



Australian Government

Department of Health and Aged Care

# MORE DOCTORS FOR RURAL AUSTRALIA PROGRAM (MDRAP) GUIDELINES

FEBRUARY 2023



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# More Doctors for Rural Australia Program

## 1. Defined Terms

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

Term	Description
19AA	Section 19AA of the Act restricts doctors from claiming a Medicare benefit for professional services unless they are: <ul style="list-style-type: none"> <li>• recognised as a specialist by a specialist medical college; or</li> <li>• participating in an approved training or workforce program (3GA placement); or</li> <li>• a temporary resident with a section 19AB exemption.</li> </ul>
19AB	Section 19AB of the Act restricts Overseas Trained Doctors (OTD) and Foreign Graduates of an Accredited Medical School (FGAMS) from claiming a Medicare benefit for professional services unless they work in a district of workforce shortage for a minimum period of 10 years.
3GA Program	Section 3GA of the Act allows medical practitioners participating in approved workforce or training programs to provide professional services that attract Medicare benefits for a defined period. A 3GA program is one of the approved workforce or training programs.
Aboriginal Medical Service	An AMS is a health service funded principally to provide services to Aboriginal and Torres Strait Islanders people.
Aboriginal Controlled Community Health Service	An ACCHS is a medical service controlled by the local Aboriginal community via elected boards of management.
ACRRM	Australian College of Rural and Remote Medicine.
AHPRA	Australian Health Practitioner Regulation Agency.
Distribution Priority Area (DPA)	The Distribution Priority Area (DPA) classification identifies locations with a shortage of medical practitioners based on the needs of the community. The DPA system takes into account gender and age demographics and the socio-economic status of patients living in an area. The DPA is used for determining where GPs and bonded doctors work.
Fellowship	A qualification obtained from an accredited specialist medical college leading to a specialist practice. Doctors who attain fellowship can satisfy the requirements of section 19AA of the Act.
Foreign Graduate of an Accredited Medical School (FGAMS)	A doctor who was not: <ul style="list-style-type: none"> <li>• a permanent Australian; or</li> <li>• a New Zealand citizen; or</li> <li>• a permanent resident of New Zealand;</li> </ul> when they enrolled at an accredited medical school in Australia or New Zealand.
Full-time equivalent	38 hours per week.
Guidelines	The Department of Health and Aged Care More Doctors for Rural Australia Program Guidelines.
Health	The Australian Government Department of Health and Aged Care.
Junior Doctor	Australian trained PGY3 to PGY5 doctor not on a fellowship pathway.
Medicare	Services Australia – Medicare
Medicare provider number	A Medicare provider number uniquely identifies a medical practitioner and the practice location from which they perform professional services. Medicare provider numbers are issued by Services Australia

Modified Monash Model (MMM)	The Modified Monash Model is a classification system that better categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and town size. More information on the MMM system is available at <a href="http://www.health.gov.au/health-workforce/health-workforce-classifications/modified-monash-model">www.health.gov.au/health-workforce/health-workforce-classifications/modified-monash-model</a>
Overseas Trained Doctor (OTD)	An Overseas Trained Doctor is a doctor who did not obtain their primary medical degree from an accredited medical school in Australia or New Zealand.
Permanent Resident or Australian Citizen	As defined in the <i>Migration Act 1958</i> .
RACGP	The Royal Australian College of General Practitioners
Register	Register of Approved Placements maintained by Services Australia under section 3GA of the Act. Doctors placed on the Register satisfy the requirements of Section 19AA of the Act.
RWAs	Rural Workforce Agencies (RWAs) are government funded agencies that attract, recruit and support health professionals needed in rural and remote communities. The RWAs are the specified bodies responsible for administering the More Doctors for Rural Australia Program.
the Act	<i>Health Insurance Act 1973</i> .
Vocationally registered (VR)	<p>A Vocationally Recognised doctor is a doctor who has obtained Fellowship of a specialist general practice medical college and has been placed on the vocational register or Fellows list held by Medicare:</p> <ul style="list-style-type: none"> <li>• as a Fellow of the RACGP; or</li> <li>• as a Fellow of ACRRM; or</li> <li>• based on historical eligibility requirements for the Vocational Register with Medicare.</li> </ul> <p>Vocationally Registered doctors have access to general practice items in the Medicare Benefits Schedule.</p>

## 2. Introduction

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. The MDRAP also supports junior doctors and locums providing services in rural and remote communities.

