



**Australian Government**

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**Department of Health**

**Five Year Overseas Trained Doctors  
Recruitment Scheme**

Administrative Guidelines

Commencing from 1 October 2013

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## PART 1 FOREWARD

The following Administrative Guidelines set out the parameters for the national operation of the Five Year Overseas Trained Doctors (OTDs) Recruitment Scheme. The Guidelines also contain background information and clarify the roles and responsibilities of the participants and administrators of the Scheme.

The Guidelines articulate the principles upon which all activities should be undertaken and all decisions with respect to the Scheme must comply with this version of the Guidelines.

The intended audience for these Guidelines include Rural Workforce Agencies and Rural Health Workforce Australia.

All organisations involved in the collection and transmission of personal information and data relating to the Scheme will need to abide by the requirements of the *Privacy Act 1988*.

## PART 2 DEFINED TERMS

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

1. **CPD** means continuing professional development.
2. **Department of Human Services (DHS)** means Medicare Australia, formerly known as the Health Insurance Commission.
3. **DIBP** means Department of Immigration and Border Protection.
4. **District of workforce shortage (DWS)** 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. Guidelines on the granting of exemptions under section 19AB of the Act can be found at [www.doctorconnect.gov.au](http://www.doctorconnect.gov.au).
5. **FACRRM** means Fellowship of the Australian College of Rural and Remote Medicine.
6. **FRACGP** means Fellowship of the Royal Australian College of General Practitioners.
7. **Guidelines** mean the current Scheme Guidelines.
8. **Health** means the Australian Government Department of Health
9. **Medical practitioner position** means a post of employment for an OTD to participate on the Scheme.

10. **MBS** means Medicare Benefits Schedule.
11. **OTD** (*overseas trained doctor*) means a person whose primary medical qualification was not obtained from a medical school located in Australia or New Zealand or a former overseas medical student as defined in the Section 19AB Guidelines that commenced on 18 October 2001.
12. **Permanent Resident or Australian Citizen** as defined in the *Migration Act 1958*.
13. **QA** means Quality Assurance.
14. **Recognised Fellow** means an OTD who has obtained FACRRM or FRACGP.
15. **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.
16. **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.
17. **Scaling** means the scaling initiative announced in the 2009-10 Federal Budget. Scaling is being applied to a range of Australian Government programs that have a return of service obligation. Scaling increases the attractiveness of working in rural areas by fast tracking return of service obligations based on the Remoteness Area (RA) category the participant is working in. The greatest reward is for those willing to work in the most remote locations of Australia.
18. **Scheme** means the Five Year OTDs Recruitment Scheme.
19. **Scheme location** means a location eligible for an OTD to participate on the Scheme.
20. **Session** for the purposes of the Five Year OTDs Recruitment Scheme a 'session' is defined as an average of 3.5 hours.
21. **Term of service** means the period of time an OTD needs to serve to fulfil the duration requirements of the Scheme.
22. **The Act** means the *Health Insurance Act 1973*.

## **PART 3 POLICY CONTENT**

The Five Year OTDs Recruitment Scheme (the Scheme) commenced in 1999 with establishment funding by the Australian Government and was implemented by all Australian states and the Northern Territory Health Departments in their respective jurisdictions to address long term rural medical workforce shortages.

In 2004, the Australian Government Department of Health and Ageing (DoHA) undertook a National Review of the Scheme to evaluate its effectiveness and recommend options for improving its future operation across Australia. The review identified the importance of maintaining the current and future recruitment of OTDs to meet the medical service needs of Australians, especially in rural and remote Australia.

As a result a national framework was implemented to provide a broad approach for the states and Northern Territory to manage the Scheme and to take into account regional differences.

On 1 October 2008 DOHA (now Department of Health) appointed Rural Health Workforce Australia (RHWA) as the administering body of the Scheme. An Implementation and Review Group (IRG) was established by RHWA with representation from each Rural Workforce Agency (RWA) and RHWA. The IRG has oversight of the OTD programs administered by RHWA.

These Guidelines commence on 1 October 2013 and replace any previous versions.

## **PART 4 PRINCIPLES & OBJECTIVES**

The main objectives of the Scheme are:

- To provide incentives to attract appropriately qualified and experienced OTDs working in general practice to overcome the current and future community needs for general practice medical services in rural and remote Australia;
- To increase the supply of appropriately qualified OTDs in rural and remote Australia;
- To enhance the professional development, skills and knowledge of OTDs in Australia; and
- To bring a degree of stability to the provision of general practitioner services in rural and remote communities.

