medical school (FGAMS). If an applicant is a New Zealand citizen or permanent resident at the time that they commence their primary medical training at an accredited medical school in either Australia or New Zealand, they would not be subject to section 19AB of the Health Insurance Act. If they are not vocationally recognized for the purposes of Medicare however, they are subject to Section 19AA of the Health Insurance Act and will require an approved 3GA placement in order to work as a GP in Australia.

Citizens and permanent residents of New Zealand who did not obtain their primary medical degree in Australia or New Zealand are subject to the ten year moratorium requirement under section 19AB of the Act. These practitioners are considered Australian temporary residents until such time as they obtain an Australian permanent residency visa, and require a section 19AB exemption to obtain Medicare access. Doctors who fall into this cohort are not able to participate in the RLRP.

New Zealand citizens are classified by DIAC as temporary residents.

Refer Appendix B for scenarios relating to New Zealand citizens/residents.

PART 5 ELIGIBILITY CRITERIA

1. Eligible medical practitioners

Medical practitioners who are eligible to join the RLRP are those who are subject to section 19AA of the Act and need to be enrolled in a workforce or training program provided for under section 3GA of the Act, and specified under Schedule 5 (Regulations 6E and 6EA) of the *Health Insurance Regulations Act 1975*, in order to access Medicare benefits.

In essence, medical practitioners who are recognized under the Act as a specialist, consultant physician or general practitioner, or who are on an approved placement under section 3GA (such as under the RLRP) meet the requirements of section 19AA of the Act.

Applicants eligible for the RLRP fall into two broad categories:

- 1) Australian graduates, Australian Citizens and Permanent Resident OTDs and New Zealand graduates who are subject to section 19AA of the Act only; and
- 2) Australian Citizens, Permanent Resident OTDs and foreign graduates of an accredited medical school who are subject to both sections 19AA and 19AB of the Act.

Further clarification of eligibility requirements is detailed on the Department of Human Services Provider Number application form available on the Department of Human Services website at www.medicareaustralia.gov.au/provider/pubs/medicare-forms/provider-number.jsp.

The general practice workforce situation in each State and Territory is specific to that jurisdiction and changes as recruitment and retention factors fluctuate. This means that each State and Territory will have different requirements around general practice experience relevant to their particular context. Interested applicants need to speak to the RWA in the State or Territory they are planning to work in to see if their experience is relevant to the workforce needs at the time.

Placements under the RLRP may be filled by medical practitioners who also meet the following criteria:

- have medical registration appropriate for the position;
- have skills and experience to be able to achieve Fellowship of either ACRRM or RACGP within the four year time limit of the RLRP;
- have skills and experience assessed to be appropriate for the position;
- have applied knowledge in general practice at least the equivalent to that of a doctor entering Australian general practice vocational training;
- able to provide person centred, continuing, comprehensive and coordinated wholeperson health care to individuals and families in their communities;
- must commit to appropriate clinical support and mentoring throughout the placement; and

- for those on longer term placements, must undertake appropriate education and training to obtain postgraduate qualifications in general practice recognised under the Act.

Medical practitioners who are seeking long-term placements and those seeking short-term locum work are both eligible for the RLRP.

Medical practitioners who are working under a 3GA placement through another 3GA program are eligible to apply through the RLRP at the same time. This is particularly relevant for Registrars on the Australian General Practice Training Program (AGPTP) who may wish to undertake short term locum placements outside of their AGPT training placement. RWAs may contact the Regional Training Provider for references and suitability for a placement.

Program administrators may wish to check that they are not doubling up on placements in situations where a Registrar already has an approved 3GA placement.

2. Eligible areas for placements

(a) Australian Graduates, Australian Citizens and Permanent Resident OTDs and NZ graduates subject to 19AA of the Act only (Category 1)

Eligibility of location under the RLRP is based on the Rural, Remote and Metropolitan Areas (RRMA) classification of the location.

Eligible placements for the RLRP will be in the areas that require medical practitioners who offer primary, continuing, comprehensive, whole-person care for individuals, families and communities and are located in:

- small rural and remote areas and large remote centres (RRMA 4, 5, 6, and 7);
- large rural centres (RRMA 3);
- “Areas of Consideration” (as determined by the Minister for Health and Medical Research); and
- all Aboriginal Medical Services (including RRMA 1 or 2).

(b) Australian Citizens, Permanent Resident OTDs and foreign graduates of an accredited medical school subject to sections 19AA and 19AB (Category 2)

Eligibility of location under the RLRP is based on the RRMA classification of the location.

Eligible placements for the RLRP will be in areas that require medical practitioners who offer primary, continuing, comprehensive, whole-person care for individuals, families and communities and are located in:

- small rural and remote areas and large remote centres (RRMA 4, 5, 6, and 7) in **districts of workforce shortage only**;
- large rural centres (RRMA 3) that are **districts of workforce shortage only**;
- “Areas of Consideration”; and
- all Aboriginal Medical Services (including RRMA 1 or 2).