The MDRAP Support Package will enhance the implementation of the MDRAP by providing funding to support supervision and education for MDRAP doctors. MDRAP doctors will be provided with tailored learning and supervision to meet their needs and that of their region. This will ensure the safe delivery and quality of care is of the highest standard.

The intended outcomes of the MDRAP Support Package are to:

- provide a safe practice environment for doctors participating on the program;
- foster interest in general practice fellowship pathways;
- increase participation of doctors and practices in the MDRAP program; and
- ensure practices support doctors with supervision requirements and provide access to appropriate training modules.

The Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) offer pathways to general practice fellowship. For some doctors, the MDRAP will be the first step to joining a college fellowship pathway, providing general practice experience while participating in selection processes.

Section 3GA of the *Health Insurance Act 1973* (the Act) grants Medicare access to doctors who participate in an approved workforce or training program. The MDRAP is listed in the *Health Insurance Regulations 2018* (the Regulations) as an approved program under 3GA of the Act. Rural Workforce Agencies (RWAs) have delegated authority as the Specified Body to administer the MDRAP on behalf of the Department of Health and Aged Care (the Department).

MDRAP participants will be able to access items in the Medicare Benefits Schedule (MBS) for medical practitioners (e.g. Group A7, A2 and some A11). Section 3GA of the *Health Insurance Act 1973* (the Act) also provides the legislative framework for the Services Australia to place doctors on the Register of Approved Placements (the Register).

### **3. Eligibility**

MDRAP placements are location specific. Applicants and locations must meet the eligibility criteria set out in these guidelines to be granted an approved placement.

The MDRAP is open to doctors who are Australian citizens, permanent residents and temporary residents. Eligible applicants for the MDRAP fall into the following categories:

1. doctors with prior general practice experience;
2. doctors without prior general practice experience;
3. doctors providing locum services (some requirements will be based on prior general practice experience); or
4. junior doctors gaining exposure to general practice.

All doctors are subject to the same basic eligibility criteria however the length of placement, education and fellowship application requirements vary depending on category.

#### **3.1. Eligibility criteria**

To be eligible for an MDRAP placement **all** doctors must meet the following criteria:

- hold current registration with the Medical Board of Australia;
- have an offer of employment and have the necessary skills and experience to perform the role;
- provide evidence of appropriate support in place to meet supervision requirements if applicable;
- take active steps to join a college pathway within the defined period; and
- undertake general practice professional development activities.

Doctors who have participated in a College led general practice training program (i.e. the Australian General Practice Training Program, the Independent Pathway offered by ACRRM, the Remote Vocational Training Scheme or the RACGP's Practice Experience Program) and have not attained fellowship may not be eligible for MDRAP. Approval to participate in the MDRAP under this circumstance will be considered by the RWA on a case-by-case basis.

The length of a doctor's history of participation in other section 3GA workforce programs will be considered when assessing MDRAP applications. Doctors who have previously been removed from a 3GA workforce program may not be eligible for the MDRAP.

Doctors previously removed from a 3GA workforce program will need to supply additional documentation showing progress towards general practice fellowship.

#### **3.2. MDRAP Support Package requirements**

MDRAP practice supervisors and participants may be eligible for payments to offset the cost of supervision and education. To be considered for a payment you must:

##### **Participants**

- Engage with the RWA to complete your assessment plan detailing supervision, training and support required.

- Adhere to the requirements of MDRAP.
- Support the preparation of an individual learning plan.

## **RWA**

RWAs complete a pre-placement review and develop an MDRAP assessment plan that outlines the:

- supervision and support required; and
- training required

Support the preparation of an individual learning plan that:

- identifies a doctor's learning and skill development requirements, taking into consideration length of time of the MDRAP placement; and
- considers the needs of the community in which the MDRAP participant is situated.

## **Medical Practice and supervising doctors**

To be eligible for a supervision payment supervisors must enter an agreement with the RWA and meet the supervision and reporting requirements set out in the agreement.

A doctor with no general practice experience would be better supported in an accredited practice. The RWA must ensure that if a practice is receiving funding from the MDRAP Support Package the practice should provide evidence of general practice accreditation or make a commitment to work towards general practice accreditation.

