

MORE DOCTORS FOR RURAL AUSTRALIA PROGRAM (MDRAP)

LOCUM PLACEMENTS APPLICATION FORM

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Locum Placements

(Workforce Program Approved under Section 3GA of the Health Insurance Act 1973)

The MDRAP is listed in the Health Insurance Regulations 2018 (the Regulations) as an approved program under 3GA of the Act. Rural Workforce Agencies in each State and the Northern Territory have delegated authority as the Specified Body to administer the MDRAP on behalf of the Department of Health.

Before completing this application both the practice and applicant must:


- Be fully aware of all obligations and expectations outlined in the MDRAP criteria as stated on RWAV's website www.rwav.com.au/workforce-support/more-doctors-for-rural-australia-program/ before applying for the MDRAP.
- Allow up to four weeks from submitting a complete application to receive an outcome from RWAV. RWAV reserves the right to ask for further documentation throughout the process where necessary.
- Allow up to 28 working days for processing of provider number applications following MDRAP approval.
- Submit your application with all supporting documentation as a whole to GPprograms@rwav.com.au. Incomplete applications will not be submitted for processing and will only be held for 30 days.
- Type or write clearly in CAPITAL LETTERS.





This symbol indicates supporting documentation is required as evidence of the details you have stated in this application form.

Applicant to Initial _____

SECTION A - Applicant to complete

 This symbol indicates supporting documentation is required as evidence of the details you have stated in this application form.


Applicant's Details: Please complete with your full name as per your identity documents.		
First name:		 Please attach a copy of the following documents: <ul style="list-style-type: none"> • Current passport or <ul style="list-style-type: none"> • Australian drivers' licence
Last name:		
Gender:	Male Female	
Date of birth:		
Country of primary medical qualification:		
Year qualification obtained:		
Current residency status:	Permanent Resident Australian Citizen Temporary Resident	 <ul style="list-style-type: none"> • Evidence of Australian VISA or <ul style="list-style-type: none"> • Or evidence of Australian citizenship, including birth certificate


Applicant's Contact Details: Please note RWAV's primary form of contact is through email.	
Home address: (not practice address)	
Postal address: (if applicable)	
Post code:	


Email address:	
Preferred telephone contact no:	



Practice Locations:
 Please note a doctor on the MDRAP must have a primary location. Please list all practice locations that you will be working at and require a Medicare provider number for.


Primary Location:		
Practice name:		 Please attach a copy of the following completed documents: <ul style="list-style-type: none"> • Medicare application form
Practice address:		
Agreed number of working hours per week:	Start date: Finish date:	

Additional Location:		
Practice/clinic name		 Please attach a copy of the following completed documents: <ul style="list-style-type: none"> • Medicare application form
Practice/clinic address:		
Agreed number of working hours per week:	Start date: Finish date:	

Additional Location:		
Practice/clinic name:		 Please attach a copy of the

Practice/clinic address:			following completed documents: • Medicare application form
Agreed number of working hours per week:		Start date: Finish date:	
Hospital/Health Service Locations:			
Name of hospital/health service:			 Please attach a copy of the following completed documents: • Medicare application form
Hospital/health service address:			
Visiting Medical Officer (VMO) rights being granted:	Admitting	Procedural	
	If procedural, please indicate type:		