RRMA Classification System

The RRMA classification was developed in 1994 by the Department of Primary Industries and Energy and the then Department of Human Services and Health, to define rural and remote Australia. It is based on 1991 population Census data and 1991 Statistical Local Area (SLA) boundaries. The classification was introduced in 1994 as a general purpose tool to assist in decision making relevant to rural and remote areas. RRMA allocates areas into seven categories from “Capital city” through to “Other remote area” based on a combination of straight-line distance from urban centers of various sizes, and population density. The RRMA classification is used by a number of Australian Government general practice programs with benefits or conditions that differ between metropolitan and rural or remote areas.

Any enquiries on the RRMA classification, if unable to be answered by the RWAs, will be forwarded via RHWA to Health for a response.

Priority areas for placements

Priority will be given to placements in more remote locations (RRMA 4 - 7), with recognition that the approved placements will be dependent on the medical practitioner’s skills and experience.

While the criteria allow for placements to be made in RRMA 3 locations where district of workforce shortage status is current, should vacancies exist in nearby (up to 100km distance) RRMA 4 or 5 towns the RWA has the discretion to direct any suitable applicant to those more remote vacancies. This is in line with other rural workforce programs supported by the Australian Government.

PART 6 ADMINISTRATION PROCESS

1. Initial Application:

It is the responsibility of the RWAs to approve medical practitioners to participate on the RLRP. Accordingly, medical practitioners seeking to join the RLRP should approach the RWA in their State and Territory. Contact details are outlined in Part 11. An RLRP Application Form should be obtained from the RWA in the State or Territory the medical practitioner is seeking to work in.

The medical practitioner seeking a placement on the RLRP is responsible for submitting all necessary paperwork to the relevant RWA at least six weeks prior to their proposed commencement. This includes the Department of Human Services form *Application for a Medicare Provider Number for a Medical Practitioner* and all supporting documentation as detailed on the Application Form (Attachment 1).

The RLRP application form can be accessed from the individual State and Territory RWA.

The RWA will ensure that the medical practitioner understands the nature of the Program, including:

- type and scope of support available during the placement;
- expectation of progress toward vocational recognition for longer term placements;
- criteria and process for renewal of placement; and
- four year time limit for participation on the Program.

2. Confirmation of Eligibility

Before enrolling a medical practitioner, the relevant RWA must confirm that:

1. the practitioner is eligible (see part 5 above);
2. all practice locations are eligible (see part 5 above);
3. the practitioner has the skills and/or experience suitable for the placement; and
4. the enrolled practitioner will receive appropriate support and mentoring throughout the placement. This includes support from both the RWA and the employing practice.

For OTDs subject to section 19AB, the RWA must determine that the practice has district of workforce shortage status before submitting an application. Evidence of this status needs to be included in the application to Department of Human Services.

Health grants exemptions under section 19AB of the Act, and will use district of workforce shortage status as a guiding factor in evaluating an application. The Section can be contacted via email at 19AB@health.gov.au

Guidelines on the granting of exemptions under section 19AB of the Act can be found at www.doctorconnect.gov.au

3. Duration of Approved Placements

The RLRP is intended to provide access to Medicare benefits for temporary placements in rural general practice or Aboriginal Medical Services. Generally, any one medical practitioner should not be enrolled on the Scheme for longer than four years in total across regional, rural and remote Australia. The medical practitioner should have obtained relevant post-graduate qualifications within that period.

Where a doctor has been enrolled on the RLRP in another jurisdiction, the RWA in the State or Territory the doctor is now applying to should contact the RWA in the State or Territory where the previous placement occurred or RHWA to identify the period of time the doctor has already served on the RLRP.

The date the medical practitioner is considered to commence on the RLRP (regardless of State or Territory) is the date of the doctor's first RLRP 3GA placement approval.

Medical practitioners who intend retiring before the time limit allowed on the Program will not be required to gain vocational recognition as part of their placement.

There may be circumstances where the RWA considers it appropriate for the medical practitioner to have further limited time to obtain recognised post-graduate qualifications in general practice. Examples of such circumstances may include:

- absence on maternity leave;
- absence on other extended leave (consideration given on a case by case basis and at the discretion of the RWA);
- working in a part time capacity;
- in solo practices in more remote areas where their preparation for assessment of the FRACGP or FACRRM has been restricted because of work commitments;
- have attempted the assessment for Fellowship unsuccessfully, and are in the process of another attempt;
- where a number of components of the Fellowship exam have been passed and the doctor is undertaking the final exam component within a suitable time frame
- where the FRACGP or FACRRM examinations have been passed, however, the results are not yet available; and
- qualified for the FRACGP or FACRRM but have not yet been formally recognised.