## **4. Supervision**

MDRAP is for non VR doctors that have varying general practice experience. Depending on a doctors prior general practice experience, MDRAP participants will have supervision requirements.

### **4.1. MDRAP Supervision requirements**

A doctor's supervision requirement is defined in the Australian Health Practitioner Regulation Agency (AHPRA) in their supervision standards for international medical graduates. As such the level of supervision in the MDRAP depends on the category, and the general practice experience that the participant holds.

### **Doctors without prior general practice experience**

Doctors without prior general practice experience or with less than six months general practice experience must:

- work under level one supervision, as defined by AHPRA, for a minimum of one month full time equivalent as determined by the RWA's MDRAP Delegate; and
- if applicable complete and lodge a "Plan for professional development and re-entry to practice" with AHPRA (as required by the AHPRA recency of practice registration standard).

After the first month the supervisor and RWA will determine the appropriate supervision levels and progression based on AHPRA requirements and / or participant's competency.

### **Junior Doctors**

Doctors in Postgraduate Year (PGY) 3-5 must:

- work under level one supervision, as defined by AHPRA, for a minimum period equivalent to one month full time equivalent; and
- The supervisor determines the doctor can demonstrate the required competency, work under level two supervision as defined by AHPRA, for a minimum period of five months.

After the six months the supervisor will determine the appropriate level of supervision for the next twelve months based on the participant's competency.

## **Doctors with prior general practice experience**

A doctor's previous experience will be considered when assessing suitability to work at a specific location. Doctors with more than six months prior general practice experience may not have to meet specific supervision requirements for the MDRAP.

In addition to the MDRAP supervision requirements, doctors must continue to maintain their medical registration and work within the conditions set by AHPRA.

### **4.2. Reporting responsibilities within supervision**

A supervisor must provide a supervision report to the doctor that determines the competency a doctor can demonstrate and notify of the appropriate level of supervision required, within 4 weeks of the completion of the supervision period.

Doctors must provide a copy of their supervision report to the RWA at the completion of the supervision period, within 4 weeks of completing the supervision period.

RWA as administrator of the MDRAP and support package will review the report and determine if the level and timeframe of supervision recommended is appropriate for a supervision payment.

### **4.3. Eligibility for supervision payments**

The Assessment Plan details the supervision required to support the MDRAP participant. The Supervision payments will be based on the level of supervision required and the length of time set out in the Assessment plan. To receive a payment supervisors must meet all the obligations set out in their agreement with the RWA

Supervision payments are made every quarter and total payments will not exceed \$30,000 per FTE per annum for each MDRAP participant. To be eligible for a supervision payment supervisors must provide evidence they have met the requirements and responsibilities set out in their Supervision agreement.

## **5. Eligible Locations**

To be eligible for an MDRAP placement the practice location must be:

- in a Distribution Priority Area (DPA); **and**
- in an area classified as Modified Monash Model (MMM) 2–7; **or**
- classified as an Aboriginal Medical Service, or be the subject of a Ministerial direction under s19 (2) or s19 (5) of the Act.
- classified as an Aboriginal Controlled Community Health Service or be the subject of Ministerial direction under s19(2) or s19(5) of the Act.

Practices participating in the MDRAP must:

- provide the support required to meet supervision obligations; and
- confirm they understand that the doctor must progress to a college fellowship pathway within the specified timeframe.
- Doctors at locations that are not in a DPA and in a MMM 2- 7 will not be eligible for the MDRAP, including requests for after-hours placements.

### **5.1. Overseas Trained Doctors and 19AB**

Overseas trained doctors are subject to location restrictions under the Act. To be able to access a Medicare benefit doctors subject to Section 19AB of the Act need a Section 19AB exemption.

Overseas trained doctors with an approved MDRAP placement working in a DPA will meet section 19AB requirements through a DPA class exemption. A class exemption covers a group or class of doctors who meet the conditions specified in the exemption, in this case, by working in a location classified as a DPA.

## **6. Learning and Development**

General practice education contributes to improved patient safety, and will support doctors to be competitive in selection for a college pathway. MDRAP participants must contribute to the development of an assessment plan, the plan will identify a doctor's individual learning priorities, community needs and support skill development.

Doctors who participate on the MDRAP must complete foundation general practice training modules provided by either the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine within 6 months of commencing on the MDRAP. The foundation modules are available online and provide an understanding of the Australian health care system and the context of general practice. The RWA can waive the requirement to complete some or all of the foundation modules if the doctor has a current pass for one of the College exams, with the exception of the cultural awareness module, which is mandatory for all MDRAP participants.

