



Australian Government

Department of Health and Aged Care

PRE-FELLOWSHIP PROGRAM (PFP) PROGRAM GUIDELINES

EFFECTIVE DATE: 2 APRIL 2024

Section 1 - Introduction	3
1.1. Objective of these Guidelines	3
Section 2 - Participant Information	4
2.1. Eligibility	4
2.2. Doctor eligibility	4
2.2.1 International Medical Graduates (IMGs)	4
2.2.2 Australian Medical Graduate Doctors	5
2.3. Eligible locations	5
2.4. International Medical Graduates (IMGs) and 19AB	6
2.5. Eligibility to claim MBS items	6
Section 3 - Participants	7
3.1. Placement duration	7
3.2. Financial support provided under PFP	7
3.3. Supervision for IMGs	7
3.4. Eligibility for supervision payments	9
3.5. Learning and development	9
3.6. Eligibility for learning and development funding	10
3.7. Participant Responsibilities	10
3.8. Privacy	11
Section 4 – Practices and Supervisors	12
4.1. Practice eligibility	12
4.2. Practice Responsibilities	12
4.3. Supervisor Responsibilities	12
4.4. Supervision payments	13
Section 5 – Process	14
5.1. Applying for a PFP placement	14
5.2. Administration process	14
5.3. Assessment timeframes	14
5.4. Assessment notifications	15
5.5. Removal	16
5.6. Review of Decisions	17
5.7. RWA stakeholder engagement	18
5.8. Services Australia	18
Section 6 – RWAs	20
6.1. Responsibilities	20
6.2. Privacy	21
Section 7 - Contact Details	22

Section 8 - Defined Terms24
Section 9 - Attachments26

Section 1 - Introduction

The Pre-Fellowship Program (PFP) was announced as part of the 2023-24 Budget *Strengthening Medicare Initiative*. The PFP will replace the More Doctors for Rural Australia Program (MDRAP).

The Australian Government is investing \$30.5 million in the PFP pilot, over two financial years (2023-24 to 2024-25) to support Overseas Trained Doctors and Foreign Graduates of an Accredited Medical School (also known collectively as International Medical Graduates (IMGs)) who are temporary or permanent residents of Australia, and other non-vocationally recognised (non-VR) doctors to:

- gain valuable general practice experience prior to joining a general practitioner (GP) College-led Fellowship pathway with either the Australian College of Rural and Remote Medicine (ACRRM) or the Royal Australian College of General Practitioners (RACGP)
- work in primary care and remain in rural and remote communities.

Successful applicants will be added to the Register of Approved Placements by Services Australia under Section 3GA of the *Health Insurance Act 1973* (the Act), which enables their access to the Medicare Benefits Schedule (MBS).

While the aims of the PFP are broadly the same, the PFP will be different to the MDRAP in a number of critical ways:

- Doctors will be able to practice in all Distribution Priority Areas (DPAs) including those in outer metropolitan areas.
- Practices will be prioritised dependent on workforce need by the Health Workforce Needs Assessment.
- Participating practices need to be accredited, meeting minimum safety and quality standards under the National General Practice Accreditation (NGPA) Scheme.
- Participating practices need to be accredited, or working towards accreditation, as a training practice with ACRRM or RACGP.
- Smaller rural practices will receive additional (supervisory) financial support with greater support for doctors requiring level 1 supervision through increased supervision payments.
- Only IMGs (other than those with general registration) will receive financial support under the program.
- Placements are for a maximum of two years.
- Doctors will have their readiness for Fellowship training reviewed every 3 months and this should see most doctors shift to being on a pathway to specialist recognition sooner.
- Case management of placements, and funding, will be undertaken in a nationally consistent manner.

1.1. Objective of these Guidelines

The PFP Program Guidelines (the Guidelines) are designed to provide potential participant doctors and practices with information on the program and support Rural Workforce Agencies (RWAs) to administer the program.

These Guidelines will be reviewed and updated from time to time.

Section 2 - Participant Information

2.1. Eligibility

To obtain a placement on the PFP, the doctor, location, and practice must meet minimum eligibility requirements. Applicants and locations must meet the eligibility criteria set out in these guidelines to be granted an approved placement.

2.2. Doctor eligibility

The PFP is open to IMGs and other non-VR doctors who are Australian citizens, permanent residents and temporary residents. Doctors can have general, provisional or limited registration.