Medical practitioners should ensure that their Medicare provider number(s) and medical registration will remain valid until the expiry date(s) of their placement(s).

4. Support on Placement

All medical practitioners enrolled on the RLRP require appropriate orientation to the Australian health care system, the community and the practice. As a minimum, the RWA is to strongly recommend that the practice, employer, or other designated person provides the practitioner and his/her family with the following:

- pre-settlement information;
- orientation to the community and to the practice;
- a prioritised list of contact numbers of other local medical practitioners including specialists; and
- contact details of organisations and agencies able to provide assistance or support.

The RWA or employing practice will endeavour to find a suitable practitioner to mentor the medical practitioner throughout their placement. Where possible, mentors should be vocationally recognised general practitioners, but at a minimum, an approved mentor should:

- hold general or specialist registration (overseas trained general practitioner); and
- have worked as a rural general practitioner in Australia for a minimum of twelve months in the past three years, or have current significant involvement in rural general practice in Australia.

The approved mentor will be required to provide the level of mentoring determined by the relevant RWA after initial assessment or review.

Where supervision requirements are placed on the medical practitioner as part of their medical registration conditions, this is the responsibility of the relevant State or Territory Medical Board. Supervision, as distinct from mentoring, is not an element of the RLRP.

5. Renewal of Placements

Medical practitioners seeking a renewal of their RLRP placement must be assessed by the RWA in the relevant State or Territory to confirm that he or she:

- has made significant progress towards obtaining post-graduate qualifications in general practice recognised under the Act, and
- completed all training and support recommended by the RWA.

It is the responsibility of the medical practitioner to ensure that renewal applications for RLRP approved 3GA placements and section 19AB exemptions, if applicable, are submitted at least six weeks prior to expiry of existing 3GA placement/or section 19AB exemptions.

When a medical practitioner terminates from the program it is the responsibility of the medical practitioner and the practice to advise the relevant RWA within 10 (ten) working days of the termination.

Where a medical practitioner is approved under section 19AB of the Act in a particular location, and if that placement changes the district of workforce shortage status of the location to a non-district of workforce shortage status, the medical practitioner can continue to work in that area. Health will give favourable consideration for the medical practitioner to renew his/her 19AB exemption in the same location.

The above will also likely apply for Registrars on the Australian General Practice Training Program who need to join the RLRP in order to meet the time requirements of their training beyond the scope of the Program (in RRMA 3 – 7 locations).

Registrars subject to section 19AB who are on time limited extended skills placements, which are generally accommodated under the general pathway in metropolitan areas, will not have their 19AB exemptions extended for these locations once the placement is completed.

6. A Note on Locums

RWAs may use their discretion to approve placements outside the standard four year time limit for participants who provide short term locums as an adjunct to their substantive role. This exception does not apply to locums who wish to work principally via the RLRP.

7. Legal entities

All RWAs are required to advise Health and RHWA of any intent to change their name, address or legal status at the earliest opportunity.

As the RWAs are legislated in Schedule 5 under their specified names, any change to their name could result in the RWA no longer being eligible to nominate general practitioners onto the Register. It is the responsibility of Health to ensure changes to legal entities occur at the earliest opportunity. Any placement that occurs during the transition period prior to legislation taking effect will be approved by the RWA and placed on the Register by Health.

PART 7 APPEALS PROCESS

Each RWA will apply the overall Guidelines consistently, but there may be local variations on emphasis and priority and required skills and experience (refer 5.1). Applicants need to discuss these variations with the relevant RWA to ensure they will be able to meet the requirements as outlined by that RWA.

If a medical practitioner is refused participation on the RLRP he or she can apply to RHWA for reconsideration on the basis of procedural unfairness or that the relevant RWA did not apply the Guidelines correctly. Medical practitioners should at that time provide additional information to support their application and, in particular, address the eligibility criteria relevant to medical practitioners set out in Part 5 of these Guidelines.

No appeals will be heard on the basis of a difference of opinion between the RWA and the medical practitioner regarding their clinical competency.

Appeals should be lodged to RHWA within 28 days of the decision by the RWA, with a copy to the RWA in the relevant State or Territory. RHWA will respond to the applicant within 28 days.

PART 8 BACKDATING OF APPROVALS

Approved placements granted under section 3GA may not commence earlier than the applicant's date of entry on the Register of Approved Placements. As a consequence there are no circumstances under which the Department will be able to grant a "backdated" placement approval.

If a medical practitioner also requires an exemption under section 19AB of the Act, it should be understood that, where a 3GA placement approval has already been granted, access to Medicare benefits will not commence until the date of approval of the exemption under section 19AB of the Act and vice versa.

Section 19AB approvals cannot be backdated to the 3GA placement approval date.

