



AUSTRALIAN GENERAL PRACTICE TRAINING (AGPT) PROGRAM POLICIES 2017

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| Audience: | Registrars enrolled on the AGPT Program, Applicants seeking selection onto the AGPT Program, Regional Training Organisations and Stakeholders |

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1 Overarching Principles of the 2017 AGPT Program Policies

- 1.1 The Australian General Practice Training (AGPT) Program policies have been informed by ongoing consultation with stakeholders. The revised policies aim to support Regional Training Organisations (RTOs) and registrars training on the AGPT Program.
- 1.2 The 2017 AGPT Program policies apply to all registrars enrolled on the AGPT Program.
 - 1.2.1 Allowances approved under the previous AGPT Program policies (including leave or extensions of training time) will be honoured under the 2017 AGPT Program policies. A record with the date of approval will need to be retained on file by the RTO.
- 1.3 The AGPT Program policies should be considered as an entire suite of policies, with no one policy superseding or negating the requirements of any other.
- 1.4 All Training Regions of the AGPT Program will be considered to be separate regions, regardless of the RTO responsible for the management of registrar training across the Training Regions.
- 1.5 It is expected that registrars will remain in the Training Region in which they accepted a training place for the duration of their training (transfers are permitted in certain circumstances as specified in the *AGPT Transfer Policy 2017*).
- 1.6 For registrars commencing training following selection onto the AGPT Program, they are required to hold general medical registration without conditions or undertakings in Australia by the commencement of the 2017 training year (6 February 2017).
 - 1.6.1 It should be noted that training on the AGPT Program begins in January or February each year with the specific start dates determined by the individual RTOs in each Training Region.
- 1.7 The policies seek to ensure that a minimum of 50% of registrar training occurs in an Australian Standard Geographical Classification – Remoteness Areas (ASGC–RA) 2-5 location, in line with the Government’s commitment to ensure that communities across all areas of Australia, including rural and regional locations, are receiving services from registrar training.
- 1.8 RTOs must develop and publish local policies that complement the AGPT Program policies. These local policies must be made accessible to all registrars within the RTO’s Training Region.
- 1.9 RTOs must manage individual registrar’s training and progress through training as per the 2017 AGPT Program policies.
- 1.10 It is expected that in instances where the Department of Health requests an RTO to take over the management of a registrar’s training from another RTO, that all efforts will be made to comply with the Department of Health’s request.

2 Objectives for the AGPT Program Policies

- 2.1 Contribute to the provision of high quality GP training across Australia.
- 2.2 GP registrars are well-distributed, with a minimum of 50% of training occurring in ASGC RA 2-5 locations.
- 2.3 GP training is delivered efficiently, with registrars progressing through the training program within the set timeframes ensuring continuity of training and recency of practice.
- 2.4 Doctors entering the Program are selected through a merit-based, transparent and equitable selection process.
- 2.5 Provide registrars with complaints and appeals processes.
- 2.6 Registrars are treated equitably during their general practice training.
- 2.7 Support registrars to undertake training in Aboriginal and Torres Strait Islander health settings, within the parameters set by the Department of Health.

3 Suite of 2017 AGPT Program Policies

- 3.1 *AGPT Training Obligations Policy 2017*
- 3.2 *AGPT Extension of Training Time Policy 2017*
- 3.3 *AGPT Transfer Policy 2017*
- 3.4 *AGPT Program Leave Policy 2017*
- 3.5 *AGPT Withdrawal Policy 2017*
- 3.6 *AGPT Complaints Policy 2017*
- 3.7 *AGPT Training Region Policy 2017*
- 3.8 *AGPT Training Accessibility Policy 2017*
- 3.9 *AGPT Academic Post Policy 2017*
- 3.10 *AGPT Salary Support Policy 2016*
- 3.11 *AGPT Remediation Policy 2017*
- 3.12 *AGPT Appeal Policy 2017*

4 Key Changes in the 2017 AGPT Program Policies

- 4.1 A Selection Policy has not been included in this suite of AGPT Program Policies. The RACGP and ACRRM will be responsible for the recruitment process to select new doctors for the AGPT Program. Prospective applicants and RTOs should check the Relevant College website.

