

# GENERAL PRACTICE TRAINING *in* AUSTRALIA

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## *the* GUIDE





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**I get asked a lot about working as a GP. I believe the best part about it is the variety of medicine that walks in the door every day. Every day is different and full of surprises. It is a bit like when you decide to order the tasting platter or try a different dish in your favourite restaurant. How exciting.**

**Rural GP adds an additional challenge. I think there is a misconception that rural GPs work in isolation and in difficult workplace environments. Instead, my experience has been quite the opposite. I get extensive support from colleagues and specialists who provide on-call advice and regular education. A lot of complex medical cases are also co-managed between specialists and GPs, which keeps the job interesting while still being supported. There's always the feeling of working in a team in rural GP.**

**So if you are a part-time adventurer, a person who likes ordering the tasting platter or new dishes or someone who likes a challenge, try GP or Rural GP.**

**Dr James Wong—FRACGP**



*Every day is different and full of surprises*

# Introduction

This Guide provides an overview of General Practice training in Australia. It aims to help you decide on a career in general practice and provide information on the high quality training available.

In Australia, GP consultations take place every day, mostly within a GP practice or a patient's home. As a general practitioner (GP), you have the opportunity to treat patients from a variety of backgrounds and across all ages. Seeing patients through all stages of illness is intellectually challenging, and providing care and support through the highs and lows of someone's life can give immense job satisfaction.

Balancing a patient's treatment alongside their general health, independence and social care can be complex and challenging, but also rewarding as a GP. The ongoing relationship that GPs are able to establish with their patients, and through this, continuity of care for a patient, is an important and enjoyable aspect of the job.

GPs have an important role to play in the management of acute care, chronic diseases and the treatment of patients with multiple health conditions, particularly in Australia's ageing population. They can work as part of large multidisciplinary teams (MDTs) who all support the holistic care of any patient—these can include nurses, midwives, pharmacists, psychiatrists, geriatric specialists and allied health professionals. GPs can also work as part of teams attached to hospitals with roles in accident and emergency centres and in nursing care homes.

Another important part of the work of a GP is preventative medicine and health promotion. This can include clinics for child immunisations and smoking cessation through to guiding patients on lifestyle modification strategies.

For almost every avenue of medicine you would like to pursue, general practice can provide you with an exciting and rewarding career.

## WHAT IS GENERAL PRACTICE?



In Australia, GPs play a central role in the delivery of health care to the Australian community.



GPs are usually the first point of contact within the health care system. They treat all common medical conditions, coordinate the care of patients and refer patients to other medical specialists.



GPs are primarily responsible for providing comprehensive and continuing care to every individual seeking medical care irrespective of age, gender and illness.



GPs focus on the health of the whole person, combining physical, psychological and social aspects of care for individuals and families in their communities and take on an advocacy role for patients when needed.



GPs manage medical conditions and pathologies, both acute and chronic. They provide advice and education on health care and well-being, employ disease prevention strategies, and work with other professionals in the primary care setting.



GPs have a person-centred approach and a one-on-one consultation process that establishes effective communication between doctor and patient.

## General Practitioner—an important role in the community

**Becoming a GP is a great choice if you want to be part of a community and make a difference in people's lives. Each day GPs investigate and analyse how cultural, biological, psychological, and sociological circumstances affect people's health and experience of disease. GPs use that understanding to practice holistically and encourage and guide patients to lead healthier lives.**

### A career in general practice

Throughout your training and following your qualifications as a GP, you:

- can improve the quality of a patient's life through prevention of illness and encourage them to manage both acute and chronic illness;
- can choose your journey such as providing continuity of care for people, families and communities, locuming or working on a fly-in, fly-out model of care;
- will continue to develop new skills and gain a breadth of knowledge over a professional lifetime;
- will have the portable qualifications to work anywhere in Australia, and internationally, depending on your qualifications;
- can create a flexible balance between your work and family life; and
- will see anything and everything that can affect all parts of the body or a person's life and there is no such thing as a typical day.

## Specialising in general practice

Often GPs will develop areas of specific interest according to the needs of their community, such as:

- providing emergency, anaesthetic and/or obstetric services in rural hospitals;
- delivering services that require extended skills such as mental health, addiction medicine, paediatric care;
- working in Aboriginal and Torres Strait Islander communities;
- working with refugees or homeless people; and
- improving future care through research, or becoming a GP supervisor or medical educator.

### Testimonials for a life in general practice

Training takes three to four years so it is worth investing time to ensure if general practice is the right path for you.

Learning from someone else's experience can be an important way to help inform your decision making. Case studies from GPs working in a variety of general practice settings can be explored throughout this guide.

# GP Training in Australia

For Australian medical graduates, general registration follows graduation from medical school and successful completion of an internship. Specialisation requires further training and study and the Medical Board of Australia recognises general practice as a medical specialty (known as 'GP Fellowship'). The Australian Medical Council (AMC) has accredited the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) to deliver general practice Fellowship training.

By enrolling in a formal pathway to GP Fellowship, doctors seeking to become a Vocationally-Recognised (VR) GP have access to the highest value MBS items during training. Undertaking formal training best prepares doctors with the responsibility that GPs have in the community, and the increasing complexity and variety of their work.

For existing doctors with many years of experience, there are training pathways that will support your journey towards specialist qualifications.

## Overseas trained doctors

The AMC assesses most overseas trained doctors against the standards of Australian interns before general registration is granted. Overseas trained doctors may obtain registration without an AMC assessment if they completed their degree and internship under an approved Competent Authority (CA).

If your internship was not completed under a CA, you are required to successfully complete a two-part examination with the AMC and are then eligible to apply for provisional registration.

## GP Fellowship training

To be recognised and work independently as a specialist GP, you will need to qualify as a Fellow of the Australian College of Rural and Remote Medicine (ACRRM) or as a Fellow of the Royal Australian College of General Practitioners (RACGP). Both Fellowships lead to Vocational Recognition (VR) and registration under the Specialist (General Practice) category with the Medical Board of Australia. These qualifications

allow you to work unsupervised as a GP anywhere in Australia. MBS eligibility rules may continue to apply to some doctors.

## The pathways to GP Fellowship

You have a choice in how you complete your general practice training and achieve your Fellowship. Choosing the right path will depend on your interests and circumstances. In each pathway you will need to work in general practice, work or have recent experience in hospitals, attend educational workshops, teaching sessions and put in significant amounts of personal study.

**Both colleges require GPs to have experience working in general practice and hospital specialties relevant to general practice. There may also be geographic limitations on where you can work as a general practice registrar. To qualify for Fellowship you have to complete the requirements and pass the Fellowship assessments of the relevant college.**

There are different pathways to achieving Fellowship. These pathways are managed by the Colleges and offer flexible training through multiple streams.

### The Australian College of Rural and Remote Medicine (ACRRM) Fellowship Pathway

- Australian General Practice Training (AGPT) Program
- Independent Pathway (IP)
- Remote Vocational Training Scheme (RVTS)

### The Royal Australian College of General Practitioners (RACGP) Fellowship Pathway

- Australian General Practice Training (AGPT) Program
- Practice Experience Program (PEP)
- Remote Vocational Training Scheme (RVTS)

For further information on becoming a Fellow of ACRRM or RACGP visit the college websites:

ACRRM: [acrrm.org.au](http://acrrm.org.au) > Training towards Fellowship

RACGP: [racgp.org.au](http://racgp.org.au) > Education > Students > Become a GP

## PATHWAYS TO BECOMING A FELLOWED GP

	➔ AGPT [page 6]	➔ IP [page 26]
<b>Suited to</b>	Recent medical graduates and experienced non-vocationally recognised doctors who prefer educator directed learning	Experienced non-vocationally recognised doctors who prefer self-directed learning
<b>Training Timeframes*</b>	4 years FTE* (FACRRM) 3 years FTE* (FRACGP)	4 years FTE*
<b>Training Organisation</b>	RTOs <sup>†</sup> accredited by ACRRM and RACGP	ACRRM
<b>Location</b>	Metropolitan, regional, rural and remote facilities	Rural and remote facilities with a possibility of some skills training in metropolitan or regional locations
<b>Practice Placement</b>	RTOs will facilitate placements based on preferred location/s	Must already be employed as a GP in a general practice or have a job offer
<b>Number of places available per year</b>	1500	Demand based
<b>Application process</b>	Apply to ACRRM and/or RACGP for a specific region Complete the ACRRM and/or the RACGP selection process Accepted by an RTO Commence training	Apply to ACRRM Complete the ACRRM Selection process See College website for further information
<b>Fees</b>	Training is fully Commonwealth funded Assessment fees are self-funded	Training is self-funded with possibility of partial Government subsidy applied to training costs if eligible under the Non-VR (FSP)** Assessment fees are self-funded

\*FTE = Full-Time Equivalent

\*\*FSP = Non-VR Fellowship Support Program (page 23)

<sup>†</sup>RTOs = Regional Training Organisations (page 6)