PART 9 ACCESS TO MEDICARE BENEFITS

Medicare provider numbers

Medicare provider number applications for medical practitioners enrolled on the RLRP may be submitted to Department of Human Services by the RWA on behalf of the medical practitioner along with the RLRP 3GA placement approval, all required documentation and, where relevant, evidence of section 19AB exemption approval.

For further information on the requirements of the Department of Human Services please contact DHS. Contact details are outlined in Part 11.

Medicare provider number(s) will be issued in line with the approval period of the doctor's approved placement(s) on the Program depending on section 19AB exemptions and the specific conditions of registration.

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 as a consequence of sections 19AA, 19AB or 19AC of the Act.

Medical practitioners, not otherwise eligible to access Medicare, are eligible to access the Group A2 rebates when providing services through approved placements.

Medical practitioners participating on the RLRP may also be eligible to enrol for the the Rural Other Medical Practitioners (ROMPs) Program. This program provides enrolled practitioners access to the higher Medicare A1 rebates for all general practice services provided in RRMA 4-7 locations, defined areas of consideration and selected RRMA 3 locations by non-vocationally recognised medical practitioners who express an interest in achieving vocational recognition. Contact details for the ROMPs Program can be found in Part 11.

Medical practitioners who require more information regarding the relevant items under the Medicare Benefits Schedule for which they can bill and the level of Medicare rebate for which they are eligible should contact Department of Human Services. Contact details are outlined in Part 11.

PART 10 MONITORING AND REVIEW

Section 19AD of the Act provides that the Medicare Provider Number Legislation will be reviewed every five years. The next review will be undertaken in 2015. The Review of the Medicare Provider Number Legislation reports on the operation of sections 19AA, 3GA and 3GC of the Act.

PART 11 CONTACT DETAILS

NOTE: All agencies administering the RLRP must advise the Department of Health and the Department of Human Services should changes occur to their entity status or business name **prior** to those changes occurring.

Department of Health

www.health.gov.au

Department of Human Services

Ph: 13 21 50

www.medicareaustralia.gov.au

Rural Other Medical Practitioners (ROMPs) Program

Ph: 1800 667 677

www.health.gov.au

Rural Health Workforce Australia

Ph: (03) 9860 4700

Fax: (03) 9820 8383

www.rhwa.org.au

Rural Workforce Agencies

NSW Rural Doctors Network

Ph: (02) 4924 8000

Fax: (02) 4924 8010

www.nswrdn.com.au

Northern Territory Medicare Local

Ph: (08) 8982 1000

Fax: (08) 8981 5899

www.ntml.org.au

Health Workforce Queensland

Ph: (07) 3105 7800

Fax: (07) 3105 7801

www.healthworkforce.com.au

**Rural Doctors Workforce Agency
(South Australia)**

Ph: (08) 8234 8277

Fax: (08) 8234 0002

www.ruraldoc.com.au

Health Recruitment PLUS (Tasmania)

Ph: (03) 6334 2355

Fax: (03) 6334 3851

www.healthrecruitmentplus.com.au

Rural Workforce Agency Victoria

Ph: (03) 9349 7800

Fax: (03) 9820 0401

www.rwav.com.au

Rural Health West – Western Australia

Ph: (08) 6389 4500

Fax: (08) 6389 4501

www.ruralhealthwest.com.au

Appendix A

Related Programs

The RLRP is essentially a workforce program to enable otherwise restricted doctors access to Medicare, and more specifically a Medicare provider number for billing purposes.

The RLRP itself does not have a training or educational element to it, even though there is an expectation that the medical practitioner will be working toward vocational recognition as part of their placement.

Additional Assistance Scheme

In recognition of this, the Australian Government created the RLRP and Five Year OTD Additional Assistance Schemes for doctors on both the RLRP and the Five Year OTD Scheme. Through the relevant RWA, doctors who enrol on these programs can access funds to develop an Individual Learning Plan (ILP) which will provide direction on what they will need to do to prepare for their assessment for vocational recognition and funding for the cost of accessing training and education with vocational recognition as the goal.

ROMPS and AHOMPS

Doctors on the RLRP may also be eligible to apply for the Rural Other Medical Practitioners (ROMPs) Program and the After Hours Other Medical Practitioners (AHOMPs) Program which enable them to access the higher Medicare A1 rebate. The medical practitioner is required to apply directly to Department of Human Services for these programs.

OTDNET

Fellowship exam support funding is also available through OTDNET – the Overseas Trained Doctors National Education and Training program which is administered by General Practice Education and Training (GPET) and the Regional Training Providers. OTDs participating on the RLRP AAS are not eligible for OTDNET (and vice versa).

Information on AA, ROMPS and AHOMPS programs is available from the State and Territory RWAs.

Information on OTDNET is available from GPET or individual Regional Training Providers.