Doctors wanting to gain exposure to general practice and Australian medical graduates are also eligible to apply.

To be eligible for a PFP placement, a doctor must meet the following criteria:

- hold current registration with the Medical Board of Australia
- have an offer of employment and the necessary skills and experience to perform the role
- provide evidence of appropriate support in place to meet supervision requirements if applicable
- undertake GP professional development activities, including compulsory modules
- review readiness for fellowship training, in conjunction with their medical advisor, every 3 months, and
- take active steps to join a GP College-led Fellowship pathway within the defined period.

A doctor is not eligible to join PFP if they:

- have previously been on a 3GA program
- are currently on MDRAP
- are vocationally registered.

Once a doctor departs the PFP to join a GP College-led Fellowship program, they are ineligible to return to the PFP.

2.2.1 International Medical Graduates (IMGs)

Who qualifies?

Doctors under this category:

- are registered to practise medicine under either a limited, provisional or general registration
- are not yet eligible to join a GP College-led Fellowship program
- have not previously participated in a 3GA program.

Required supporting evidence

The doctor must provide:

- their current registration with the Medical Board of Australia (MBA)
- a letter of offer from the practice they wish to work in
- their current general practice experience assessment (if applicable)
- Pre-Employment Structured Clinical Interview (PESCI) result (if applicable)
- evidence of supervision arrangements

- confirmation that their Australian Health Practitioner Regulation Agency (AHPRA) Plan for Professional Development and Re-entry to Practice has been submitted to AHPRA if applicable.

Placement considerations

- The accreditation status of the practice (only practices meeting minimum safety and quality standards under the National General Practice Accreditation (NGPA) Scheme and practices accredited, or working towards accreditation, as a training practice with ACRRM or RACGP are eligible).
- Placements will be based on community need as determined by Health Workforce Needs Assessments.
- A cultural awareness module will need to be completed (if applicable).
- Supervision availability and support.

2.2.2 Australian Medical Graduate Doctors

Who qualifies?

For a doctor to participate and receive a Medicare Provider Number under the PFP, the doctor must have the necessary skills and experience to perform the role.

Required supporting evidence

The doctor must provide:

- their current registration with the MBA
- a letter from an employer or short-term contract that indicates where the doctor will be working
- other documents as required to determine doctor's eligibility for the position.

Some positions have specific experience or supervision requirements. The RWA can seek any information or assurances required to assess a doctors' suitability for a placement.

Placement considerations

- Doctors have the relevant skills and experience.
- Individual placements will be based on community need.

2.3. Eligible locations

To be eligible for a PFP placement, the practice must be located within:

- a Distribution Priority Area, or
- classified as an Aboriginal Medical Service (AMS) or that are the subject of a Ministerial direction under s19(2) or s19(5) of the Act, or
- classified as an Aboriginal Community-Controlled Health Service or be the subject of Ministerial direction under s19(2) or a s19(5) of the Act.

After-hours only placements or placements at Urgent Care Clinics (UCC) are **not** available under this program.

To be eligible for a PFP placement, the practice must be accredited under the National General Practice Accreditation (NGPA) Scheme and meet minimum safety and quality standards.

To be eligible for a PFP placement, the practice must also be accredited, or working towards accreditation, as a training practice with ACRRM or RACGP. RWAs will support a general practice toward meeting the requirements for accreditation.

Doctors can work at multiple locations. If a doctor is participating on PFP in several locations, including interstate locations, the RWA in the state or territory in which the doctor resides will

be responsible for overseeing the doctor. The relevant RWAs will need to liaise with each other to ensure the doctor is meeting their obligations under the various placements.

Participants working in a MM1 outer metropolitan location should note that they may need to move location when they join a GP College-led Fellowship pathway in order to satisfy eligibility requirements for that program.

2.4. International Medical Graduates (IMGs) and 19AB

IMG doctors are subject to location restrictions under the Act. To be able to access a Medicare benefit doctors subject to Section 19AB of the Act need a Section 19AB exemption.

IMG doctors with an approved PFP placement will meet Section 19AB requirements through a DPA class exemption. A class exemption covers a group or class of doctors who meet the conditions specified in the exemption, in this case, by working in a location classified as a DPA.

2.5. Eligibility to claim MBS items

Section 3GA of the Act grants Medicare access to doctors who participate in an approved workforce or training program. The PFP is listed in the *Health Insurance Regulations 2018* (the Regulations) as an approved program under s3GA of the Act. RWAs have delegated authority as the Specified Bodies to administer the PFP on behalf of the Department.