➔ PEP [page 28]	➔ RVTS [page 30]
Experienced non-vocationally recognised doctors who prefer self-directed learning	Graduates and experienced non-vocationally recognised doctors, who have enough experience to cope with remote clinical supervision and who work in remote areas or Aboriginal Medical Services
Up to 18 months training and up to 3 years to complete exams	4 years FTE* (FACRRM) 3 years FTE* (FRACGP)
RTOs <sup>†</sup> in partnership with RACGP	RVTS accredited by ACRRM and RACGP
Regional, rural and remote facilities	Live and work in rural or remote community, or work in an Aboriginal Medical Service
Must already be employed as a GP in a general practice or have a job offer with a general practice	Must already be employed as a GP in a rural or remote location or in an Aboriginal Community Controlled Health Service (ACCHS).
400 (2019) Demand based from 2020	22 Remote Stream places 10 Aboriginal Community Controlled Health Service places
Apply to RACGP Pass the PEP entrance assessment See College website for further information	Apply to RVTS Selection by RVTS Enrol with either ACRRM and/or RACGP Commence training
Training is self-funded with possibility of partial Government subsidy applied to training costs if eligible under the Non-VR FSP** Assessment fees are self-funded	Training is Commonwealth funded, some self-funding may be required Assessment fees are self-funded

# The Australian General Practice Training (AGPT) Program

General practice training is undertaken in an apprenticeship model where you train as a GP under the supervision of an experienced supervisor. Clinical experience is the best teacher and you are expected to learn as much as you can from the patients you see and other professionals around you. This practice-based learning is supplemented and consolidated through discussions with your general practice supervisor, teaching visits from medical educators, workshops with your peers, and personal study.

## Regional Training Organisations (RTOs)

The Department of Health contracts nine RTOs to deliver the AGPT program across the 11 training regions according to standards set by the colleges.

The role of each RTO includes:

- supporting and advising registrars about the training programs and requirements;
- working with each registrar to plan their training and learning;
- allowing goals aspirations and needs to be identified and reviewed;
- supporting and accrediting general practices, supervisors, Aboriginal Medical Services, and other medical facilities within their region to train registrars;
- managing the allocation and placement of registrars to undertake their training within these accredited facilities;
- engaging and supporting Cultural Educators and Mentors to ensure each registrar can provide culturally appropriate care for Aboriginal and Torres Strait Islander peoples;
- providing educational training activities and resources which map to the college curricula, maximise the learning possibilities for registrars and encourage additional opportunities for application/consolidation of knowledge;
- integrating general practice training with other educational and professional organisations, such as universities, Primary Health Networks and Rural Workforce Agencies to ensure future GPs have the skills to meet community needs; and
- information management, data collection/collation and reporting of Commonwealth funded GP training places.

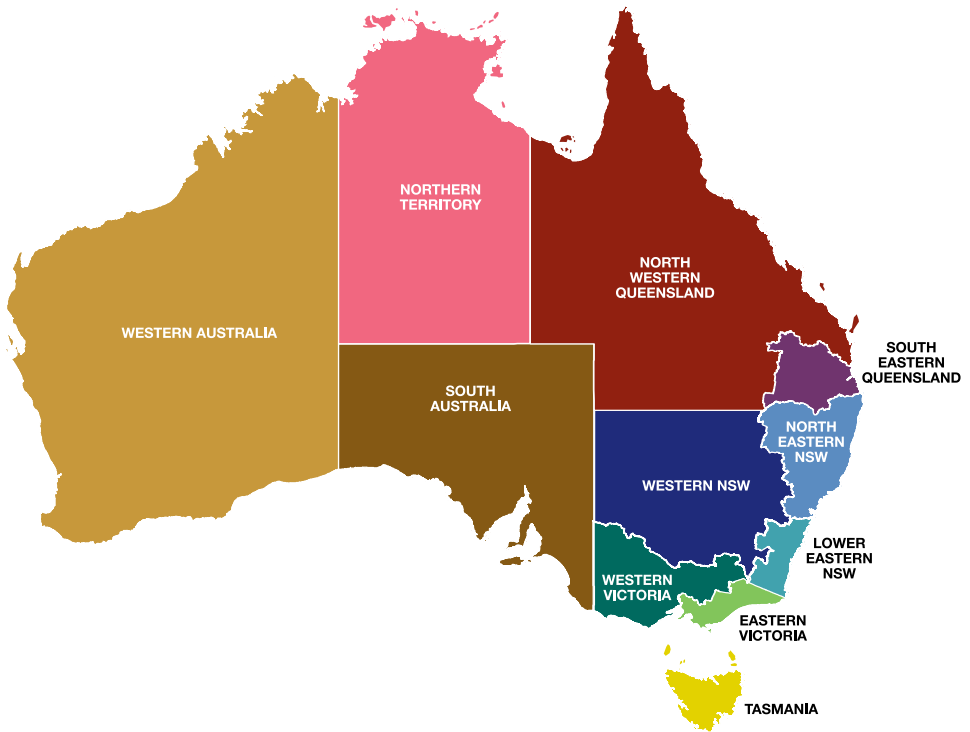
## Preferred location for training

When applying for the AGPT program, doctors request a preferred region(s) where they wish to train. Doctors should consider how the opportunities available in each region match their individual interests and learning requirements.

## AGPT Training Regions

Individual general practice training experiences vary across training locations and regions. Each training region incorporates a wide variety of extended skills or procedural training. RTOs can provide further information regarding academic posts and training available in their area.

## MAP OF AGPT TRAINING REGIONS



**Please note: ACT and NSW have three training regions managed by one RTO. However, each training region is run independently.**

**If the location in which an applicant wishes to train appears to overlap with two or more regions, applicants should contact the relevant RTOs to determine the exact region in which the location falls.**

### Dual GP Fellowship

Registrars who elect to train in the AGPT program can train towards Fellowships of both colleges in the same training region on the same pathway and complete the training concurrently. Contact your RTO for more information (page 38) or visit the college websites.



## HOW EMPLOYMENT WORKS DURING GENERAL PRACTICE TRAINING

### In hospital

Working as a doctor in the public hospital system, you will be employed as a salaried medical officer. An employment award or enterprise bargaining agreement (EBA) covers all aspects of your remuneration and other employment terms and conditions.

### In general practice

In a general practice setting, you will still be an employee, but you will typically be working in a small business setting. The National Terms and Conditions for the Employment of Registrars (NTCER) outlines the minimum terms and conditions which you, as a registrar, may receive.

The income you receive is generated by billing patients for the work you provide in general practice.

### Employment entitlements

The NTCER, based on the National Employment Standards in the Fair Work Act, outlines remuneration, leave entitlements, work hours and other employment terms and conditions for GP registrars. Before employment begins, an employment agreement is negotiated and signed between the registrar and their training practice. Training posts are obliged to offer at least the minimum terms and conditions set out in the NTCER.

Registrars may be able to negotiate terms and conditions in their employment agreement that are more generous than the NTCER minimum, particularly in the later stages of training when they have gained more experience, and subsequently, seeing more patients.

When signing a contract it is important to ensure it covers all matters in the NTCER and that it is not open to interpretation regarding key aspects of employment. Under the NTCER, registrars usually receive a guaranteed base wage as well as a percentage of billing income generated from the number of patients they see in the practice.

Full-time registrars work a minimum of 38 hours per week. This includes education time and administration time. Consultation hours (the hours spent seeing patients) are usually between 27 and 33 hours per week. However, this can vary, especially in rural areas. Depending on the training post, weekend consulting, after-hours and on-call work, home, hospital and nursing home visits are a normal part of general practice.

You can view the NTCER online at [gpra.org.au/ntcer](http://gpra.org.au/ntcer)

There are a number of organisations that can provide support to registrars throughout their training including:

- ACRRM;
- RACGP;
- General Practice Registrars Australia (GPRA);
- Regional Training Organisations (RTO);
- the Australian Medical Association (AMA); and
- Rural Doctors Association of Australia (RDAA).

See page 37 for details.

\*The NTCER does not apply to general practice registrars in community controlled health and Australian Defence Force workplaces, and registrars on remediation.



## Turning the tide on islander health concerns

The first-year General Practice (GP) registrar is relishing the challenge of managing the complex health needs of Torres Strait Islander communities, while pursuing research into tropical diseases.

“We know that health outcomes for Indigenous people in the Torres Strait are poorer than their non-Indigenous counterparts” said Dr Hempenstall, who is enrolled in James Cook University’s (JCU) GP training program.

“Here, we also care for patients from Papua New Guinea (PNG). There is no other community in Australia that borders another country, let alone a developing country.”

Dr Hempenstall divides her time between the Thursday Island Hospital and the primary healthcare centre on the island.

When on call, she cares for patients in the hospital ward and emergency department, and also responds to requests for medical assistance from outer islands across the Torres Strait.

“We are really lucky that we live in an age where telehealth has come so far,” she observed.