It is anticipated that OTDs recruited to the Scheme will make an investment in the community in terms of their medical practice, housing and family/social relationships. In addition it is hoped that the Scheme will act as a retention program and encourage OTDs to remain in the community upon completion of the requirements of the Scheme.

Where relevant, participants may be required to include their state or Territory Health Department in the administration of the Scheme according to current agreements until the end of the contract.

The caveat to this is that all correspondence from State or Territory Departments will need to be addressed to Rural Health Workforce Australia rather than Health.

## **PART 5 AUSTRALIAN GOVERNMENT INCENTIVES**

The Australian Government acknowledges the need to offer incentives to attract doctors with the appropriate qualifications and experience to work in areas of greatest need. Health has helped to facilitate the development of recruitment initiatives that are nationally consistent as follows:

- Facilitating Medicare financial benefits access for participating doctors. Where a location is listed as a current District of Workforce Shortage (DWS) Health will grant an exemption under section 19AB of the Health Insurance Act (the Act) to allow medical practitioners participating in the Scheme to gain access to the Medicare Benefits Schedule (MBS) financial benefits arrangements.
- A reduction in the ten year moratorium on provider number restrictions under section 19AB of the Act. The Delegate to the Minister for Health and Medical Research will grant a non-location specific 19AB exemption to medical practitioners who have satisfied the requirements of the Scheme.

To receive the non-location specific 19AB exemption a Scheme doctor must:

- i) complete the required term of service in a location deemed eligible for the Scheme;
- ii) attain FRACGP or FACRRM; and
- iii) attain permanent residency of Australia and/or Australian Citizenship.

Note: doctors with New Zealand residency or citizenship who may not actually hold Australian permanent residency or Australian citizenship as defined under the *Migration Act 1958* may be able to work indefinitely in Australia. However, these doctors need to also achieve Australian permanent residency or Australian citizenship to meet the requirements of the Scheme.

Scheme doctors are not eligible to receive scaling benefits as any scaling discounts are less than that offered by the Scheme. The DHS will ensure that Scheme participants do not receive scaling discounts as a result of the OTDs scaling initiative announced under the 2009 Budget.

## **PART 6 ELIGIBILITY CRITERIA**

### **6.1 Eligibility Criteria for Scheme Locations/ Medical Practices**

The intent of the Scheme is to make the above incentives available to suitably qualified and experienced OTDs who are prepared to work in locations which are, in the opinion of the RWAs, the most difficult to recruit to in their respective jurisdiction.

Locations/medical practices must meet the following criteria to be eligible for the services of an OTD participating on the Scheme:

- Require at least 7 sessions per week as part of the placement; and
- Placed within a Rural, Remote and Metropolitan Area (RRMA) classification 4 – 7 (RRMA 1 – 7 in the Northern Territory) and the location/medical practice is considered to be a *district of workforce shortage*.

For Aboriginal Medical Services funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH), the location/medical practice must be within RRMA 3 – 7 areas.

Where a location meets the above criteria and the DWS status changes, the Scheme status will remain for a maximum period of 12 months from the date of the DWS status changing. This is in recognition that approved locations will take longer to fill than more desirable locations.

Where an approved location has DWS status, and loses that status after the OTD has been placed on the Scheme, the OTD will be able to remain practicing at that location for the length of the Scheme regardless of the change in DWS status. Once the OTD has completed the requirements of the Scheme, the DWS status is moot should the doctor wish to remain in that location.

Should an OTD leave the location once the placement is successfully completed, the RWA will need to assess that location for continuing inclusion on the Scheme according to the above criteria.

### **6.2 Eligibility Criteria for OTDs**

This Scheme applies to OTDs who are restricted under section 19AB of the Act in accessing Medicare benefits arrangements. OTDs wishing to participate on the Scheme must meet the following criteria:

- Have recognised general practice training and qualifications falling within Category 1 or Category 2 of the Specialist Pathway, or
- Provide evidence they are eligible to be assessed for FRACGP or FACRRM within two years of commencing on the Scheme;
- Hold or obtain appropriate registration with the Medical Board of Australia;
- Intend to seek or currently possess permanent residency and/or Australian Citizenship; and

- Will be providing at least 7 sessions a week as part of their placement.

All applications will be formally assessed within each jurisdiction by the relevant RWA. Interested OTDs should contact the relevant RWA for more information on the nature and scope of this assessment.

### **6.3 Eligibility Grace Periods**

There may be circumstances where an eligible medical practitioner commences work in a town (where an approved Scheme placement is available) but does not initially join the Scheme. Should that commencement change the DWS status of the town, and should the medical practitioner, having settled into the town, then decide to apply to the Scheme, Health will look favourably on approving a placement on the Scheme from the date of enrolment on the Scheme.

