Background

In 1996, the Australian Government restricted access to Medicare provider numbers for new medical practitioners. Medical practitioners who gained general registration in Australia after 1 November 1996 are required to obtain post-graduate qualifications in order to access Medicare. For general practice, the only qualifications currently accepted for this purpose are Fellowship of the Royal Australian College of General Practitioners (FRACGP), or Fellowship of the Australian College of Rural and Remote Medicine (FACRRM).

The Rural Locum Relief Program (RLRP) is an approved workforce program under Section 3GA of the Health Insurance Act 1973 (the Act) and was developed in response to the provider number restrictions to allow affected medical practitioners to attract Medicare benefits whilst providing medical services in rural and remote Australia and working towards obtaining post-graduate qualifications in General Practice.

RLRP Administration in Victoria

While the RLRP is a national program, it is administered in Victoria by the RWAV. It is RWAV’s responsibility to ensure that a GP position meets the needs of the community; is appropriate for your skills and training; and adequate mentoring will be provided.

Program Timeframe

In enrolling on the RLRP, an applicant agrees to obtain General Practice (GP) specialist qualifications within a maximum of four (4) years full time equivalent (FTE) service on the program. Applicants are required to submit renewal applications every two (2) years and must provide evidence of significant progress towards obtaining Fellowship.

Evidence may include:

- Participation in Continuing Professional Development (CPD) Activities
- Comments from Mentor
- Annual goals met in Pathway to Fellowship Plans
- Confirmation of application, enrolment or results of Fellowship exams.

Mentoring

The applicant requesting enrolment on RLRP will be required to have a nominated GP mentor. The mentor is required to structure a program of mentoring appropriate to the individual applicant needs (Section B of the RLRP Application Form). The GP mentor must be a Fellow or Vocationally Recognised equivalent with rural General Practice experience. Mentors are limited to providing mentoring guidance to a maximum of five (5) RLRP doctors at any one time.
Processing Timeframes

Applicants must provide a detailed CV on the RWAV CV template including location and length of hospital terms and any GP experience.

The applicant is responsible for submitting all necessary paperwork to RWAV at least six (6) weeks prior to commencement in a position or renewal of an existing position. This allows RWAV two (2) weeks to process an application to submit it to the Department of Human Services (Medicare), and up to four (4) weeks for the application to be processed by the Department of Human Services (Medicare). Processing of applications will commence when all necessary documentation is received. Incomplete applications may be delayed. Please note the timeframes for processing by the Department may vary depending on the number of applications to process.

National Eligibility

To be eligible for enrolment on RLP medical practitioners must fall into two categories:

**Category 1**
Australian Graduates, Australian Citizens and Permanent Resident Overseas Trained Doctors (OTD’s) and New Zealand Graduates who are subject to section 19AA of the Act only.

**Category 2**
Australian Citizens, Permanent Resident Overseas Trained Doctors (OTD’s) and foreign graduates of an accredited medical school who are subject to both sections 19AA and 19AB of the Act.

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 centered, continuing, comprehensive and coordinated whole person health care to individuals and families in their communities;
- must commit to appropriate clinical support and mentoring throughout the placement; and
- those on longer term placements, must undertake appropriate education and training to obtain postgraduate qualifications in general practice recognised under the Act.
RWAV Eligibility Requirements

**Level 1**
Medical Practitioners with (or eligible to apply for) General, Limited or Provisional Registration AND

- Must have two (2) years of Australian or equivalent general practice experience* to be eligible for up to four (4) years on RLRP; and
- 2 years hospital experience - CV based assessment; internship / a minimum of general medicine and emergency rotations
- A nominated GP Mentor**
- Minimum 6 sessions (20 hrs) per week (based on a 3.5 hour session, calculated on 40-44 working weeks minimum per year ) and a minimum number of 3 patients per hour. To be monitored during placement.

**Additional Requirements**

- Initial approval will be provided for two (2) years
- Doctors are required to commence in practice within three (3) months of provider number approval
- Provider Numbers will be limited to three (3) per doctor within first 2 years of placement. Post 2 years a maximum of five (5) provider numbers considered on a case by case basis

**Level 2**
Up to 2 years on RLRP to achieve enrolment on a GP training program – Australian General Practice Training (AGPT), Remote Vocational Training Scheme (RVTS) or ACRRM Independent Pathway.

Eligibility criteria are based on documents from Medical Board of Australia – Registration Standard ¹ for Interns and RACGP Vocational Training Pathway – Requirements for Fellowship Policy²

Doctors must have:

- General registration
- Less than two (2) years of Australian or equivalent GP experience³
- At least two (2) years Australian hospital experience relevant to a General Practice position including at a minimum;
  - General Medicine (at least 10 weeks), General Surgery (at least 10 weeks), Emergency Medicine (at least 8 weeks), and Paediatrics (a complete 10-12 weeks Paediatric term in an accredited paediatric post)⁴
- Placement will be in an eligible practice with at least 2 VR doctors. 2 year RLRP doctors are not eligible for placement in solo general practice.
- A nominated GP Mentor**
- Minimum 6 sessions (20 hrs) per week (based on a 3.5 hour session, calculated on 40-44 working weeks minimum per year ) and a minimum number of 3 patients per hour. To be monitored during placement.

The eligibility criteria are designed to enable the doctor to be “practice ready”, i.e. able to start training in general practice terms when they achieve acceptance to AGPT or RVTS.

¹ Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training http://www.medicalboard.gov.au/Registration-Standards.aspx 1 January 2014
³ Note: Assessment of GP experience - For the purpose of eligibility to enrol on the RLRP, Australian GP experience must be evidenced by a CV or overseas experience formally assessed by the RACGP (www.racgp.org.au) and submitted at the time of application. Only overseas general practice experience within ten (10) years prior to the application date will be considered for this assessment
**Assessment of GP experience** *

For the purpose of eligibility to enrol on the RLRP, Australian/Oversees GP experience must be included in a CV, formally assessed by the RACGP and submitted at the time of application. Only overseas general practice experience within ten (10) years of the application date will be considered for this assessment.

**Mentor eligibility** **

- FRACGP, FACRRM or VR equivalent
- Be mentoring no more than five (5) RLRP Doctors

**Eligible Locations**

**Category 1**

- 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).

**Category 2**

- 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).

Current Rural, Remote and Metropolitan Area’s (RRMA) classifications and Districts of Workforce Shortage (DWS) statuses can be confirmed at the Doctor Connect website and searching the relevant town. [http://www.doctorconnect.gov.au](http://www.doctorconnect.gov.au)

**Useful links**


Department of Human Services (Medicare) [http://www.humanservices.gov.au](http://www.humanservices.gov.au)