“I can be sitting in an office on Thursday Island, making plans for a patient via video conference with nursing staff and health workers at a primary health centre on another island. If the patient is unwell enough to require transfer to Thursday Island Hospital, we organise a retrieval via helicopter or boat.”

Most of Dr Hempenstall’s work revolves around chronic disease management.

She is keen to expand her knowledge and understanding of these diseases through research in her community.

“Historically this region hasn’t had much locally driven research; we are hoping to establish sustainable local research, relevant to the community here,” she said.

In the meantime, Dr Hempenstall is pursuing another project close to her heart—encouraging Thursday Island school students to consider a career in healthcare. The doctor is liaising with local school teachers, and Aboriginal and Torres Strait Islander nursing and allied health staff, to organise a retrieval via helicopter or boat.”

“I am so privileged to be immersed in such a unique culture, providing care to a warm and welcoming community,” she said.

**Dr Allison Hempenstall—FACRRM**



For Dr Allison Hempenstall, Thursday Island  
is a gateway to opportunity

## AGPT TRAINING PATHWAYS

The AGPT program is offered through Australia's two general practice training colleges, ACRRM and RACGP, and delivered by accredited RTOs.

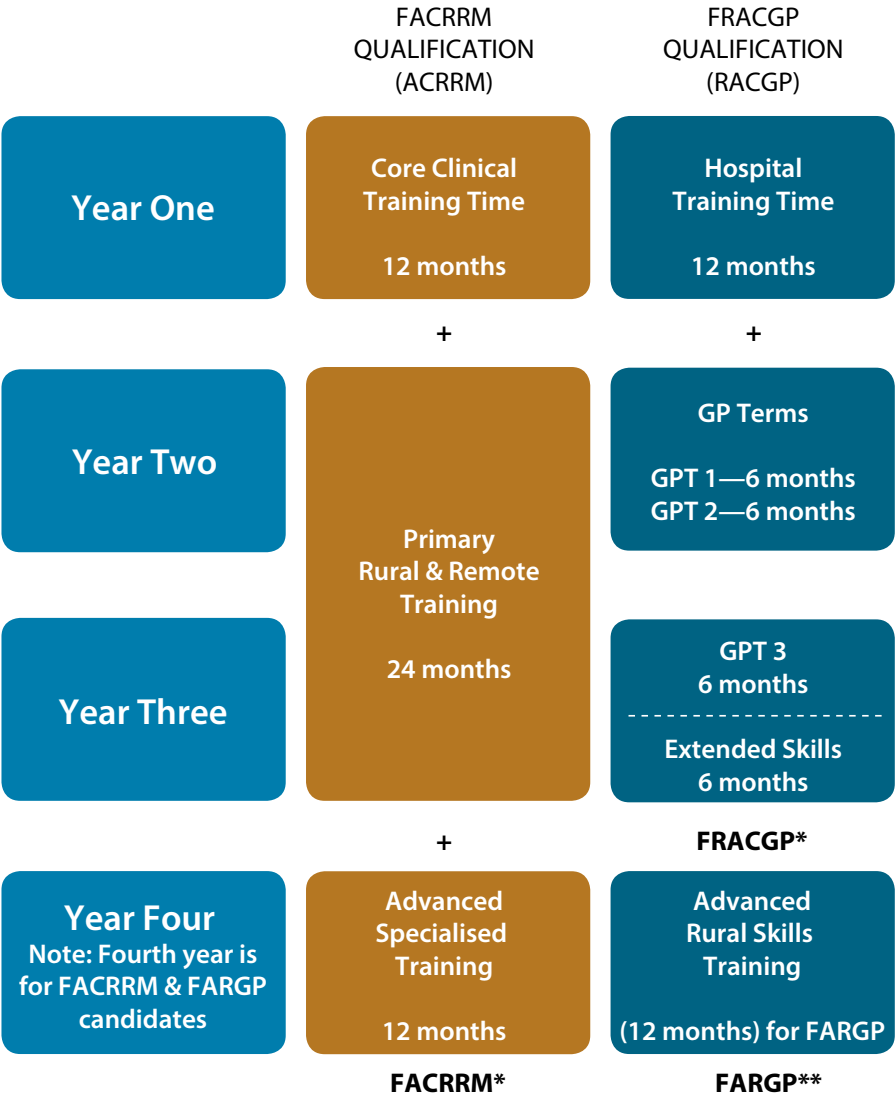
	ACRRM	RACGP
<b>Duration</b>	4 years—Fellowship of the Australian College of Rural and Remote Medicine (FACRRM)	3 years—Fellowship of The Royal Australian College of General Practitioners (FRACGP)  4 years—FRACGP + Fellowship of Advanced Rural General Practice (FARGP)
<b>Rural Generalist registrars</b>	Additional 52 weeks (full-time equivalent) training time can be accessed by rural generalist registrars	Additional 52 weeks (full-time equivalent) training time can be accessed by rural generalist registrars
<b>Fellowship Pathway</b>	Rural Pathway	Rural and General Pathway
<b>Program Structure</b>	<p>12 months Core Clinical Time (CCT), usually completed in hospital.</p> <p>24 months Primary Rural and Remote Training in ACRRM accredited facilities must include a minimum of:</p> <ul style="list-style-type: none"> <li>• 6 months community primary care</li> <li>• 6 months hospital and emergency care</li> <li>• 12 months rural/remote experience</li> </ul> <p>12 months in Advanced Specialised Training (AST)</p>	<p>12 months Hospital Training Time</p> <p>24 months in RACGP accredited facilities/training practices:</p> <ul style="list-style-type: none"> <li>• 3 x 6 month terms in general practice (GPT1-3)</li> <li>• 6 months Extended Skills</li> </ul>

	ACRRM	RACGP
<b>Advanced Program Structure</b>	<p>12 months Advanced Specialised Training (AST) in one of the following disciplines:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Health</li> <li>• Academic practice</li> <li>• Adult internal medicine</li> <li>• Anaesthetics (JCCA)*</li> <li>• Emergency medicine</li> <li>• Mental health</li> <li>• Obstetrics and Gynaecology (DRANZCOG Advanced)**</li> <li>• Paediatrics</li> <li>• Population health</li> <li>• Remote medicine</li> <li>• Surgery (24 months).</li> </ul> <p>AST curricula assessments are specific to the chosen AST.</p>	<p>To add the FARGP to FRACGP, 12 months Advanced Rural Skills Training (ARST) may be done in areas such as:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Health</li> <li>• Anaesthetics</li> <li>• Adult internal medicine</li> <li>• Emergency medicine</li> <li>• General practice</li> <li>• Obstetrics</li> <li>• Paediatrics</li> <li>• Palliative care</li> <li>• Mental health</li> <li>• Small town rural general practice</li> <li>• Surgery</li> </ul> <p>Other posts may be considered by the Rural Censor on application.</p>
<b>ARST / AST</b>	<p>AST can be undertaken any time after completing the CCT component. It is recommended that the needs of the community in which they intend to practise be taken into consideration when making the choice.</p>	<p>ARST can be undertaken at any time after completing the Hospital Training Time. It is recommended that the needs of the community in which they intend to practise be taken into consideration when making the choice.</p>
<b>Membership Requirements</b>	<p>Compulsory for all registrars.</p> <p>Current annual membership cost is \$420 for registrars.</p> <p>Check the website for up to date information <a href="http://acrrm.org.au/college-membership">acrrm.org.au/college-membership</a></p>	<p>Compulsory for all registrars.</p> <p>Current annual membership cost is \$490 for registrars.</p> <p>Check the website for up to date information <a href="http://racgp.org.au/membership">racgp.org.au/membership</a></p>

\*JCCA—Joint Consultative Committee on Anaesthesia

\*\*DRANZCOG—Advanced Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists

AUSTRALIAN GENERAL PRACTICE TRAINING<sup>†</sup>



<sup>†</sup> There may be flexibility in the order in which training terms may be undertaken.

\* Leading to specialist (general practice) registration.

\*\* The FARGP is a specialist twelve month program for registrars wishing to specialise in rural general practice.



## The AGPT program has two training pathways: the Rural Pathway and the General Pathway.

### Rural Pathway

The Rural Pathway encompasses a large percentage of Australia reaching from towns on the fringe of capital cities, to regional coastal areas and remote outback locations. This pathway offers a range of benefits and opportunities commensurate with the work of rural general practice, for example:

- access to specialist training such as mental health, addiction medicine, paediatrics, anaesthetics, surgery and obstetrics;
- opportunity to develop and consolidate an extended scope of practice working more closely with local communities;
- hospital and community-based primary care;
- contributing to addressing the health needs of communities with decreased access to health care;
- working alongside retrieval medicine teams;
- access to mentors and professional relationships which may not be possible in metropolitan areas;
- increased earning capacity—possible access to financial incentives not available in metropolitan locations; and
- being immersed into local communities and lifestyle benefits of country living.

Doctors who apply for the Rural Pathway can enrol with either of the colleges or both. If you are applying for the Rural Pathway, there is an expectation that you will live and work in the community.