4.2 AGPT Training Obligations Policy 2017

- 4.2.1 Registrars can now undertake 12 months training in an Aboriginal and Torres Strait Islander health training post in an Aboriginal Community Controlled Health Service or other approved Aboriginal Medical Service to fulfil their general pathway training location obligations.
- 4.2.2 All training undertaken by registrars enrolled in the AGPT Program must occur within Australia and Australian external territories with the exception of ADF registrars training overseas on deployment.
- 4.2.3 If Recognition of Prior Learning (RPL) with time credit is granted it reduces a registrar's training time cap the training time cap will only be reduced by a maximum of 52 Full-Time Equivalent (FTE) weeks. For example, if a registrar seeking fellowship of ACRRM is granted 104 FTE weeks (2 FTE years) of RPL with time credit, instead of their training time cap being reduced from 5 FTE years to 3 FTE years the cap will be reduced to 4 FTE years.
- 4.2.4 Registrars must comply with the membership policy of the Relevant College and enrol in their chosen fellowship program(s) prior to commencing their training on the AGPT Program. Once registrars have enrolled in their chosen fellowship program(s) they cannot change to another during their training.
- 4.2.5 Dual fellowship will only be permitted if registrars are successful in both College selection process and are successful in obtaining placements with both Colleges in the same year.

4.3 AGPT Extension of Training Time Policy 2017

- 4.3.1 Inclusion of a fourth extension, Extension for Rural Generalist Additional Skills Training which enables registrars enrolled in a State or Territory rural generalist program to access up to 52 weeks training time above that required to meet the core requirements of the Relevant College Fellowship award.
- 4.3.2 Registrars undertaking Extension Awaiting Fellowship only need to be practising in an accredited Training Facility if they require access to an AGPT Medicare Provider Number.

- 4.3.3 Clarified that registrars undertaking Extension to undertake an approved Academic Post is capped at a maximum of 6 FTE months. This means that an approved Academic Post term is to be taken over 12 FTE months as 0.5 FTE extension to undertake an approved Academic Post and 0.5 FTE clinical practise as part of registrars training on the AGPT Program.
- 4.4 AGPT Transfer Policy 2017**
- 4.4.1 Registrars are unable to appeal against an RTO's decision if they are not enrolled in that RTO's training program. This means that registrars are unable to appeal the decision of an RTO to not accept a transfer from their current RTO or Training Region and includes instances where the registrar is on an approved temporary transfer and then requests a permanent transfer to remain with the RTO to which they temporarily transferred.
- 4.5 AGPT Program Leave Policy 2017**
- 4.5.1 Category 2 Leave will now be approved by the RTO unless the registrar is being placed on leave as they have been unable to be matched with an appropriate Training Facility.
- 4.5.2 Registrars will need to work with their RTO to ensure that they meet the Medical Board of Australia's registration standards, particularly with regard to recency of practice, when returning to training following an extended period of leave.
- 4.5.3 Registrars can apply to defer the commencement of training for a maximum of 12 calendar months Registrars who are not prepared to commence training after this may be withdrawn.
- 4.6 AGPT Withdrawal Policy 2017**
- 4.6.1 Registrars will have 20 business days from the date of withdrawal or the date they were notified of their withdrawal from their RTO's training program, whichever is the later, to lodge an appeal with their RTO. If no appeal is lodged with the RTO, the Department will formally withdraw the registrar in writing from the AGPT Program.
- 4.6.2 Once a registrar has been formally withdrawn from the AGPT Program by the Department following the 20 business day cooling off period (voluntary withdrawals) or period in which to lodge an appeal (involuntary withdrawals) with their RTO, they are unable to appeal their withdrawal to the Department.
- 4.7 AGPT Complaints Policy 2017**
- 4.7.1 The timeframes for the review of a Complaint have been shortened and clarified.
- 4.7.2 Depending on the circumstances, the Department of Health may negotiate alternate arrangements with other RTOs to progress the registrar's training in line with the recommendations following the outcome of a Complaint.
- 4.7.3 The Department of Health cannot made decisions regarding the completion of training or a registrar's readiness to undertake fellowship exams and/or assessments.
- 4.8 AGPT Training Region Policy 2017**
- 4.8.1 The definitions of 'Host' and 'Home' RTOs have been clarified.
- 4.8.2 A subscription arrangement cannot commence without written approval from the Department of Health.
- 4.9 AGPT Training Accessibility Policy 2017**
- 4.9.1 Registrars are encouraged to disclose any pre-existing disabilities or disabilities acquired during the course of their enrolment in the AGPT Program.
- 4.10 AGPT Academic Post Policy 2017**
- 4.10.1 This policy has been amended to reflect the transition of the administration and management of Academic Posts to RACGP and ACRRM.

4.11 AGPT Salary Support Policy 2016

- 4.11.1 A revised AGPT Salary Support Policy was implemented on 1 September 2016.
- 4.11.2 This policy includes the reinstatement of Fellowship in Advanced Rural General Practice (FARGP) and Advanced Rural Skills Training as being eligible for Salary Support.
- 4.11.3 The Department of Health will undertake a substantial review of the Salary Support Program, with an extended review period into 2017, for the implementation of a new policy from 1 January 2018.