PFP participants have access to a range of medical practitioner and prescribed medical practitioner items. A quick claiming guide for general attendance items (including telehealth) for medical practitioners and prescribed medical practitioners is available on MBS online [Note AN.7.2 | Medicare Benefits Schedule \(health.gov.au\)](#).

Other items available include the Group A7 items for services such as chronic disease management and mental health items (and their telehealth equivalents), COVID vaccine support items and the range of medical practitioner procedural items that may be performed in general practice. Doctors should ensure that they are familiar with the relevant MBS items and billing rules.

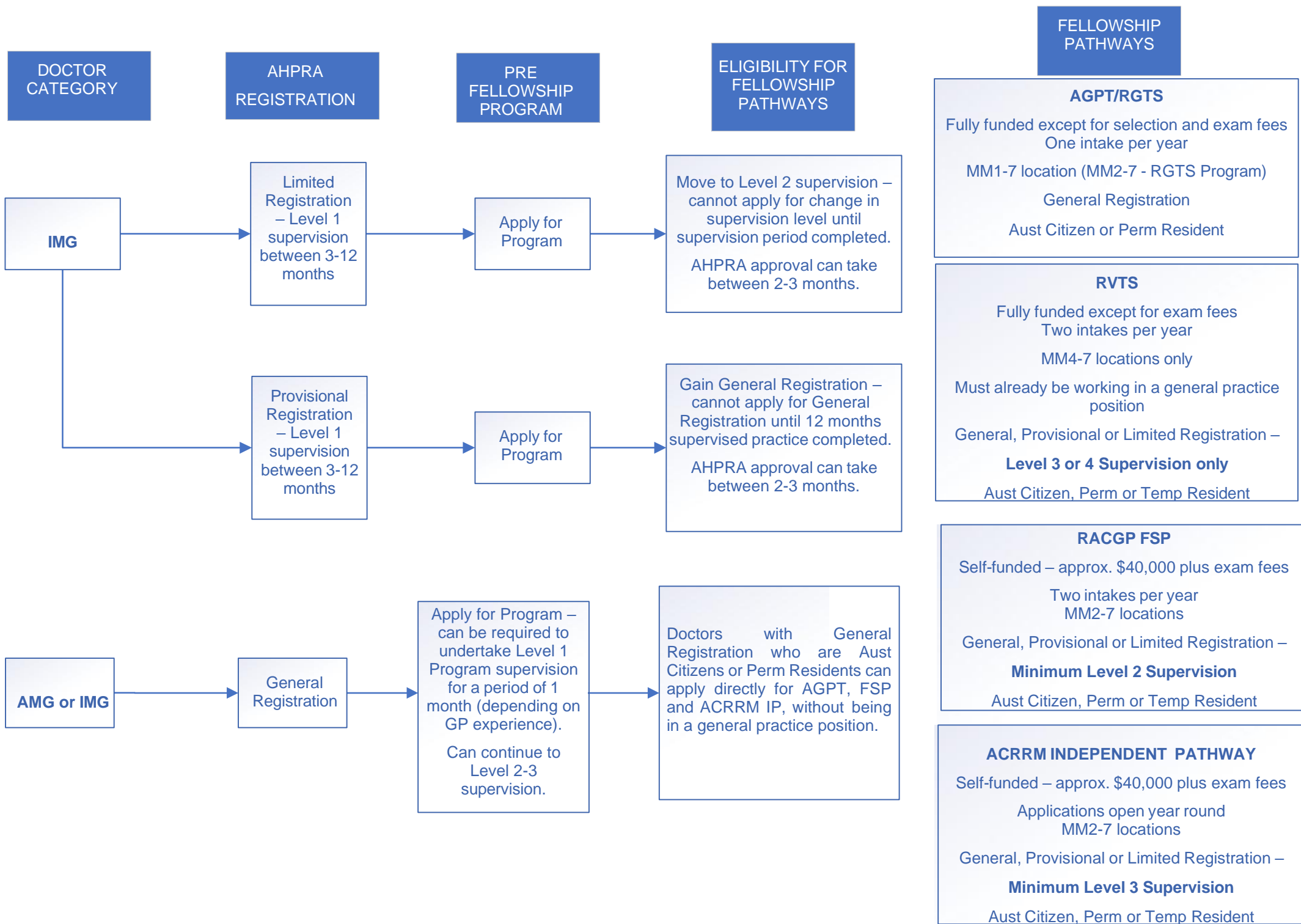
Provisions of the Act prohibit the granting of retrospective MBS access. As a result access to the MBS **will not be backdated under any circumstances**.