### General Pathway

The General Pathway is for doctors who choose to train primarily in inner and outer metropolitan locations. There are a range of benefits and opportunities commensurate with training on the General Pathway, for example:

- access to specialist training such as mental health, addiction medicine, paediatrics, anaesthetics, surgery and obstetrics; and
- access to mentors and professional relationships.

AGPT registrars on the General Pathway must undertake twelve months of their training in a prescribed location. Refer to the AGPT Training Obligations Policy 2019 at [agpt.com.au](http://agpt.com.au) for further information.

Some RTOs may have restrictions on where some General Pathway registrars are able to train. Please clarify with your RTO (page 38) if you are wishing to train outside of an MM1 (page 34).

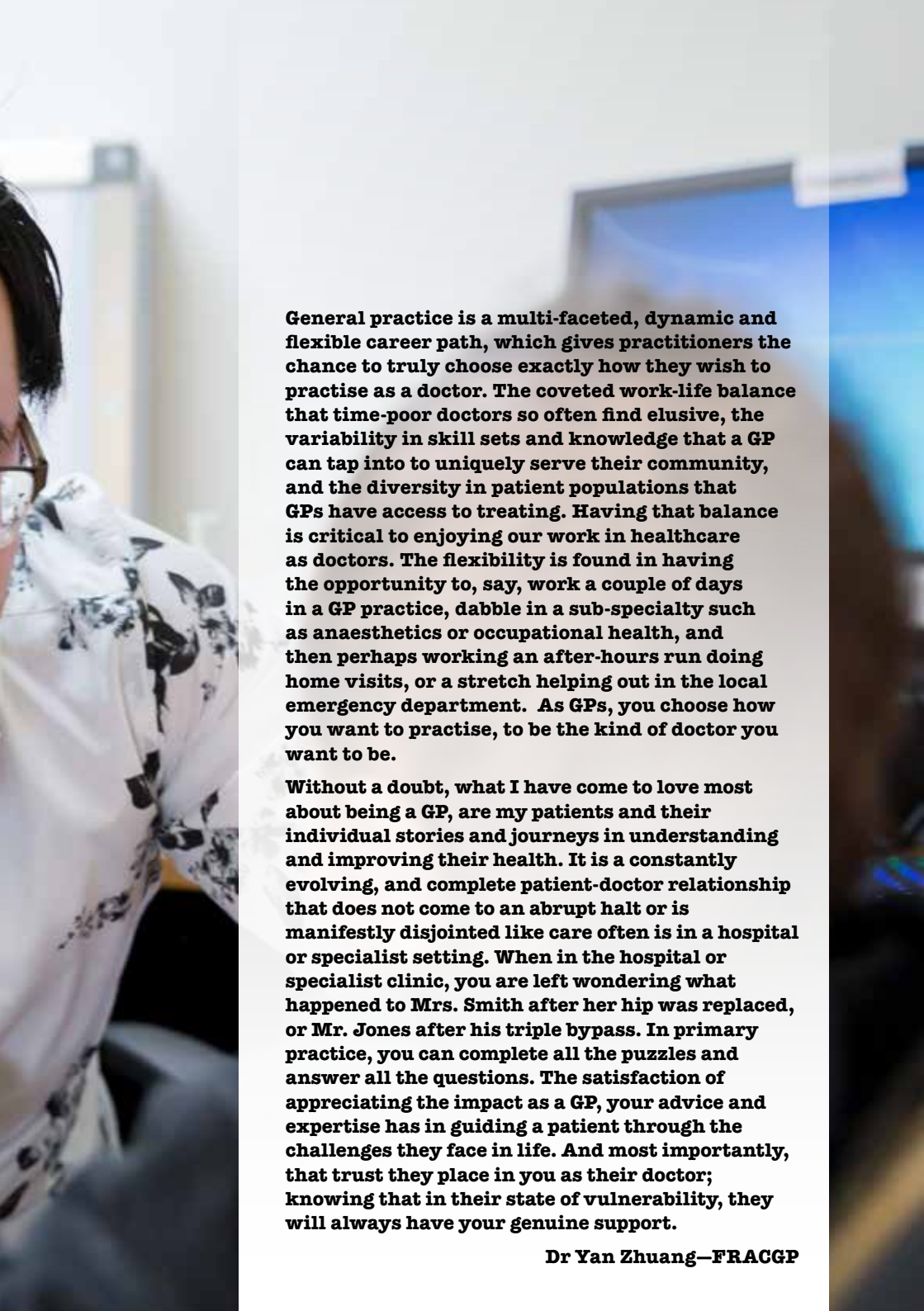
For further information see the AGPT Policies in effect 1 January 2019 at [agpt.com.au](http://agpt.com.au)

### Overseas-trained doctors

Overseas-trained doctors (OTDs) and foreign graduates of an accredited medical school (FGAMS) who are subject to Section 19AB of the *Health Insurance Act 1973* (page 34) must train on the Rural Pathway.

*As GPs, you choose how you want to  
practise, to be the kind of  
doctor you want to be.*





**General practice is a multi-faceted, dynamic and flexible career path, which gives practitioners the chance to truly choose exactly how they wish to practise as a doctor. The coveted work-life balance that time-poor doctors so often find elusive, the variability in skill sets and knowledge that a GP can tap into to uniquely serve their community, and the diversity in patient populations that GPs have access to treating. Having that balance is critical to enjoying our work in healthcare as doctors. The flexibility is found in having the opportunity to, say, work a couple of days in a GP practice, dabble in a sub-specialty such as anaesthetics or occupational health, and then perhaps working an after-hours run doing home visits, or a stretch helping out in the local emergency department. As GPs, you choose how you want to practise, to be the kind of doctor you want to be.**

**Without a doubt, what I have come to love most about being a GP, are my patients and their individual stories and journeys in understanding and improving their health. It is a constantly evolving, and complete patient-doctor relationship that does not come to an abrupt halt or is manifestly disjointed like care often is in a hospital or specialist setting. When in the hospital or specialist clinic, you are left wondering what happened to Mrs. Smith after her hip was replaced, or Mr. Jones after his triple bypass. In primary practice, you can complete all the puzzles and answer all the questions. The satisfaction of appreciating the impact as a GP, your advice and expertise has in guiding a patient through the challenges they face in life. And most importantly, that trust they place in you as their doctor; knowing that in their state of vulnerability, they will always have your genuine support.**

**Dr Yan Zhuang—FRACGP**

## OTHER TRAINING OPPORTUNITIES

### Rural Generalist training

AGPT training support Rural Generalists. Doctors can elect to train under the AGPT Rural Generalist Policy 2019 if they are training:

- on a state or territory Rural Generalist program, or
- towards an ACRRM Fellowship, or
- towards an RACGP Fellowship combined with the Fellowship in Advanced Rural General Practice (FARGP).

This policy offers additional flexibility to doctors that are committed to Rural Generalist practice including the easing of restrictions around transfers between training regions. Rural generalism also allows for an additional skills training to be undertaken to best meet community needs.

**If you would like to train under the AGPT Program's Rural Generalist policy you will need to apply, even if you are on a state or territory Rural Generalist Program.**

AGPT registrars training on the Rural Generalist Pathway are eligible for additional training time—please refer to the AGPT Rural Generalist Policy 2019 at [agpt.com.au](http://agpt.com.au)

For more information about being a Rural Generalist on the AGPT program see the Rural Generalist Policy 2019 or the Rural Generalist FAQs within AGPT Policies in effect 1 January 2019 available at [agpt.com.au](http://agpt.com.au)

### Australian Defence Force (ADF) doctors

ADF doctors can be accommodated in all training regions throughout Australia. ADF doctors who apply for general practice training have the same educational requirements as non-ADF registrars. ADF registrars are required to undertake a period of full-time civilian general practice training in conjunction with their military training. This training can be undertaken as a composite term of civilian and military posts.

ADF doctors applying for general practice training are encouraged to speak to the RTO in their preferred training region to discuss training options.

Because of the service demands on ADF registrars, it is recommended that where possible they undertake a full-time, civilian core general practice or primary rural and remote training during their PGY 2 year. Ideally, to meet the general service requirements placed on ADF registrars, this unit would be undertaken in a rural setting to provide the registrar with more exposure to the differing responsibilities rural general practice and/or rural and remote medicine entails. However, doctors have the flexibility to move training regions if they are redeployed.

For more information regarding general practice in the ADF, see the ADF Policy 2019 within AGPT Policies in effect 1 January 2019 available at [agpt.com.au](http://agpt.com.au) or contact:

Medical Officer Professional and Career Development Committee (MOPCDC) Secretariat Joint Health Command at [mopcdc.secretariat@defence.gov.au](mailto:mopcdc.secretariat@defence.gov.au)

## GETTING THE MOST OUT OF YOUR AGPT TRAINING

**Registrars who undertake training on the AGPT program have access to a variety of training opportunities including:**

### Academic posts

Evidence is the foundation of everyday general practice. GPs and registrars need to be able to filter, critically appraise, interpret, and apply the information available to them. The AGPT program offers the opportunity to undertake part-time training in an academic post in conjunction with part-time clinical training. This is comprised of an approved general practice placement, and salaried research and teaching in an academic institution.