There may be circumstances where a medical practitioner is not eligible to join the Scheme (e.g. unable to demonstrate enough GP experience at the time of placement) when they initially move to an approved location. Should that medical practitioner become eligible after a period of time DoHA will look favourably on approving a placement on the Scheme from the date of enrolment (not the date the medical practitioner commenced practice at that location).

No backdating for time already served will be allowed as per 8.3 below.

## **PART 7 APPLICATION PROCESS**

All applications for the Scheme are required to address the eligibility criteria in parts 6.1, 6.2 and 6.3 of the Guidelines. Please refer to the RWAs (contact details at Appendix A) for application forms.

## **PART 8 ASSESSMENT**

### **8.1 Locations – Graded Category Incentives**

The Graded Category Incentives (GCI's) were established from 1 July 2004 to enhance the attractiveness of positions in the most rural and remote locations which experience workforce shortages and retention and recruitment difficulties.

Locations that meet the eligibility criteria in part 6.1 of the Guidelines are assessed and recommended by the RWAs and approved by RHWA under the system of GCI's (Category A, B or C) to determine the term of service (3, 4 or 5 years) for an OTD participating on the Scheme.



The following criteria are considered when determining the GCI for a location:

- RRMA classification;
- ARIA (Accessibility remoteness index of Australia);
- ASGC (Australian Standard Geographic Classification) Remoteness Areas; and
- Recruiting and retention difficulties.

Further information on GCI's can be found at Appendix B. RWAs will need to inform RHWA of Category A and Category B locations in their State or Territory.

### **8.2 Locations – Multiple Placements at the One Location**

Locations that meet the eligibility criteria under part 6.1 of the Guidelines are approved for one medical practitioner position only, unless the DWS status of that location does not change with the placement of the Scheme participant. In that case, further approvals will be granted until that location loses its DWS status.

OTDs on the Scheme may have the option to enter into job-sharing arrangements in limited circumstances where such an arrangement suits both the needs of the location and the needs of the medical practitioner participating on the Scheme.

Job sharing arrangements will be considered where the work does not exist for two full time equivalent positions. For example, husband and wife/partners/couples working reduced hours in order to meet a full time position or two doctors who work reduced hours to make up one full time equivalent medical practitioner position.

OTDs in this situation would need to meet the minimum working hour requirements of DIAC relevant to the visa they hold.

Further, OTDs in this situation would need to meet the pro-rata equivalent of the Scheme location GCI term of service.

An initial approval of a location does not automatically confer a continuation of that position should an OTD leave unless the conditions specified under 6.1 are met.

### **8.3 Enrolment**

OTDs are required to apply to the relevant RWA for eligibility review, assessment and enrolment on the Scheme.

Enrolment on the Scheme commences on the date the OTD is enrolled by the RWA by signing the appropriate agreement and commences practice in a Scheme approved location.

There are no circumstances under which the OTD's date of entering an agreement with the RWA can be backdated for services the doctor may have provided prior to the agreement, as per 6.3 above.

#### **8.4 Transfer/Relocation**

OTDs participating on the Scheme may be allowed to relocate to another location under the following conditions:

- The location is an eligible location as stated under part 6.1 of the Guidelines;
- The OTD continues to meet the eligibility criteria under part 6.2 of the Guidelines for the nominated location;
- The OTD has suitable qualifications and experience for the nominated location; and
- If the transfer is between jurisdictions, the transfer is supported by the two relevant RWAs.

If an OTD relocates to a location of a different GCI the term of service will be recalculated accordingly.

Requests for relocation must be submitted by the OTD to the relevant RWA no less than three months prior to the date of relocation. Contact details for the RWAs can be found at Appendix A.

#### **8.5 Leave Arrangements**

All OTDs on the scheme will be encouraged to take up to four weeks of annual leave per year.

Over and above annual leave, OTDs on the Scheme are eligible for up to three months leave (in total over the course of the placement and including recreation, training, study and maternity leave) without any penalties to their term of service requirements.

Furthermore an OTD on the Scheme can take up to 12 months extended leave from the Scheme; however this time will not be calculated as part of their term of service requirement. OTDs taking extended leave beyond the 12 months will be considered on a case by case basis as negotiated between the RWA and the participant.

## **PART 9 TIME FOR DECISIONS**

Decisions regarding applications for placement on the Scheme must be made by the RWA within 28 days of receipt of the completed application.

Incomplete applications will be placed on hold until the relevant RWA receives all required documentation.