### **6.1. Eligibility for learning and development payments**

Based on the assessment plan, RWAs may fund appropriate learning and development opportunities for MDRAP participants. MDRAP participants can access fully or partially subsidised clinical learning and development opportunities as identified in the assessment plan or based on emerging community needs.

To be eligible for reimbursement for the foundation general practice training modules, MDRAP participants must provide the RWA with evidence of completion. The participant will be eligible for a payment of up to \$500 total.

Funding for learning and development determined by the assessment plan and the period of participation in the MDRAP. The maximum funding available is up to \$13,600 per MDRAP participant.

### **6.2. Professional development**

The AHPRA registration standard includes 50 hours of professional development annually. Doctors who participate in the MDRAP for a period greater than 12 months must ensure at least half of their annual professional development is relevant to general practice by completing education modules accredited or endorsed by a general practice college. Further information is available from the general practice colleges.

## **7. Length of Placement**

The length of a MDRAP placement will depend on the eligibility category of the participant.

### **7.1. Junior Doctors and Doctors working towards a fellowship pathway**

Junior Doctors have up to two years (fulltime) to experience general practice in a MMM 2-7 location. After this period they may seek an extension to their MDRAP placement, subject to the requirements outlined below.

Doctors working towards entry to a fellowship pathway will be granted an initial placement for 2 years. There will be an option to seek an extension beyond this.

Participants seeking an extension must:

- provide evidence of at least one (1) application to a college pathway; and
- undertake specific education activities as directed by the RWA.

RWA can approve leave for periods greater than 3 months (e.g. maternity leave). A period of approved leave is not counted towards MDRAP participation time limits. Up to two extensions may be granted for a period of one year each.

Total time on the program cannot exceed four years. Doctors who are accepted into a college pathway must commence on their scheduled date.



## 7.2. Locums

Participants providing locum services or gaining exposure to general practice will be granted a placement for a period of up to 1 year of full time equivalent. The length of the approved placement will be based on the practice and community needs.

The maximum period to reach a year of full time equivalent is 2 years.

## 8. Extenuating Circumstances

RWAs may consider the impact of personal circumstances on a participant's ability to join a fellowship pathway whilst participating in the MDRAP.

RWAs have discretion to:

- extend a MDRAP placement;
- extend timeframes to complete education; or
- extend timeframes for applications to college pathways.

A doctor's placement can be extended for up to two years due to extenuating circumstances. The duration of an approved placement will depend on the individual circumstances.

Extenuating circumstances can include, but are not limited to:

- serious illness of the participant, or a member of their immediate family; or
- a significant unforeseen life event that affects the participant's ability to meet MDRAP requirements within the expected timeframes (e.g. death in the immediate family); or
- the general practice colleges' capacity to enrol an eligible doctor on a general practice fellowship pathway.

Supporting evidence requirements for extenuating circumstances are:

- a formal signed letter of support from the treating health professional; and
- confirmation of the condition and the related treatment requirements;
- or
- a letter from a general practice college confirming the doctor is eligible to be placed on a college program at a future date.

The evidence supplied must be current and cannot be dated more than one month from the application for extenuating circumstances.

Supporting documents will not be accepted if they are from employees of a medical practice that is seeking to employ the doctor under the MDRAP. The supporting documents must present an independent opinion of the relevant medical condition, treatment requirements and available treatment options.

The RWA medical advisor will offer an opinion on whether the supporting medical information is complete and demonstrates that the condition would either prevent or substantially impede the doctor's ability to meet the MDRAP program requirements. The medical advisor's opinion informs the recommendation made to the decision-maker and the final advice provided to the doctor.

If a doctor has extenuating circumstance there are provisions for the doctor to apply for an extension. Up to two years may be provided for extenuating circumstances. No further extensions will be granted to a doctor when they reach a total of four years on the Program.

Applications for ineligible locations will only be considered after an application for extenuating circumstances has been approved and with additional supporting documents confirming specific medical requirements cannot be met in eligible areas.

MDRAP exceptional circumstances applications are only available for doctors who are already participating on the MDRAP.