Before attempting to perform a professional service under a MBS item under the terms of the PFP, the doctor must:

- Receive formal notification from the RWA that they have been granted an approved placement for the requested practice and location.
- Use the approved placement as the basis for submitting a Medicare provider number application to Services Australia - Medicare for the medical practice(s).
- Receive notification from Services Australia - Medicare that they have been added to the s3GA Register of Approved Placement and been granted a Medicare provider number for the medical practice(s).

Applications for a Medicare provider number at a practice location will generally be processed within 4 weeks from the date of receipt with possible processing delays (up to 8 weeks) during the peak period from December to March. More information on processing times can be found at [Processing times for Medicare benefits applications - Medicare benefits for health professionals - Services Australia](#)

The chart on the next page shows how doctors should progress and current GP Fellowship pathway options. Options differ based on residency status, the type of registration, location, supervisory level, cost to the participant and number of intakes per year.



Section 3 - Participants

3.1. Placement duration

The maximum placement duration on the PFP is two years.

It is expected that doctors, in conjunction with their medical advisor, will review their readiness for GP Fellowship training every 3 months. This sets a clear incentive for PFP participants to progress to the College-led training programs within their 2-year participation period, to gain access to the VR Medicare rebates.

At the end of the PFP placement, to retain access to the MBS, doctors must move to a GP College-led Fellowship program. Otherwise, they may need to find alternate employment that meets relevant criteria under sections 19AA and 19AB of the *Health Insurance Act 1973*.

As this is a pilot, there are no extensions available for extenuating circumstances.

3.2. Financial support provided under PFP

Financial support is provided in the form of funding for supervision and learning and development for eligible participants. Supervision funding increases with greater rurality and higher levels of supervision required. RWAs will review funding need every 3 months.

Who is eligible?

Only IMGs on limited or provisional registration are eligible for financial support under the PFP.

Who is not eligible?

Australian Medical Graduate doctors and IMGs on general registration are not eligible to receive financial support under the PFP.

3.3. Supervision for IMGs

PFP applicants will have varying general practice experience. Depending on a doctor's prior general practice experience, PFP participants may require supervision.

A doctor's supervision requirement is defined by the Medical Board of Australia (via the Board's supervision guidelines for IMGs) and administered by the Australian Health Practitioner Regulation Agency (Ahpra). The Medical Board's guidelines provide four levels of supervision for IMGs working in general practice. More information about these levels and the Medical Boards supervision requirements can be found [here](#).

The Medical Board determines the level of supervision required based upon a range of factors that includes:

- the specific position that the IMG will practise in, including the level of risk of the position
- the context of the practice
- the supports available, and
- the qualifications, training and experience of the IMG.

The level of supervision required for an IMG may change over time. A practitioner may seek approval for a change by submitting a Request for Change in Circumstances form to Ahpra (the form is accessible from [the Board's website](#)). As a general guide, a completed form will

usually take up to 4 weeks for an assessment to be completed. However, this can take longer if:

1. the practitioner is not providing all of the required information with the form, or
2. there are issues which require further follow up (for example, the supervisor report raises some concerns regarding safety which need further assessment).

Ahpra advises that the most common information that is missing in the form application are:

- the required supervision reports are either not provided or not signed and dated appropriately (including being provided by a person not approved as supervisor); or
- the required College support has not been provided for a change to level 4 supervision or a consultant level position.

To avoid unnecessary delays, practitioners are strongly encouraged to ensure the request form has been fully completed before lodging with Ahpra.

Sometimes, there are delays in approval of the requested change in level. The most common examples of this are:

- the timeframe for a change of level is too soon (for example, the Medical Board had previously determined 6 months at the current supervision level and the new request is being made after 3 months);
- the performance reports outline some performance is below the expected level;
- there are issues where the nominated supervisor may no longer be approved by the Board

the evidence in the application suggests a lack of progress to general or specialist registration, including multiple failures of the AMC Clinical Examination or college exams

Doctors should be aware that RWAs will complete a pre-placement review and support the development of an assessment plan that outlines the supervision and support required.