During an academic post, registrars develop skills in research, teaching, project work, and critical evaluation of research relevant to the discipline of general practice.

Academic posts offer the opportunity to:

- contribute to the evidence on which general practice is based;
- acquire quality, supported experience in research and teaching;
- attend funded workshops, seminars or conferences;
- publish work in professional journals and present at conferences; and
- help build the foundation to become a GP academic supervising university research, become a medical educator, or undertake a PhD.

To find out more about academic general practice visit [agpt.com.au](http://agpt.com.au) > GP registrars > Training posts > Academic Posts or download the AGPT Academic Post Policy from the AGPT website.

### Examples of academic posts include:

 <p>Diagnosing and providing initial management for patients with Gestational Diabetes.</p>	 <p>Sharing with care in the digital arena: exploring clinicians' perspectives of e-Health's impact on closing the gap in Aboriginal and Torres Strait Islander health.</p>	 <p>Association between psychosocial and lifestyle factors and primary melanoma metastasis.</p>
 <p>Access to and experiences of health care by young people of refugee background in NSW.</p>	 <p>Increasing patients' awareness, knowledge, and appropriate uptake of skin cancer checks: A descriptive comparative study of passive vs active educational material in general practice waiting rooms.</p>	 <p>Exploring effects of providing consent information to parents on intention to vaccinate at six weeks.</p>



### Aboriginal and Torres Strait Islander health training—culturally appropriate care

Aboriginal and Torres Strait Islander health is a critical aspect of general practice training for all registrars. The Medical Board of Australia expects all doctors to provide culturally appropriate medical care. Learning and understanding how to work with Aboriginal and Torres Strait Islander peoples is an important aspect of general practice training that equip doctors with the necessary skills to provide culturally safe and responsible medical care.

Working in an Aboriginal Medical Service in an Aboriginal and Torres Strait Islander health training post offers registrars the opportunity to develop a range of clinical and professional skills that includes:

- working as part of a multidisciplinary health care team to manage clinical, social and emotional issues to enable holistic primary health care;
- chronic disease management;
- understanding cultural protocols and communicating complex health issues;
- focusing on population and public health; and
- health promotion within a culturally safe context.

All general practice registrars training in Aboriginal Medical Services will receive Cultural Education and Cultural Mentoring throughout their training.

For further information contact the RTO in your preferred training region.

### Advanced skills training or extended skills

The ACRRM and RACGP require registrars to choose a specific area as an extended skill and/or pursue as advanced specialised training.

For a full list of skills training options refer to the table on page 13 and contact the RTO in your preferred training region (page 38). For details of requirements for each college Fellowship, visit the ACRRM and RACGP websites ([acrrm.org.au](http://acrrm.org.au) and [racgp.org.au](http://racgp.org.au)).

## WHAT YOU NEED TO KNOW BEFORE YOU APPLY TO THE AGPT PROGRAM

### Mandatory hospital rotations

ACRRM and RACGP require certain hospital rotations to be completed by doctors in their postgraduate years. These mandatory hospital rotations do not have to be completed before application and entry into the AGPT program. Where possible all rotations should be completed prior to the second year of the AGPT program.

If you have completed additional hospital experience, post general registration, you may be eligible for Recognition of Prior Learning (RPL) once you commence on the AGPT program. Please contact the RTO within your preferred training region, or relevant college/s for further information.

The following is a guide to the rotations required.

#### Postgraduate Year (PGY 1)—Rotations required to achieve general registration

- Medicine
- Surgery
- Emergency

#### Postgraduate Year (PGY 2) or later—Fellowship requirements

ACRRM ideally:

- Paediatrics
- Obstetrics and gynaecology
- Anaesthetics

RACGP:

- Paediatrics
- Three rotations of choice relevant to general practice

Refer to the relevant colleges and ask the RTO in your preferred training region for more detailed information:

**ACRRM**—Fellowship Training Handbook visit [acrrm.org.au](http://acrrm.org.au) > Training towards Fellowship > Overview of training with the college > Policy

**RACGP**—General Practice career guide visit [racgp.org.au](http://racgp.org.au) > Education > Students > Become a GP

Please note: If a rotation is not completed, please contact the RTO in your preferred training region for further information on alternative approaches to gaining these skills.

#### ACRRM

Phone: 1800 223 226 (Int: +61 7 3105 8200)

Email: [training@acrrm.org.au](mailto:training@acrrm.org.au)

Website: [acrrm.org.au](http://acrrm.org.au)

#### RACGP

Phone: 1800 472 247 (Int: +61 3 8699 0300)

Email: [racgpeducation@racgp.org.au](mailto:racgpeducation@racgp.org.au)

Website: [racgp.org.au](http://racgp.org.au)

### AGPT program policies and principles

The AGPT program is governed by policies that support all aspects of training. While registrars are required to adhere to the requirements specified within the policies, there may be circumstances where registrars will require additional flexibility to manage their training, and/or other circumstances occurring in their lives. The policies contain information on the additional flexibility for registrars to complete their training set out in a number of the policies. Please refer to the AGPT website at [agpt.com.au](http://agpt.com.au) for current policy documents.

#### Transfers

**Generally registrars commit to a region for the duration of their training, enabling them to develop a connection with communities. It is expected that registrars remain within the training region and pathway in which they accepted their training place for the duration of their training. Transfers between training regions and/or pathways may be considered only in extenuating and unforeseen circumstances, or to address identified career, training and/or education requirements. In the first instance please talk to your RTO.**

Registrars undertaking Rural Generalist training through the AGPT program (as per the AGPT Rural Generalist Policy 2019) will be able to transfer to undertake skills training if required.

For further information on transfers please read the AGPT Transfer Policy 2019 at [agpt.com.au](http://agpt.com.au)

## Training timeframes

Registrars are expected to achieve Fellowship within the relevant training time cap specified for each of the colleges:

- 4 Full-Time Equivalent (FTE) years if seeking Fellowship of RACGP;
- 5 FTE years if seeking Fellowship of ACRRM, both ACRRM and RACGP, or RACGP and FARGP; and
- 6 FTE years if seeking Fellowship of ACRRM and undertaking Advanced Specialised Training in surgery.

The training time cap as specified above includes all training terms required by the relevant college, with an additional 12 months to allow for any extensions of training time, or leave. The training time cap excludes legislated leave (such as parental leave) as specified in the AGPT Program Leave Policy 2019.

Registrars who elect to undertake Rural Generalist Training on the AGPT program, under the AGPT Rural Generalist Policy 2019, will have an additional 52 weeks FTE to undertake an additional skills training and a further additional 52 weeks FTE to allow for leave and extensions of training time if required.

## Part-time training

Generally registrars should commence their training on the AGPT program on a full-time basis and are supported to undertake full-time training to obtain fellowship. Registrars are able to seek part-time training arrangements if this flexibility is required. Any arrangement for the provision of part-time training will need to be discussed between the registrar and their RTO.

Registrars who wish to train part-time must adhere to the minimum part-time requirements specified by the relevant college. In the past 10 years, approximately 20% of registrars have elected to undertake their training part-time over the course of the time they are in the AGPT Program.

**For those seeking part-time arrangements, in the first instance please talk to your RTO to facilitate an appropriate placement.**

## Extensions of training time or leave

In addition to leave entitlements through employment contracts, registrars have access to leave from the AGPT program, such as unpaid parental leave, sick or carer's leave, Australian Defence Force service leave (which does not count towards the training time cap), and additional leave for personal reasons (which does count towards the training time cap).

Generally the deferral of the commencement of training is not permitted, but may be considered in certain circumstances as detailed in the AGPT Program Leave Policy 2019.

During the course of training on the AGPT program, circumstances may arise that require registrars to extend their training time. Registrars may seek an extension to their training time as per the categories of extension and circumstances detailed in the AGPT Extension of Training Time Policy 2019.

## For more information on the AGPT program

Contact the Department of Health, ACRRM, RACGP or the RTO in your region for up to date information on applying and entry into the AGPT program, including key dates for the application period/time frames and eligibility requirements.

# Subsidies, Benefits and Incentives

The level of financial subsidy available to assist you through your training and how much you will need to pay, varies between the pathways.

## Fully Commonwealth funded pathways:

- The Australian General Practice Training (AGPT) Program; and
- The Remote Vocational Training Scheme (RVTS).

Doctors in the AGPT and RVTS pathways will have their training funded by the Commonwealth, in addition to any additional incentives (page 25). Assessment fees are self-funded.

## Partially Commonwealth funded pathways:

- ACRRM Independent Pathway (IP); and
- RACGP Practice Experience Program (PEP).