## **9. Removal**

RWAs may end a placement if a doctor does not continue to meet the requirements of the MDRAP. Reasons a participant can be removed from the MDRAP include failure to:

- comply with supervision requirements;
- lodge a “Plan for professional development and re-entry to practice” within the required timeframe (participants with less than 6 months general practice experience);
- complete foundation modules within the required timeframe; or
- meet the professional development hours relevant to general practice; or
- provide evidence of college pathway applications; or
- provide documents on request; or
- start an approved college placement on the nominated start date.

The Department can remove a doctor, in consultation with the RWAs, if the MDRAP guidelines are breached or the MDRAP participant moves to an approved 3GA program (e.g. RACGP Practice Experience Program or ACRRM Independent Pathway). Participants can also be removed where they reach the maximum four-year period, upon gaining Fellowship, or cease to practise.

Participants will be notified of termination at least 14 days prior to a decision taking effect. Participants may request a review of the decision to terminate their placement.

## **10. Review of Decisions**

The RWAs will have an internal mechanism to review decisions and support procedural fairness. Decisions will be reviewed by an alternative decision maker within the RWA.

Participants can request a review of a decision if they believe the Guidelines have not been applied correctly. Requests for a review of a decision must include:

- a copy of the original application and decision; and
- a supporting letter detailing how the guidelines were not applied correctly.

Request for a review of the decision must be lodged by the applicant within 28 days of the letter confirming the decision.

After a RWA review has been completed, the RWAs can refer a request for further review to the Department for a final decision, as the MDRAP policy owner. The Department only reviews matters relating to the application of the Guidelines or consider a specific circumstance not covered in the MDRAP guidelines.

The Department will consider:

- the original decision;
- the review of the original decision; and
- the intent of the MDRAP and the operation of the Guidelines.

The Department will not accept applications for a review of decision from individual participants. The Department will review decisions referred by the RWAs to ensure the decision is consistent with the policy aims of the MDRAP. The final decision of the review will be made by the Department. The Department will respond directly to the RWAs on the outcome.

## **11. Responsibilities**

### **11.1. Participant**

The participant's responsibilities include:

- submitting all necessary paperwork at least six weeks prior to the proposed commencement on the MDRAP;
- obtaining formal general practice experience assessments from one of the Fellowship colleges;
- providing evidence of application to a college fellowship pathway;
- commence working in the practice within 3 months of approved placement;
- continuously meeting their obligations under the MDRAP;

- providing documentation or evidence upon request by RWA or the Department;
- ensuring personal details are correct and up-to-date; and
- confirming the commencement date of the MDRAP placement and their Medicare provider number before claiming a Medicare benefit.

### **11.2. Practice**

The practice's responsibilities include:

- providing orientation to the community / practice
- providing the support required to meet the participants supervision obligations;
- providing the support required to ensure the participant meets the obligations of MDRAP; and
- understanding the participant must progress to a college pathway within a specified timeframe.

### **11.3. Rural Workforce Agency**

The Rural Workforce Agencies responsibilities include, but are not limited to:

- undertaking verification of doctors skills and experience and assessing suitability for a placement based on recruitment processes and the advice of a medical advisor if applicable;
- determining if a doctor is eligible for an MDRAP placement;
- confirming a practice is in an eligible location for MDRAP;
- confirming a doctor's previous section 3GA placements to assist with eligibility;
- notifying doctors of the outcome of their MDRAP applications within 28 days of receipt;
- determining if a participant meets ongoing MDRAP requirements by obtaining evidence of supervision, participation in education and applications to college pathways if required;
- providing notices to participants confirming their removal from the MDRAP if they do not meet MDRAP requirements;
- considering applications for extenuating circumstances and appeals of decision;
- collecting information/data for reporting purposes;
- providing administrative support to participants during their placement;
- recommending the practice, employer or other designated person to provide the doctor with orientation to the community/practice, list of contact number of other local doctors/specialists and contact details of organisation and agencies able to provide assistant and support;
- engaging with key stakeholders to ensure efficient and consistent program operation and reporting; and
- providing MDRAP doctors with information and assistance to apply for general practice college-led fellowship programs.

A Rural Workforce Agency's medical advisor will have a clinical function to provide advice to the RWA as the Specified Body administering the MDRAP.

The medical advisor may be required to provide advice on individual MDRAP applications, and may consider the following:

- assessing a doctor's suitability for a placement in a rural or remote community;
- applicant's supervision reports;
- exam results and progress to a college pathway; and
- extenuating circumstances (evidence including medical certificates or reports).