This ensures that individual PFP doctors are matched to an appropriate general practice (noting that this process will not replace or duplicate existing Medical Board registration requirements) and to manage supervisor obligations. The PFP assessment plan is developed according to the PFP doctor category.

All doctors on PFP who require supervision to maintain their medical registration must continue to work within the conditions set by Medical Board.

A doctor's previous experience will be considered when assessing suitability to work at a specific location. In order to assess a doctor's general practice experience, the doctor may be asked to provide:

- resume
- references
- General Practice Experience (GPE) assessment
- 3GA history review.

Doctors must continue to meet any requirements set by the Medical Board.

The PFP will provide funding towards the cost of supervision for eligible participants (IMGs on limited or provisional registration). Payments will be scaled for rurality and type of supervision and reassessed quarterly. Payments are intended to support (some) revenue a supervisor may otherwise forgo when supervising a PFP doctor with a small amount for

practices to support them with administration costs. Further information on supervision payments can be found at Section 4.

3.4. Eligibility for supervision payments

Only supervisors of IMGs who are on limited or provisional supervision are eligible to receive payments under the PFP. More information can be found at section 5.4.

3.5. Learning and development

General practice learning and development contributes to improved patient safety and will support doctors to be able to apply for entry into a GP College-led pathway.

All PFP participants and RWAs **must** contribute to the development of a learning and development plan. The plan will identify a doctor's individual learning priorities, community needs and support skill development and will be developed based on the application, professional development plan and any specific requirements of the PFP assessment process.

All PFP participants must complete the PFP modules and Continuing Professional Development (CPD).

Modules

Doctors who participate on the PFP must complete foundation general practice training modules provided by either ACRRM or the RACGP within 3 months of commencing on the PFP.

The foundation modules are available online and provide an understanding of the Australian health care system and the context of general practice.

Continuing Professional Development (CPD)

AHPRA has requirements for Continuing Professional Development (CPD). Doctors who participate in the PFP must meet the requirements for CPD. Further information is available at [Medical Board of Australia - Continuing Professional Development](#)

Required supporting evidence

- Doctors to provide certificates of completion indicating the foundation modules were completed in the first 3 months of their placement.
- Doctors to provide evidence of completing relevant professional development activities for each quarter they are participating on the PFP.

3.6. Eligibility for learning and development funding

Only IMGs on limited or provisional registration are eligible for financial support for learning and development under the PFP.

Based on the learning and development plan, RWAs may fund appropriate learning and development opportunities for eligible PFP participants. PFP doctors can access fully or partially subsidised clinical learning and development opportunities as identified in the plan or based on emerging community needs. Payments will be made upon successful completion and evidence of this.

Funding for learning and development is scaled by level of supervision, with the amount funded determined by the assessment plan and submitted evidence of successful completion.

The level of financial support for eligible participants per year is in the table below:

Supervision level	Annual L&D Budget Per Person
Level 1	\$20,000
Level 2-4	\$15,000

3.7. Participant Responsibilities

- Adhere to the requirements of PFP.
- Engage with the RWA to complete your plan detailing supervision, support and learning and development required.
- Support the preparation of an individual learning and development plan.
- Complete required foundation modules within 3 months of commencement on the PFP.
- Meet AHPRA requirements for Continuing Professional Development.
- In conjunction with the RWA, review readiness for fellowship training every 3 months.
- A minimum of one application to join a GP College-led training program per year (if eligible).

Administration responsibilities include:

- submitting all necessary paperwork at least 6 weeks prior to the proposed commencement on the PFP
- confirming the commencement date of the PFP placement and their Medicare provider number before claiming a Medicare benefit

- commence working in the practice within 3 months of approved placement
- obtaining formal general practice experience assessments from one of the GP Fellowship colleges
- providing evidence of application to a GP College-led Fellowship pathway as required
- providing documentation or evidence upon request by RWA or the Department
- ensuring personal details are correct and up to date
- continuously meeting their obligations under the PFP.

3.8. Privacy

Participant information will be collected by the RWAs for the purpose of determining eligibility and administering the PFP.

Personal information will be shared with other bodies responsible for the purposes of administering, monitoring and reviewing the PFP, the RWAs may disclose information to:

- Services Australia – Medicare
- the Department
- other RWAs
- other authorised bodies or as required by law.

This information may also be used for monitoring and the evaluation of the PFP. All personal information is protected by law under the Privacy Act 1988.