## **PART 10 ROLES AND RESPONSIBILITIES**

### ***10.1 Overseas Trained Doctors***

OTDs participating on the Scheme are responsible for the following throughout the duration of the Scheme:

- Meet the requirements of sections 19AA and 19AB of the Act;
- Maintain suitable medical board registration;
- Maintain a current Medicare Provider Number in the relevant location(s);
- Notify the relevant RWA of any changes that impact on the Scheme i.e. leave arrangements, requests to transfer location;
- Comply with the Scheme contract agreement with the relevant RWA including
  - complete the required term of service in a location deemed eligible for the Scheme;
  - attain FRACGP or FACRRM within two years from enrolment\*\*; and
  - attain Australian permanent residency and/or Australian Citizenship;
- Provide certified copies of FRACGP or FACRRM and Australian Permanent Residency or Citizenship to the relevant RWA two months prior to the completion of their placement.

\*\* This period may be extended subject to extenuating circumstances in the OTD's personal situation and/or work location. Extenuating circumstances will be assessed on an individual case by case basis by the relevant RWA and RHWA.

Health will only accept the following forms of evidence of the above:

- Certified copy of an original letter or certificate from ACRRM or RACGP confirming Fellowship,
- Certified copy of the permanent residency (PR) visa inserted into the applicant's passport as evidence of their PR status, or
- Certified copy of Australian citizenship certificate, or
- Certified copy of the front page of OTDs Australian passport (where the OTD is now a Citizen of Australia).

Failure to do so may result in the termination of the OTD's participation on the Scheme and/or a cessation of the OTD's access to the Medicare benefit arrangements.

### ***10.2 Rural Workforce Agencies***

RWAs are responsible for the administration of the Scheme in their State or Territory. This involves:

- Identifying those difficult-to-recruit to locations which meet the criteria of the Scheme;
- Assessing those locations as Category A, B or C according to the Guidelines and advising RHWA of the recommended location categorization. RHWA is responsible for approving the location categorization;

- Providing RHWA with a list of Scheme approved locations and updating that information as locations are added to or removed from the Scheme;
- Actively promoting the Scheme to eligible OTDs as an incentive to recruit and retain medical workforce to difficult-to-recruit-to practices and locations;
- Assessing the OTD on his/her suitability (both professional and personal/familial) for specific placements;
- Entering into agreements with successfully recruited OTDs outlining the requirements of the OTD and the commitment from the RWA and Health;
- Entering details of each placement into the RHWA database of approved locations and participants;
- Ensuring that the OTD participates in an appropriate orientation program to the practice and the community;
- Ensuring that the OTD has access to appropriate support as they work towards FRACGP or FACRRM within the timeframe of the Guidelines. This may include sourcing an appropriate mentor, working collaboratively with a relevant Regional Training Provider, providing educational and training opportunities directly or any other method to ensure adequate support. RWAs can access funding through the Five Year OTD Recruitment Scheme Additional Assistance Scheme to be used for this purpose;
- Maintaining data on the OTD's progress on the Scheme;
- Collecting the necessary documentary evidence from the OTD two months prior to the completion of the placement; and
- Forwarding this evidence to RHWA six weeks prior to the completion of the placement.

### ***10.3 Rural Health Workforce Australia***

RHWA is responsible for ensuring that the terms and conditions of the Guidelines are met and that the Scheme is managed in a nationally consistent and cost effective manner.

This includes:

- Maintaining an up-to-date database of approved locations and placements for access by Health;
- Ensuring all locations nominated and placements made by RWAs meet the Guideline requirements;
- Receiving and assessing the documentation provided by RWAs on behalf of OTDs who have completed their requirements on the Scheme;
- Writing to Health on behalf of OTDs who have completed their requirements under the Scheme to request a non-location specific exemption to section 19AB of the Act within two weeks of receiving the documentation from the RWA;
- Advising participants of their completion on the Scheme once the 19AB exemption letter is received from Health; and
- Enhancing and maintaining the national consistency of the Scheme across all jurisdictions by reviewing and improving the Guidelines.

## **PART 11 REJECTIONS AND TERMINATION**

When an applicant is deemed not eligible or in the event that an OTD on the Scheme fails to comply with the requirements of the Scheme, the relevant RWA may terminate the OTD participating in the Scheme by issuing a notice stating the grounds for termination.

This action would only be taken in extreme circumstances, and only then when all avenues to resolve the situation had been exhausted.

Upon such termination, Health's undertaking to provide a reduction in the ten year moratorium restrictions will no longer be applicable to the OTD. The OTD will be advised in writing.