Previous Program History:																												
<p>Have you been or are you currently on an OMPs Program? (see explanatory notes)</p> <p>Yes No</p> <p>If Yes, which program AHOMPs ROMPS MOMPs OMOMPs</p> <p><i>*PLEASE NOTE: RWAV DOES NOT ADMINISTER THESE PROGRAMS AND APPLICATION FORMS WILL BE SUBMITTED TO MEDICARE ON YOUR BEHALF</i></p>	 <p>If you have answered “Yes”</p> <ul style="list-style-type: none"> • Please attach the relevant application for new location(s) 																											
<p>Have you participated in a 3GA Program? Yes No</p> <ul style="list-style-type: none"> • If Yes, which program: <table border="0"> <tr> <td>RLRP</td> <td>From:</td> <td>Until:</td> </tr> <tr> <td>RACGP PEP</td> <td>From:</td> <td>Until:</td> </tr> <tr> <td>SAPP</td> <td>From:</td> <td>Until:</td> </tr> <tr> <td>AGPT</td> <td>From:</td> <td>Until:</td> </tr> <tr> <td>RVTS</td> <td>From:</td> <td>Until:</td> </tr> <tr> <td>ACRRM</td> <td>From:</td> <td>Until:</td> </tr> <tr> <td>(Independent pathway)</td> <td></td> <td></td> </tr> <tr> <td>AMDS</td> <td>From:</td> <td>Until:</td> </tr> <tr> <td>(Accredited after-hours clinic)</td> <td></td> <td></td> </tr> </table>	RLRP	From:	Until:	RACGP PEP	From:	Until:	SAPP	From:	Until:	AGPT	From:	Until:	RVTS	From:	Until:	ACRRM	From:	Until:	(Independent pathway)			AMDS	From:	Until:	(Accredited after-hours clinic)			 <p>If you have answered “Yes”</p> <ul style="list-style-type: none"> • Please supply letter issued by the Department of Health confirming your 3GA history. (See explanatory notes)
RLRP	From:	Until:																										
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(Independent pathway)																												
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Australian Medical Registration:	
<p>What AHPRA/Medical Board of Australia (MBA) registration type do you currently hold?</p> <p>General (full)</p> <p>Provisional: Level _____</p> <p>Limited Area of Need: Level _____</p>	 <p>Please attach a copy of the following documents:</p> <ul style="list-style-type: none"> • Current registration with MBA

Applicant Declaration:

Please read and ensure you understand the following declaration before signing:

- I declare the information provided in this application and the additional supporting documentation provided is true and correct.
- I understand that failure to complete all relevant sections of this application form, including all supporting documentation may result in delaying the processing of this application or refusal of this application.
- I understand that RWAV reserves the right to request further documentation in order to progress this application.
- I have read the explanatory notes attached to this application form and understand the requirements and my obligations of the MDRAP.
- I understand my personal information, provided in this application form and as subsequently requested during my continued placement on this recruitment program, being used confidentially to administer this Program, by the following Agencies (Australian Government Department of Health, Medicare Australia, the appropriate Rural Workforce Agency in the State or Territory of your placement and any other Rural Workforce Agency should you move or practice interstate).
- I understand information about all my 3GA placements will be shared with RWAV, the Department of Health, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine to support 3GA eligibility decisions.
- I consent to RWAV obtaining and releasing relevant 3GA placement information.
- I consent to RWAV using the information provided in this application in accordance with RWAV's Privacy Policy and Statement.

Applicant name

Applicant signature/e-signature

Date


SECTION B – Practice to complete



This symbol indicates supporting documentation is required as evidence of the details you have stated in this application form.

Applicant Details:	
First name: (as per AHPRA)	
Surname: (as per AHPRA)	

Practice Locations:		
Please note a doctor on the MDRAP must have a primary location.		
Practice Name (PRIMARY)		
Agreed number of working hours per week:		Start date: Finish date:
Practice Name (Additional location)		
Agreed number of working hours per week:		Start date: Finish date:
Practice Name (Additional location)		
Agreed number of working hours per week:		Start date: Finish date:
Hospital/Health Service Locations: (Additional location)		
Agreed number of working hours per week:		Start date: Finish date:




Please attach a copy of the following documents for each location:

- Evidence of District of Workforce shortage (if practice is not an Aboriginal Medical Service AMS)
- Evidence of Monash Modified Model classification (see explanatory notes)

Is the practice an accredited teaching practice for general practice training with a Regional Training Organisation?		
Yes	MCCC	EVGPT
No		
After-hours arrangements (e.g. 1 in 4 on-call roster)		

Medical staff in all practice locations:			
Name	Practice location	Hours per week	Vocational Recognition (Y/N)

Practice Contact: Please note, RWAV will communicate verbally and in writing with the nominated person <u>only</u> .	
Position held	Practice Manager Practice Principal Other:
Title: (E.g. Dr, Mr, Miss....)	
First name:	
Last name:	
Address:	
Preferred contact number:	
Email address:	

Confirmation of Employment:
 Please attach a copy of the following documents: <ul style="list-style-type: none"> • Signed Position Description confirming; <ul style="list-style-type: none"> ○ your employment is within the capacity of a short-term locum position; ○ start date and end date of your placement; ○ detailing your roles and responsibilities; ○ on practice letterhead and signed by all parties. • Signed Letter of Offer confirming your locum placement and dates on practice letterhead

Practice Contact Declaration:

- I declare the information provided in this application and the additional supporting documentation provided is true and correct.
- I understand that failure to complete all relevant sections of this application form, including all supporting documentation may result in delaying the processing of this application or refusal of this application.
- I understand that RWAV reserves the right to request further documentation in order to progress this application.
- I have read the explanatory notes attached to this application form and understand the requirements and my obligations of the MDRAP.
- I consent to RWAV using the information provided in this application in accordance with RWAV's Privacy Policy and Statement.

