

## **MORE DOCTORS FOR RURAL AUSTRALIA PROGRAM (MDRAP) APPLICATION FORM Without GP Experience**

(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/](http://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 28 working days for Medicare provider number processing following MDRAP approval.
- Submit your application with all supporting documentation as a whole to [GPprograms@rwav.com.au](mailto: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 \_\_\_\_\_




Preferred telephone contact no:	
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**Practice Locations:**  
 Please note a doctor on the MDRAP must have a primary location. Doctors on the MDRAP cannot be used in a temporary locum capacity. Please list all practice locations that you will be working at and require a Medicare provider number for.

<b>Primary Location:</b>		
Practice name:		 Please attach a copy of the following completed documents: <ul style="list-style-type: none"> <li>• Medicare application form</li> </ul>
Practice address:		
Agreed number of working hours per week:	Preferred start date  <small>*Please note your approval date may override this date</small>	

<b>Additional Location:</b>		
Practice/clinic name:		 Please attach a copy of the following completed documents: <ul style="list-style-type: none"> <li>• Medicare application form</li> </ul>
Practice/clinic address:		
Agreed number of working hours per week:	Preferred start date  <small>*Please note your approval date may override this date</small>	

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



SAPP:	From:	Until:	letter issued by the Department of Health confirming your 3GA history. (see explanatory notes)
AGPT:	From:	Until:	
RVTS:	From:	Until:	
ACRRM:	From:	Until:	
(Independent pathway)			
AMDS:	From:	Until:	
(Accredited after-hours clinic)			

**Australian Medical Registration:**

What AHPRA/Medical Board of Australia (MBA) registration type do you currently hold?

General (full)

Provisional: Level \_\_\_\_\_

Limited Area of Need : Level \_\_\_\_\_



Please attach a copies of the following documents:

- Current registration with MBA
- Evidence of submission of Plan for Professional Development and re-entry to practice to AHPRA (see explanatory notes)

**Entry to a Fellowship Pathway Objectives:**

The More Doctors for Rural Australia Program (MDRAP) is designed to assist and support non-vocationally recognised (non-VR) doctors and junior doctors (PGY 3-5) to gain valuable general practice experience in rural and remote communities before joining a college fellowship pathway.

Please indicate which pathway you intend to apply for:

AGPT      ACRRM - Independent Pathway      RACGP-PEP      RVTS  
 Undecided

**Work Experience:**

Do you have general practice experience?      Yes      No

Please detail your previous work experience in a CV:


- Work experience must be in date order from graduation to present day



Please attach the following documents

- RACGP GP

<ul style="list-style-type: none"> <li>• ALL gaps in employment explained in detail</li> </ul>	<p>Experience Assessment (if applicable)</p> <ul style="list-style-type: none"> <li>• CV on RWAV template</li> </ul>
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<b>Junior Doctors ONLY – Duty Statement</b>		
Which hospital did you complete your internship?		 <p>Please attach a Duty Statement from the hospital on their letterhead detailing</p> <ul style="list-style-type: none"> <li>• Hospital rotations</li> <li>• Post graduate year that the junior doctor is currently in (see explanatory notes)</li> </ul>
When did you complete your internship?	Date	

## **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

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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.

<b>Applicant Details:</b>	
<b>First name: (as per AHPRA)</b>	
<b>Surname: (as per AHPRA)</b>	

<b>Practice Locations:</b> Please note a doctor on the MDRAP must have a primary location. Doctors on the MDRAP <b>cannot</b> be used in a temporary locum capacity.		 <p>Please attach a copy of the following documents for each location:</p> <ul style="list-style-type: none"> <li>• Evidence of District of Workforce shortage (if practice is not an Aboriginal Medical Service AMS)</li> <li>• Evidence of Monash Modified Model classification (see explanatory notes)</li> </ul>
<b>Practice Name (PRIMARY)</b>		
Agreed number of working hours per week:	Preferred start date  *Please note your approval date may override this date	
<b>Practice Name (Additional location)</b>		
Agreed number of working hours per week:	Preferred start date  *Please note your approval date may override this date	
<b>Practice Name (Additional location)</b>		
Agreed number of working hours per week:	Preferred start date  *Please note your approval date may override this date	
<b>Hospital/Health Service locations: (Additional location)</b>		
Agreed number of working hours per week:	Preferred start date  *Please note your approval date may override this date	





**Practice Contact:**

**Please note, RWAV will communicate verbally and in writing with the nominated person only.**

Position held	Practice Manager	Practice Principal
	<b>Other:</b>	
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:**

- Signed Position Description detailing roles and responsibilities on practice letterhead (see explanatory notes)
- Signed Letter of Offer on the proposed employer's letterhead, signed and dated by an authorised person (see explanatory notes)

**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

## SECTION C – Supervisor to complete



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

<b>Supervisor</b>		
First name (as listed on AHPRA):		 <p>Please attach a copies of the following documents:</p> <ul style="list-style-type: none"> <li>• Current registration with MBA</li> </ul>
Surname name (as listed on AHPRA):		
Date of birth:		
Email address:		
Preferred contact number:		
Primary place of practice	Clinic name:	
	Address:	

### Supervision:



**Please attached the following documents:**

- Letter from supervisor detailing the supervision arrangements as per the MDRAP guidelines

### Supervisor Declaration:

I declare the information provided in this application (Section C) is true and correct.

Mentor (Full Name)

\_\_\_\_\_

Date:

Mentor signature/e-signature

## 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](mailto: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.

**Hospital Duty Statement-** Letter from the Hospital (on Hospital letterhead) that details the applicant’s clinical rotations and length of time that have been undertaken. More than one duty statement may be required if applicant has worked at multiple hospitals.

**District of Workforce 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 better 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](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/>