The Commonwealth is funding the Non-Vocationally Registered (Non-VR) Fellowship Support Program (FSP) which is delivered through ACRRM's IP and RACGP's PEP. This program provides a subsidy for eligible doctors training on these pathways, with remaining costs covered by participants.

Non-VR medical practitioners interested in applying should refer to the relevant college's website for information on eligibility requirements and how to apply.

ACRRM: [acrrm.org.au/forms/nonvr](http://acrrm.org.au/forms/nonvr)

RACGP: [racgp.org.au](http://racgp.org.au)

## Medicare Benefits Schedule (MBS) access for GPs

People in Australia pay to see a GP and patients with a Medicare card can claim some or all of the cost of their consultation from the Medicare Benefits Schedule (MBS), otherwise known as Medicare.

There are two tiers of rebates for patients. The lower value items apply to services performed by doctors who are working in general practice but are not specialists in general practice or are not training to be GPs. The higher value items are available for patients who see a Specialist GP or a medical practitioner who is in a general practice training program provided by either ACRRM or RACGP.

Doctors require a Medicare provider number (MPN) to enable their patients to claim MBS items. MPNs are location specific and doctors will generally hold multiple numbers throughout their career. There are some restrictions on where registrars can work to ensure they receive quality training, or to ensure they are working and learning to be GPs in areas where they are meeting community needs.

Not all doctors must join a Fellowship pathway when commencing their general practice career. However, it is worth joining a Fellowship pathway because general practice trainees qualify to claim the full GP MBS items, which are normally reserved for Fellows of the ACRRM and the RACGP. While there are some additional, non-training arrangements that provide time-limited access to these items, these arrangements closed to new entrants on 1 January 2019 and will cease for current participants on 1 July 2023.

Once you have attained Fellowship, you will need to apply to the Department of Human Services to have your qualification recognised for MBS item claiming purposes. Once your qualification is recognised, you will be eligible to bill the full range of GP MBS items for consultations and services you perform for your patients.

More information is available on the Department of Health website [health.gov.au](http://health.gov.au)





## INCENTIVES FOR GPS

The Australian Government provides incentives to encourage medical practitioners to work in regional, rural and remote areas. Registrars are eligible for some of these incentives.

The Workforce Incentive Program (WIP) starting on 1 July 2019 supersedes the General Practice Rural Incentives Program. An incentive payment will be paid to registrars who work over a set minimum of time in Modified Monash Model (MM) 3-7 locations. The payment increases according to the volume of MBS-rebated

services provided, and the level of remoteness (see table below).

Program guidelines for the WIP will be available on 1 July 2019.

For more information you can visit the Department of Health's website at [health.gov.au](http://health.gov.au)

Other grants or incentive programs may be available to registrars via the Colleges. For more information visit [acrrm.org.au](http://acrrm.org.au) and [racgp.org.au](http://racgp.org.au)

Location (MM)	Year 1	Year 2	Year 3	Year 4	Year 5 plus
<b>MM3</b>	\$0	\$4,500	\$7,500	\$7,500	\$12,000
<b>MM4</b>	\$0	\$8,000	\$13,000	\$13,000	\$18,000
<b>MM5</b>	\$0	\$12,000	\$17,000	\$17,000	\$23,000
<b>MM6</b>	\$16,000	\$16,000	\$25,000	\$25,000	\$35,000
<b>MM7</b>	\$25,000	\$25,000	\$35,000	\$35,000	\$60,000

Note: The MM3 category in the table also includes registrars on approved pathways undertaking selected approved training in MM1 and MM2 locations (refer to the MM information on page 34).

# The ACRRM Independent Pathway (IP)

The ACRRM Independent Pathway (IP) is an Australian Medical Council (AMC) accredited specialist general practitioner training and education program. It has been developed by rural doctors to support generalists working in a rural or remote area.

The IP is an Education and Training program that is delivered and administered entirely by the ACRRM and supported by a dedicated team of training officers and medical educators.

Training on the IP provides experienced doctors with flexibility and input into planning their education and training dependent on their current skills and knowledge.

The IP provides:

- individualised case management from a dedicated training officer;
- personalised medical educator guidance;
- an established education and training program;
- modality-specific assessment support programs; and
- up to three years recognition of prior learning (RPL).

## Clinical requirements

Clinical training requirements cover:

1. Core Clinical Training (CCT);
2. Primary Rural and Remote Training (PRRT); and
3. Advanced Specialised Training (AST).

Registrars must complete the minimum training time and minimum requirements, for each area of the clinical requirement.

Registrars must develop a training plan with the assistance of a medical educator or training advisor to ensure that training covers requirements.

## Upon completion

Upon successful completion of training and assessments, participants will:

- be awarded FACRRM; and
- have attained confidence to function as safe, independent GPs who practice in a diverse range of healthcare settings, with a focus on rural and remote settings in Australia.

## Support and feedback

There are several assessment support programs offered to registrars by ACRRM and RTOs. Some of these include formal study groups, mock exams and face to face workshops. Assessment support programs allow participants to receive individualised feedback on their performance and guidance on their continued preparation.

Registrars must also have an accredited supervisor, who can provide support and feedback throughout training.

### Training locations

ACRRM highly recommends registrars complete most of their training in a rural or remote area. The focus must be on gaining a broad scope of skills and knowledge required to practise independently in rural and remote settings. Some skills may be developed in metropolitan or regional facilities.

A sound knowledge and broad experience of rural medicine practiced in a rural and remote context is essential. For Fellowship purposes, there is a minimum requirement of 12 months living and working in a rural or remote community.

### Training duration

The ACRRM training is a four year training program. All registrars must undertake four years of training, which may include training recognised through RPL.

You can elect to do your training part-time as long as it is more than 50% of the full-time proportionate exposure and experience in all aspects of the relevant training post.

### How to apply

Applications remain open throughout the year and must be submitted electronically using the online form at [acrrm.org.au](http://acrrm.org.au)

### For more information

For more information on eligibility, the learning program and requirements refer to the Independent Pathway webpage [acrrm.org.au](http://acrrm.org.au), or the ACRRM Fellowship Program Placement Guidelines at [doctorconnect.gov.au](http://doctorconnect.gov.au)



**Australian College of  
Rural & Remote Medicine**  
WORLD LEADERS IN RURAL PRACTICE

# The RACGP Practice Experience Program (PEP)

The RACGP's Practice Experience Program (PEP) is a self-directed education program designed to support non-VR doctors on their pathway to RACGP Fellowship. The PEP helps non-VR doctors prepare for the RACGP Fellowship exams and to deliver quality primary care to their patients.

The PEP has a strong emphasis on self-directed learning with practical and relevant educational activities. Because the PEP participants are working in practice, the learning units are largely practice-based and have the dual benefit of enabling doctors to apply new knowledge and skills into their practice.

The PEP is an RACGP initiative that is delivered in partnership with RTOs across Australia. The PEP will replace all other programs on the pathway to Fellowship with RACGP, other than the AGPT program and the RVTS.

The PEP is an individualised learning program based on the current knowledge, skills, experience and competence of each participant. Because of the focus on the individual rather than on a structured program designed for a particular group of registrars (as in the AGPT), the PEP participants are not part of a time-based cohort of peers and are unlikely to be undertaking the same learning program as any other individual in the PEP.

## Clinical requirements

The PEP is a program based in general practice, which means that before entering the program you must either be employed as a GP or have an offer of employment as a GP. You are responsible for maintaining suitable employment as a GP while undertaking the PEP.

You will gain the most from your time in the PEP if you are exposed to the full scope of general practice as much as possible. This includes:

- seeing a broad range of patient presentations, demographics and conditions;
- providing ongoing care for a significant proportion of the patients that you see; and
- after-hours and/or residential aged care facility care, provided it does not form the major part of your work.

## Upon completion

Upon successful completion of training and the RACGP Fellowship assessments, participants will:

- be awarded FRACGP; and
- have attained in-depth knowledge and skills for general practice in Australia.

## Support and feedback

You will be well supported during your time in the PEP. Support will take a number of different forms including:

- mentoring to provide you with feedback and assistance to develop your learning plan, as well as monitoring your progress and performance throughout each training term;
- program administrative support from the RTOs to assist with coordination of training activities, and to help you stay on track throughout the program; and
- assessment and feedback, delivered in the workplace, to help improve your performance as a GP.

### Training duration

The PEP consists of up to three general practice training terms. Each term is six months in duration. Your length of time on the program will range from a minimum of one term (six months) to a maximum of three terms (18 months).

You may work part-time during your time in the program. However, you must complete your learning program in a full-time capacity and within the allocated time i.e. you must complete six months of allocated learning units within six months, regardless of whether you are working part-time.

### How to apply

Please check the RACGP website [www.racgp.org.au/pep](http://www.racgp.org.au/pep) to see when you can apply for the next intake of the PEP.