### **11.4. Department of Health and Aged Care**

The Department's responsibilities include:

- the policy, guidelines and maintenance of the MDRAP;
- the application of section 19AB of the Act for MDRAP participants;
- the administration and maintenance of the Modified Monash Model (MMM) and the Distribution Priority Area (DPA) classification systems;
- assessing review of decisions referred by the RWAs; and
- reviewing the performance, operation and effectiveness of the MDRAP.

### **11.5. Services Australia**

Services Australia is responsible for issuing Medicare provider numbers to participants allowing them to claim Medicare benefits for eligible services whilst participating on the MDRAP. Applications for a Medicare provider number at a practice location will generally be processed within 4 weeks from the date of receipt with possible processing delays (up to 8 weeks) during peak period from December to March.

Services Australia will notify the participant of the MDRAP commencement date and their provider number. Approved placements granted under section 3GA may not commence earlier than the applicant's date of entry on the Register. As a consequence there are no circumstances under which the Department will be able to grant a "backdated" placement approval.

The medical practitioner is only eligible to access a Medicare benefit from the time the practitioner's name is entered in the Register and a provider number has been issued.

### **12. Privacy**

Participant information will be collected by the Rural Workforce Agencies for the purpose of determining eligibility and administering the MDRAP.

Personal information will be shared with other bodies responsible for the MDRAP including the Department of Health and Aged Care, Services Australia and all Rural Workforce Agencies. This information may also be used for monitoring and the evaluation of the MDRAP. All personal information is protected by law under the *Privacy Act 1988*.

## Contact Details

### Rural Workforce Agencies

#### NSW Rural Doctors Network

Ph: (02) 4924 8000

Fax: (02) 4924 8010

NSW Rural Doctors Network ([www.nswrdn.com.au](http://www.nswrdn.com.au))

#### Northern Territory Primary Health Network

Ph: (08) 8982 1000

Fax: (08) 8981 5899

[Northern Territory Primary Health Network](http://www.ntphn.org.au) ([www.ntphn.org.au](http://www.ntphn.org.au))

#### Health Workforce Queensland

Ph: (07) 3105 7800

Fax: (07) 3105 7801

Health Workforce Queensland ([www.healthworkforce.com.au](http://www.healthworkforce.com.au))

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

Ph: (08) 8234 8277

Fax: (08) 8234 0002

[Rural Doctors Workforce Agency \(South Australia\)](http://www.ruraldoc.com.au) ([www.ruraldoc.com.au](http://www.ruraldoc.com.au))

#### HR+ (Tasmania)

Ph: (03) 6332 8600

Fax: (03) 6334 3851

[HR Plus Tasmania](http://www.hrplustas.com.au) ([www.hrplustas.com.au](http://www.hrplustas.com.au))

#### Rural Workforce Agency Victoria

Ph: (03) 9349 7800

Fax (03) 9820 0401

[Rural Workforce Agency Victoria](http://www.rwav.com.au) ([www.rwav.com.au](http://www.rwav.com.au))

#### Rural Health West – Western Australia

Ph: (08) 6389 4500

Fax: (08) 6389 4501

[Rural Health West](http://www.ruralhealthwest.com.au) ([www.ruralhealthwest.com.au](http://www.ruralhealthwest.com.au))

### Department of Health and Aged Care

For further information regarding the MDRAP policy, email:

[mdrap@health.gov.au](mailto:mdrap@health.gov.au)

### Services Australia

For information about Medicare provider numbers and Medicare benefits, email:

[Medicare.prov@servicesaustralia.gov.au](mailto:Medicare.prov@servicesaustralia.gov.au)

## **General practice colleges**

### **The Royal Australian College of General Practitioners**

For further information regarding college pathways and professional development contact:

RACGP National Office

100 Wellington Parade

East Melbourne, VIC, 3002

Ph: 1800 472 247

[The Royal Australian College of General Practitioners](http://www.racgp.org.au) (www.racgp.org.au)

### **The Australian College of Rural and Remote Medicine**

For further information regarding college pathways and professional development contact:

ACRRM

GPO Box 2507

Brisbane, QLD, 4000

Ph: 1800 223 226

[Australian College of Rural and Remote Medicine](http://www.acrrm.org.au) (www.acrrm.org.au)