## **PART 12 APPEALS**

If an applicant is refused participation on the Scheme 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. Applicants should at that time provide additional information to support their application and, in particular, address the eligibility criteria relevant to applicants set out in Part 6 of these Guidelines.

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

Appeals should be lodged to RHWA, with a copy to the RWA in the relevant State/Territory. All appeals regarding the Scheme are to be addressed to RHWA for reconsideration at:

Rural Health Workforce Australia  
Suite 2, Level 5  
10 Queens Road  
Melbourne Vic 3004  
Phone: (03) 9860 4700  
Fax: (03) 9820 8383  
[www.rhwa.org.au](http://www.rhwa.org.au).

RHWA has up to 28 days to make a decision on an appeal.

## Appendix A

### RURAL WORKFORCE AGENCIES CONTACT DETAILS

#### **NSW Rural Doctors Network**

Address: Level 3, 133 King Street  
NEWCASTLE NSW 2300  
Phone: (02) 4924 8000  
Website: [www.nswrdn.com.au](http://www.nswrdn.com.au)

#### **Rural Workforce Agency Victoria**

Address: Level 2, 20 Queens Road  
MELBOURNE VIC 3000  
Phone: (03) 9349 7800  
Website: [www.rwav.com.au](http://www.rwav.com.au)

#### **Health Workforce Queensland**

Address: Level 13, 288 Edward Street  
BRISBANE QLD 4001  
Phone: (07) 3105 7800  
Website: [www.healthworkforce.com.au](http://www.healthworkforce.com.au)

#### **Rural Doctors Workforce Agency, South Australia**

Address: 63 Henley Beach Road  
MILE END SA 5031  
Phone: (08) 8234 8277  
Website: [www.ruraldoc.com.au](http://www.ruraldoc.com.au)

#### **Rural Health West, Western Australia**

Address: Level 2, 10 Stirling Highway  
NEDLANDS WA 6909  
Phone: (08) 6389 4500  
Website: [www.ruralhealthwest.com.au](http://www.ruralhealthwest.com.au)

#### **Health Recruitment PLUS, Tasmania**

Address: 161 St John Street  
LAUNCESTON TAS 7250  
Phone: (03) 6334 2355  
Website: [www.healthrecruitmentplus.com.au](http://www.healthrecruitmentplus.com.au)

#### **Northern Territory Medicare Local**

Address: 5 Shepherd Street  
Darwin NT 0801  
Phone: (08) 8982 1000  
Website: [www.ntml.org.au](http://www.ntml.org.au)

## **Appendix B**

### **GRADED CATEGORY INCENTIVES**

There are three categories applicable to Scheme locations. The categories will determine the amount of time concession an OTD can earn under the Scheme.

#### **CATEGORY A - Exceptionally difficult for GP recruitment and retention**

- This category covers locations which experience exceptional difficulties recruiting and retaining GPs and will be predominantly:
  - Small, very remote communities, i.e. with three or less doctors in the Very Remote (RA 5) category under the ASGC; or
  - Very remote and difficult to retain Indigenous communities, i.e. rural and remote indigenous community with demonstrated difficulty in GP recruitment and retention.
- A Scheme placement in this category will reduce the ten year moratorium from ten years to three years.

#### **CATEGORY B - Very difficult for GP recruitment and retention**

- This category covers specific communities which experience a lot of difficulty recruiting and retaining GPs.
- Accepted criteria will include consideration of a combination of the following:
  - Evidence of high turnover rate and/or length of vacancy in the location.
  - Remote location (RA 4) as determined by ASGC or other index of remoteness and accessibility as appropriate to the State or Territory.
  - Small community (three doctors or less).
  - Very difficult community attributes, preferably supported by a measure of need for rural practitioners (population adjusted for factors known to influence need for medical services e.g., age, sex, socio-economic status, mortality rates).
  - High Indigenous population of the community.
  - Demonstrated requirement for advanced practice skills in community, for example, obstetrics or anaesthetics.
  - Special services, e.g., Aboriginal Medical Services and some remote Royal Flying Doctor Services bases.
  - Extreme climate e.g.: exceptional rainfall/wet day's status of community.
- A Scheme placement in this category will reduce the ten year moratorium from ten years to four years.

### **CATEGORY C - Difficult for GP retention and recruitment**

- This category covers other locations in RRMA 4 - 7 and areas within the parameters set by the National Guidelines which experience difficulty in recruiting and retaining GPs.
- This is the default category and includes all locations previously approved unless otherwise agreed.
- A Scheme placement in this category will reduce the ten year moratorium from ten years to five years.