### For more information

For more information on the learning program, eligibility and requirements refer to the PEP Guide for Participants found on the RACGP website [racgp.org.au/pep](http://racgp.org.au/pep), or the RACGP Fellowship Program Placement Guidelines at [doctorconnect.gov.au](http://doctorconnect.gov.au), or contact your preferred RTO. Contact details can be found on page 38.



# The Remote Vocational Training Scheme (RVTS)

The Remote Vocational Training Scheme (RVTS) is a program which is available to doctors practising in areas where accessing mainstream training is impractical or impossible. The three-year (RACGP) or four-year (ACRRM) program allows doctors to access training while they continue to provide general medical services to their community.

The program delivers structured distance education and remote supervision to doctors while they continue to provide general medical services in Aboriginal and Torres Strait Islander communities and rural and remote locations throughout Australia. RVTS addresses the health service needs in Australia's remote communities by allowing registrars to remain in one location for the period of their training.

RVTS provides an alternative route to vocational recognition for doctors in Aboriginal Community Controlled Health Services (ACCHS), or a town where the medical services would be substantially compromised by the departure of that doctor to undertake training. RVTS enables doctors to train and build cultural competency whilst providing services in Aboriginal and Torres Strait Islander communities.

The program has two streams of training:

1. Doctors working in remote & rural Australia (the Remote Stream); and
2. Doctors in Aboriginal Community Controlled Health Services (the AMS Stream).

Both streams train towards Fellowship qualifications of the ACRRM and/or RACGP.

The RVTS also enables registrars to train to advanced skills not necessarily required for the FRACGP. Competence in one of these skills is a mandatory requirement for the FACRRM. The RACGP recognises additional training in advanced general practice through its post-vocational Fellowship in Advanced Rural General Practice (FARGP). Registrars can work towards their FARGP at the same time as they train with the RVTS for their FRACGP.

## Clinical requirements

Registrars must already be employed as a GP in a remote and rural location (the Remote Stream) or an Aboriginal Community Controlled Health Service (the AMS Stream) and be providing continuing comprehensive whole-patient medical care to individuals, families and their communities.

While acknowledged that registrars with full-time clinical and on-call commitments may have difficulty in attending all RVTS educational activities, it is mandatory that registrars attend at least 80% of training webinars and 100% of all education workshop sessions.

## Upon completion

Upon successful completion of training and assessments, participants will:

- be awarded the FACRRM and/or the FRACGP and have had the opportunity to train toward the FARGP;
- have remained based in rural, remote or Aboriginal and Torres Strait Islander health practice for the majority of their training time;
- have attained comprehensive knowledge, skills and attitudes for unsupervised general practice in Australia;
- be confident and competent to provide services and leadership in healthcare in a rural, remote or Aboriginal and Torres Strait Islander health setting and be motivated to continue to practice in such settings with well-established lifelong learning skills; and
- have provided comprehensive high quality medical care to rural, remote or Aboriginal and Torres Strait Islander health communities throughout their experience and therefore will be better able to maintain/sustain such services in the future.

Education and support is delivered via live weekly webinars, face-to-face workshops, clinical teaching visits and remote supervision.



### Training locations

RVTS does not provide a list of eligible locations. It is the responsibility of the applicant to determine their eligibility to apply for the program. Doctors must already be working in an eligible location to apply for training with RVTS. There is no requirement for a doctor to move from that location to undertake their training. Doctors training with RVTS must continue to work in an eligible location for the majority of their training. Advanced skills training (eg anaesthetics, obstetrics and surgery etc) may require a doctor to move to a regional centre for 12 months to gain appropriate training within a teaching hospital.

The RVTS has recently started recruiting doctors to specific remote communities with high medical workforce need through a targeted recruitment approach. Details on any available locations can be found on the RVTS website.

### Training duration

Fellowship of ACRRM requires 4 years of full-time training. Fellowship of RACGP requires 3 years of full-time training. Recognition of prior learning is determined on an individual basis and may shorten training time.

### How to apply

RVTS provides vocational training towards Fellowship of both ACRRM and RACGP. Applications are to be completed online via the RVTS website at [rms.rvts.org.au/Applications/Apply](https://rms.rvts.org.au/Applications/Apply).

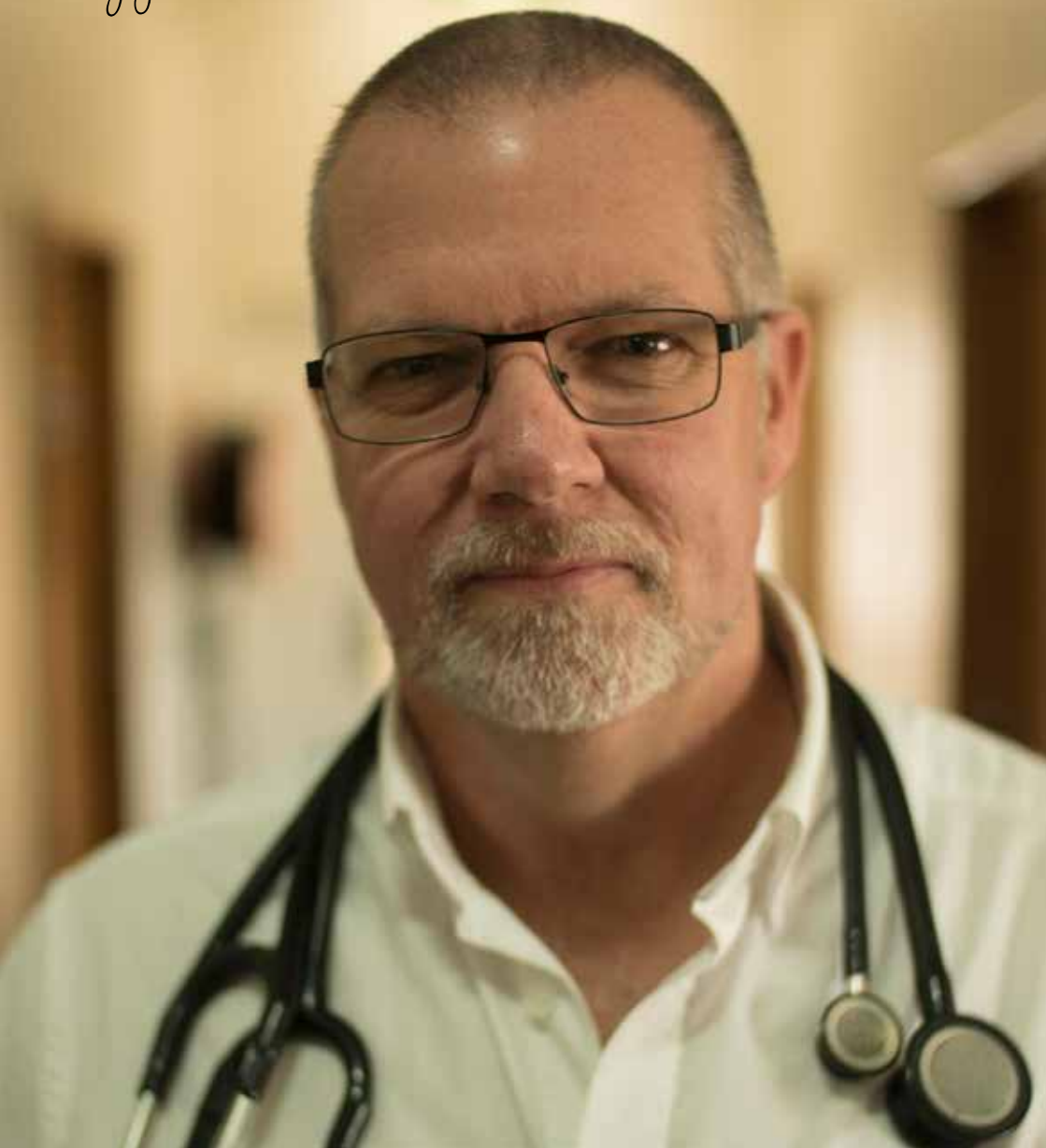
Doctors can apply for RPL to either or both Colleges. RPL applications are submitted to RVTS for review prior to RVTS submitting the application to the relevant college.

### For more information

More information on the RVTS including eligibility, please visit the RVTS website at [rvts.org.au](https://rvts.org.au)



The people ... are what Dr Richardson enjoys most about rural medicine.



## Rural medicine brings big opportunities

For Dr Alan Richardson, a career in rural medicine was not what he had expected and far from what he had heard about it. He said rural medicine opened many doors early in his career. “There is no way I would have been given the opportunity to take on the role of Director of Medical Services, five years out from medical school, in the city,” he said.

Dr Richardson completed his training in Maranoa with James Cook University’s (JCU) General Practice (GP) training program. Just two months before achieving his fellowship in 2017, Dr Richardson was appointed Director of Medical Services for the Roma Health Precinct and also took on the role of JCU GP Supervisor. “This is a clear demonstration of the opportunities available in rural areas,” he said.

Working in a rural area was very different to what Dr Richardson had heard. “The professional isolation that I was told to expect does not really exist as I feel I am part of a community of rural practitioners who support each other in a myriad of different ways.”