Nominated contact person

Nominated contact signature/e-signature

Date

Applicant Name

Applicant signature/e-signature

Date

Explanatory Notes:

‘Other Medical Practitioner’ (OMPs) - programs are workforce programs that were designed to provide access to higher Medicare rebates for non-vocationally recognised doctors who provided services in approved locations and met other eligibility criteria specific to the particular program.

There are four OMPs programs with differing eligibility and requirements. The OMPs programs ceased to new entrants on 1 January 2019. Existing OMPs program participants will be grandfathered until 30 June 2023 as long as they continue to meet program requirements. An OMPs application should be completed for each location to the Rural Workforce Agency as part of the MDRAP application (if eligible)

<http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-omps>

3GA program - All medical practitioners restricted by section 19AA of the Act who do not hold specialist qualifications are unable to access Medicare benefits unless they apply and participate on an approved training or workforce program under section 3GA of the Act.

There are placements in various approved training and workforce programs, which satisfy the requirements of section 19AA of the Act. These allow doctors to access the Medicare benefits arrangements while undertaking vocational training to gain Fellowship of a recognised medical college. List of approved programs under section 3GA of the Act:

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/work-pubs-mtrp-16-toc~work-pubs-mtrp-16-chapter-6~work-pubs-mtrp-16-chapter-6-section-3ga-programs>

3GA history Letter - Letter from the Department of Health confirming applicant’s 3GA history including length of time. Applicants can apply directly to the Department by emailing 19AA@health.gov.au

Plan for Professional Development and re-entry to practice to AHPRA - GPs are required to submit a professional development plan for re-entry to practice to Australian Health Practitioner Regulation Agency (AHPRA). Evidence of submission will need to be supplied to the Rural Workforce Agency as part of the MDRAP application. Template/plan for professional development and re-entry to practice can be accessed on the AHPRA website.

District of Workforce (DWS) Shortage - A DWS is an area where the general population’s need for medical services is deemed to be unmet. An area is a DWS if it has less access to medical services than the national average. The current DWS status of every location in Australia for the medical specialty of general practice is available through the locator map at <http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator>.

The DWS status of a particular medical practice can be confirmed by typing the exact street location in the locator map. Further information regarding what is a District of Workforce Shortage (DWS) is also on the DoctorConnect website at <http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/dwsFactsheet>

Modified Monash Model (MMM) - The Modified Monash Model is a classification system that categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and town size. MMM classification of every location in Australia is available through the locator map at <http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator>.

Position Description - A job description is a document that describes the general tasks, or related duties, and responsibilities of a position. The position description should detail the clinical responsibilities, safety and quality responsibilities, qualifications for the role as well as other clinical and general requirements.

Letter of Offer - is a formal written document sent by an employer to a job candidate selected for employment. The letter of offer should be on company letterhead and detail the position title, location(s), commencement date, hours of work, employment term (permanent, full-time etc.) Letter of offers should also be signed and dated by an authorised person.

Helpful Websites:

Rural Workforce Agency Victoria (RWAV) - <https://www.rwav.com.au/>

Australian Health Practitioner Regulation Agency (AHPRA) - <https://www.ahpra.gov.au/>

Doctor Connect - <http://www.doctorconnect.gov.au/>

Royal Australian College of General Practitioners (RACGP) - <https://www.racgp.org.au/home>

Australian College of Rural & Remote Medicine (ACRRM) - <http://www.acrrm.org.au/>

Primary Health Networks (PHN) -
http://www.health.gov.au/internet/main/publishing.nsf/content/primary_health_networks

Australian Medical Council (AMC) - <https://www.amc.org.au/>

Australian Medical Association (AMA) - <https://ama.com.au/>