4.12 AGPT Appeals Policy 2017

- 4.12.1 This policy clarifies the process for registrars to lodge an appeal against decisions made by their RTO and/or the Department of Health and outlines what can and cannot be appealed under this policy.
- 4.12.2 Withdrawals prior to the commencement of training and voluntary withdrawals cannot be appealed.

4.13 AGPT Remediation Policy 2017

- 4.13.1 This policy clarifies the process for applying for remediation and the suspension of training time.

5 Review of the AGPT Program Policies

- 5.1 The Department of Health is committed to ongoing review of the AGPT Program policies to ensure they continue to support RTOs to manage registrar training and assist registrars in progressing through the AGPT Program.
- 5.2 The AGPT Program policies will be reviewed annually to ensure they continue to meet the requirements of AGPT Program.
- 5.3 The next review of the AGPT Program policies will be undertaken from August 2017 with the view to implement any changes on 1 January 2018.
- 5.4 Should any of the activities under the management of the Department of Health and covered under these policies transfer to the management of another organisation or organisations, for example RACGP and/or ACRRM, the policies relevant to this activity may be reviewed, amended or removed and replaced by a policy/policies relevant to the management by this organisation or organisations.

6 Accepted Supporting Documentation and Evidence

- 6.1 Submissions, applications, complaints or requests made to the Department of Health and/or the RTO, usually require supporting evidence and documentation.
- 6.2 The following are the types of the supporting documentation and evidence that will be accepted:
 - 6.2.1 A valid medical certificate or letter of support from a relevant medical practitioner confirming the registrar, or an immediate family member has an illness or injury and the impact upon the registrar;
 - 6.2.2 In the case of illness of an immediate family member, the supporting documentation should detail the personal support required of the registrar, why no other support is available and the impact upon the registrar;
 - 6.2.3 A death certificate or letter of support from a relevant medical practitioner;
 - 6.2.4 A birth certificate or letter of support from a relevant medical practitioner;
 - 6.2.5 Foster and/or adoption papers or permanent care orders;
 - 6.2.6 In the case of acute personal/emotional trauma, a signed statement from a professional counsellor, psychologist, psychiatrist or relevant medical practitioner verifying how the registrar has been impacted; and

- 6.2.7 A statutory declaration confirming the registrar, or an immediate family member, has an illness or injury.
- 6.3 Any supporting documentation or evidence provided from a medical practitioner must not be written by anyone with a potential or perceived conflict of interest. This includes:
 - 6.3.1 The registrar's family;
 - 6.3.2 The registrar's friends;
 - 6.3.3 Staff from the registrar's RTO; or
 - 6.3.4 Staff from the practice where they are or have been training.
- 6.4 The registrar's treating medical practitioner must have expertise and qualifications to be eligible to provide the documentary medical evidence. The medical practitioner must declare they have no known or perceived conflict of interest in supplying the supporting documentation or evidence and advise how long they have been treating the registrar or family member.

7 Medicare Provider Numbers

- 7.1 A Medicare Provider Number uniquely identifies a medical practitioner and the location from which they have provided a service. Payment of Medicare Benefits Schedule rebate claims for services provided by a registrar may be delayed or disallowed if the Department of Human Services cannot identify the registrar as having been assessed as eligible to claim Medicare benefits at their place of practice.
- 7.2 A registrar can use the Medicare Provider Number granted for their AGPT training placement (AGPT Medicare Provider Number) while undertaking training on the AGPT Program in order to:
 - 7.2.1 Complete valid accounts and receipts for their services, so that claims for Medicare rebates for their services can be made;
 - 7.2.2 Refer their patients to other specialist through the Medicare system; and
 - 7.2.3 Request services on behalf of their patients.
- 7.3 There are legislative prohibitions on granting doctors retrospective access to the Medicare Benefits Schedule their place of practice (commonly referred to as backdating rebate claims). These prohibitions apply to every registrars who is subject to the ten year moratorium under Section 19AB of the *Health Insurance Act 1973* for each of their training placements, and all registrars entering a new Training Facility regardless of their Section 19AB status.
- 7.4 Registrars should not assume their services will attract Medicare rebates until their access to the Medicare Benefits Schedule is confirmed in writing by the Department of Human Services.
- 7.5 Registrars are only eligible for an AGPT Medicare Provider Number that will enable them to provide Medicare rebateable services due to their enrolment on the AGPT Program and inclusion on the Register of Approved Placements.
 - 7.5.1 AGPT Medicare Provider Numbers are location specific (linked to the street address of the Training Facility) and only apply to the training term and Training Facility for which they were applied for.
 - 7.5.2 AGPT Medicare Provider Numbers cannot be transferred to a different location. Registrars will require an AGPT Medicare Provider Number for every Training Facility in which they will be undertaking training.
- 7.6 Registrars withdrawn from the AGPT Program will be removed from the Register of Approved Placements. Once a registrar is removed from the Register of Approved Placements they are unable to use their Medicare Provider Number. The Department of Human Services will send a letter to the registrar confirming the date they will be removed from the Register of Approved Placements.
- 7.7 If a registrar appeals to the Department of Health regarding a decision made by the RTO or the Department of Health:

- 7.7.1 The registrar can continue claiming Medicare Benefits while their AGPT Medicare Provider Number remains valid and they remain on the Register of Approved Placements;
 - 7.7.2 Extensions to a registrar's AGPT Medicare Provider Number will not be granted while the registrar is appealing the denial of an extension of training time and their current AGPT Medicare Provider Number has ceased; and
 - 7.7.3 Further AGPT Medicare Provider Numbers will not be granted if the registrar is appealing their withdrawal from their RTO's training program and their current AGPT Medicare Provider Number has ceased.
- 7.8 The *AGPT Training Obligations Policy 2017* sets out the training time cap for registrars which must be complied with.
- 7.8.1 RTOs must not support apply for an AGPT Medicare Provider Number that extends beyond the training time cap allowed to the registrar under the *AGPT Training Obligations Policy 2017*.
 - 7.8.1.1 If the registrar has an approved extension of training time, approved exception under the *AGPT Extension of Training Time Policy 2017* or approved Category 2 Leave under the *AGPT Program Leave Policy 2017* which extends their training time beyond the cap, they may apply for an AGPT Medicare Provider Number to cover the extension to their training time.
 - 7.8.1.2 This AGPT Medicare Provider Number must not extend beyond the end date of the approved extension, exception or leave period.

8 Compliance and Monitoring

- 8.1 Compliance with the AGPT Program Policies will be monitored on an ongoing, case by case basis as required.
- 8.2 The Department of Health will send a written request for response to RTOs if data discrepancies are found during monitoring activities. RTOs will be expected to reply to the Department of Health's request within 20 business days with reasons for the discrepancies and the actions that will be taken to prevent them from recurring.

9 Common AGPT Program Roles and Responsibilities

- 9.1 These are the roles and responsibilities that are common to registrars, RTOs and the Department of Health across all AGPT Program policies.
- 9.2 Registrars are responsible for:
 - 9.2.1 Being familiar and complying with the AGPT Program policies, as well as relevant RTO, College and ADF requirements (where applicable);
 - 9.2.2 Maintaining general medical registration in order to remain training on the AGPT Program;
 - 9.2.3 Ensuring that they hold current and correct Medicare Provider Number(s) for the appropriate Training Facilities before they commence training; and
 - 9.2.4 Advising their RTO of any conditions and/or undertakings imposed on their medical registration.
- 9.3 RTOs are responsible for:
 - 9.3.1 Being familiar and complying with the AGPT Program policies, as well as relevant RTO, College and ADF requirements (where applicable);
 - 9.3.2 Notifying the Department of Health of registrars with conditions and/or undertakings imposed on their medical registration;
 - 9.3.3 Ensuring that all registrars enrolled in their training program have current general medical registration;

- 9.3.4 Ensuring that all registrars enrolled in their training program hold current and correct Medicare Provider Number(s) for the appropriate Training Facilities before they commence training;
 - 9.3.5 Ensuring that any Medicare Provider Number applications submitted on behalf of registrars do not future date an AGPT Medicare Provider Number beyond the registrars training time cap;
 - 9.3.6 Updating the Registrar Information Data Exchange (RIDE) as required to ensure registrar records are up to date, complete and accurate;
 - 9.3.7 Participating in compliance and monitoring activities;
 - 9.3.8 Responding to requests for information from the Department of Health;
 - 9.3.9 Developing and managing local policies and procedures that complement the entire suite of AGPT Program policies; and
 - 9.3.10 Ensuring the RTO local policies and procedures for registrars on the AGPT Program are made publically accessible and communicated to registrars.
- 9.4 The Department of Health is responsible for:
- 9.4.1 Monitoring the implementation and application of the AGPT Program policies;
 - 9.4.2 Monitoring registrar and RTO compliance with the AGPT Program policies;
 - 9.4.3 Following up with RTOs on discrepancies found during monitoring activities;
 - 9.4.4 Making amendments to the policies as required; and
 - 9.4.5 Making policies available on the AGPT website.

10 Version Control and Change History

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