The people Dr Richardson works with on a daily basis are what he enjoys most about rural medicine. The medical staff work together closely and support each other in a way that he hasn’t seen in his previous workplaces. “There’s that feeling that they have my back, the way I have theirs, and this enables me to concentrate on working towards the best patient outcomes,” he said.

Rural medicine can present a number of unique challenges but it can also be very rewarding. “The biggest professional challenge I face is constantly striving to ensure patients from my community get access to the same level of specialist care as is available to urban people” he said.

Doctors who live and work in the local community and are invested in the provision of health will always be valued in rural communities. “Simply by demonstrating a willingness to stay in the community for the long term and treating people not as patients but as members of one’s community, makes a difference to how the community values you,” he said.

“I would highly recommend procedural rural generalism to others. In the city you are just another doctor, in rural areas you are a valued asset to the community,” said Dr Richardson.

The role of a rural doctor is both physically and mentally demanding. Dr Richardson said the key to thriving in rural medicine is resilience and seeking support from your team. “None of us are alone, we have a team of clinicians around us both within the hospital, within the district and within the state who are accessible for advice, support and encouragement.”

**Dr Alan Richardson—FACRRM**

# Training terms and locations

## Section 19AB of the *Health Insurance Act 1973*

Section 19AB of the *Health Insurance Act 1973* prescribes a 10-year moratorium on MBS item billing eligibility for some doctors. The moratorium applies to overseas trained doctors and foreign graduates of an accredited medical school.

Doctors who are subject to the moratorium may qualify for a MPN and to bill the MBS if they receive approval from the Department of Health. This approval is called a 'section 19AB exemption' and will generally be granted if the doctor works in a district of workforce shortage for their specialty. Moratorium-restricted doctors who are seeking to train will generally qualify for an exemption for training posts that are located outside of the capital cities. This is why moratorium-restricted doctors are generally ineligible to apply to train on the general pathway of the AGPT.

For more information visit [doctorconnect.gov.au](http://doctorconnect.gov.au) > First steps > Medicare provider number legislation, or contact the Department of Health at [19AB@health.gov.au](mailto:19AB@health.gov.au)

## The Modified Monash Model

The Modified Monash (MM) Model uses the 2011 Australian Bureau of Statistics (ABS) model; the Australian Statistical Geography Standards—Remoteness Areas (ASGS-RA) system as a base to further differentiate regions into metropolitan, regional, rural and remote areas according to geographical remoteness and population size.

The Modified Monash Model is divided into seven categories: MM 1–7.

- MM 1 is metropolitan cities;
- MM 2–7 are grouped into progressively more remote areas based on local town population size.

### For AGPT:

Registrars on the General Pathway can train in MM1–7 locations.

Registrars on the Rural Pathway must train in MM2–7 locations.

### For IP:

Registrars can train in MM2–7 locations

### For PEP:

Registrars can train in MM2–7 locations

### For RVTS:

Registrars can train in MM2–7 locations

- Stream A MM4–7
- Stream B MM2–7 for doctors working in Aboriginal Community Controlled Health Services

For more information about how the MM model categories are calculated or to look up the MM classification of a location, please visit [doctorconnect.gov.au](http://doctorconnect.gov.au) > Search the map

**I chose GP because I feel general practice is uniquely positioned to provide the preventative care, the continuity of care, and the patient relationships I really treasured in my clinical interactions. It also provided the breadth and diversity of medical presentations that is intellectually stimulating and promotes lifelong learning and improvement.**

**With regards to general practice, I was particularly passionate about rural health. Initially, because it encompassed all the qualities I like about general practice, but more importantly, because there still exists an unacceptable gap in health equity between rural and urban residents that I feel we can all contribute to the solution. ACRRM is uniquely positioned to provide comprehensive rural generalist training. The College appreciates the diversity of rural medical care and also the need for greater range of higher skill sets when managing patients in isolated and resource constrained settings. I feel the training from ACRRM has helped me better prepare for my career in rural medicine.**

**Dr Lucia Dong Wang—  
FACRRM & FRACGP**

*I feel my training  
has helped me better prepare  
for my career in rural medicine.*









# Contact Information

## **The Department of Health**

Telephone: 1800 DR AGPT (1800 37 2478) or for international callers: +61 2 6289 2666

Website: [agpt.com.au](http://agpt.com.au)

Email: [AGPTeligibility@health.gov.au](mailto:AGPTeligibility@health.gov.au)

## **Australian College of Rural and Remote Medicine (ACRRM)**

Telephone: 1800 223 226

Website: [acrrm.org.au](http://acrrm.org.au)

Email: [training@acrrm.org.au](mailto:training@acrrm.org.au)

## **Royal Australian College of General Practitioners (RACGP)**

Telephone: 1800 472 247

Website: [racgp.org.au](http://racgp.org.au)

Email: [racgpeducation@racgp.org.au](mailto:racgpeducation@racgp.org.au)

## **Remote Vocational Training Scheme (RVTS)**

Telephone: 02 6057 3400

Website: [rvts.org.au](http://rvts.org.au)

Email: [rvts@rvts.org.au](mailto:rvts@rvts.org.au)

## **Australian Medical Association (AMA)**

Telephone: 02 6270 5400

Website: [ama.com.au](http://ama.com.au)

Email: [ama@ama.com.au](mailto:ama@ama.com.au)

## **Rural Doctors Association of Australia (RDAA)**

Telephone: 02 6239 7730

Website: [rdaa.com.au](http://rdaa.com.au)

Email: [office@rdaa.com.au](mailto:office@rdaa.com.au)

## **General Practice Registrars Australia (GPRA)**

Telephone: 03 9629 8878

Website: [gpra.org.au](http://gpra.org.au)

Email: [enquiries@gpra.org.au](mailto:enquiries@gpra.org.au)

## **General Practice Students Network (GPSN)**

Telephone: 03 9629 8878

Website: [gpsn.org.au](http://gpsn.org.au)

Email: [gpsnenquiries@gpra.org.au](mailto:gpsnenquiries@gpra.org.au)

## REGIONAL TRAINING ORGANISATIONS

### Australian Capital Territory/ New South Wales

#### Western New South Wales

GP Synergy

W: [gpsynergy.com.au](http://gpsynergy.com.au)

T: 1300 477 963

(International: +61 2 8321 4000)

E: [applicant@gpsynergy.com.au](mailto:applicant@gpsynergy.com.au)

### New South Wales

#### Lower Eastern New South Wales

GP Synergy

W: [gpsynergy.com.au](http://gpsynergy.com.au)

T: 1300 477 963

(International: +61 2 8321 4000)

E: [applicant@gpsynergy.com.au](mailto:applicant@gpsynergy.com.au)

#### North Eastern New South Wales

GP Synergy

W: [gpsynergy.com.au](http://gpsynergy.com.au)

T: 1300 477 963

(International: +61 2 8321 4000)

E: [applicant@gpsynergy.com.au](mailto:applicant@gpsynergy.com.au)

### Victoria

#### Eastern Victoria

Eastern Victoria GP Training

W: [evgptraining.com.au](http://evgptraining.com.au)

T: 1300 851 753

E: [evgptraining.com.au](http://evgptraining.com.au)

#### Western Victoria

Murray City Country Coast GP Training

W: [mccc.com.au](http://mccc.com.au)

T: 1300 622 247

E: [info@mccc.com.au](mailto:info@mccc.com.au)

### Queensland

#### North Western Queensland

GP Training

James Cook University

W: <https://www.jcugp.edu.au>

T: (07) 4781 3262

E: [gpselctions@jcu.edu.au](mailto:gpselctions@jcu.edu.au)

#### South Eastern Queensland

General Practice Training Queensland

W: [gptq.qld.edu.au](http://gptq.qld.edu.au)

T: (07) 3552 8100

E: [gptq@gptq.qld.edu.au](mailto:gptq@gptq.qld.edu.au)

### South Australia

GPEX

W: [gpex.com.au](http://gpex.com.au)

T: 1300 473 972 or (08) 8490 0400

E: [selection@gpex.com.au](mailto:selection@gpex.com.au)

### Northern Territory

Northern Territory General Practice Education

W: [ntgpe.org](http://ntgpe.org)

T: (08) 8946 7079

E: [registrar@ntgpe.org](mailto:registrar@ntgpe.org)

### Tasmania

General Practice Training Tasmania

W: [gptt.com.au](http://gptt.com.au)

T: (03) 6215 5000

E: [enquiries@gptt.com.au](mailto:enquiries@gptt.com.au)

### Western Australia

Western Australian General Practice Education and Training

W: [wagpet.com.au](http://wagpet.com.au)

T: (08) 9473 8200

E: [gpcareers@wagpet.com.au](mailto:gpcareers@wagpet.com.au)





Australian Government  
Department of Health

All information in this publication is correct as at March 2019



Australian College of  
Rural & Remote Medicine  
WORLD LEADERS IN RURAL PRACTICE



RACGP