Section 4 – Practices and Supervisors

4.1. Practice eligibility

Medical practices who employ a doctor participating in the PFP must:

- be in an eligible location
- be accredited as a general practice meeting minimum safety and quality standards under the National General Practice Accreditation (NGPA) Scheme
- be accredited, or working towards accreditation, as a training practice with ACRRM or RACGP
- provide the support required to meet supervision obligations
- confirm they understand that the doctor must progress to a GP college-led fellowship pathway within the specified period.

In addition to the information above, a medical practice in MM1 outer metropolitan area who employs a doctor participating in the PFP must confirm that they understand:

- A doctor working in MM1 outer metropolitan should note that they may need to move practices and locations to join a GP College-led fellowship pathway in order to satisfy eligibility requirements.
- MBS rates for the PFP participant in MM1 may be less than in other MM locations.
- Only IMGs on limited or provisional supervision will receive financial support under the PFP in the form of supervision payments and learning and development funding.
- Eligible practices will be prioritised dependent on workforce need by RWA's Health Workforce Needs Assessment.

4.2. Practice Responsibilities

The practice's responsibilities include:

- providing orientation to doctor of the community/practice
- providing the support required to meet the doctor's supervision requirements
- providing the support required to ensure the doctor meets the obligations of PFP
- understanding the participant must progress to a GP College-led Fellowship pathway within a specified timeframe.

In addition to the information above, a medical practice in an MM1 who employs a doctor participating in the PFP must confirm that they understand:

- A doctor working in MM1 may need to move practices and locations to join a GP College-led Fellowship pathway.
- MBS rebates for the PFP participant may be less than in other MM locations.

4.3. Supervisor Responsibilities

A supervisor must provide a supervision report to the doctor that determines the competency a doctor can demonstrate and notify of the appropriate level of supervision required, within 2 weeks of the completion of the supervision period.

Doctors must provide a copy of their supervision report to the RWA at the completion of the supervision period, within 4 weeks of completing the supervision period.

RWA as administrator of the PFP and will review the report and determine if the level and timeframe of supervision recommended is appropriate and whether the practice is eligible for a supervision payment within 28 days of receipt of a complete supervision report.

4.4. Supervision payments

Only supervisors of IMGs who are on limited or provisional supervision are eligible to receive payments under the PFP.

A small allocation in the supervision payments may be paid to the practice to cover administration and related costs of hosting a PFP doctor (up to 10 per cent).

The supervisor/practice will need an agreement with the RWA. Evidence will be required to show the supervisor has undertaken the agreed supervision and met all the requirements and responsibilities set out in their supervision agreement with the RWA.

Payments are intended to provide supervisors and practices in small rural areas with financial support which would otherwise not be able to be claimed as Medicare rebates. Payments represent (some) revenue forgone by the supervisor in supporting the PFP doctor in other locations and recognise the high supervisory needs of a PFP doctor needing Level 1 supervision.

Payments will be paid quarterly in arrears at the following rates.

Location	Level 1 Supervision	Levels 2-4 Supervision
MM 1	\$10,000	\$0
MM 2	\$15,000	\$1,250
MM 3	\$15,000	\$2,500
MM 4-5	\$17,500	\$3,750
MM 6-7	\$21,250	\$5,000

Section 5 – Process

5.1. Applying for a PFP placement

All requests for an approved PFP placement are to be forwarded to the RWA, for the state or territory in which the doctor wishes to work, on the required form.

Requests for an approved PFP placement in the Australian Capital Territory (ACT) are to be forwarded to the New South Wales Rural Doctors Network Ltd.

5.2. Administration process

The RWA will assess applications in date order of receipt to provide procedural fairness to applicants. The RWA will process an application using the following steps as a guide:

- The doctor makes an initial application through their state or territory RWA.
- The doctor needs to supply all supporting documentation with their application.
- The RWA is responsible for requesting a doctor's 3GA history by contacting 19AA@health.gov.au after the applicant has submitted their application.
- The administrator assesses the complete application within 28 days.
- If the application is declined, the RWA will provide a formal outcome letter to the applicant.
- If approved, the administrator will inform the doctor and Services Australia – Medicare that the doctor has been granted a placement so their name can be added to the Register of Approved Placements under s3GA of the Act.
- A formal approval letter and s3GA instrument are sent to the applicant. A copy of the s3GA instrument and a Medicare provider number application is sent to Services Australia – Medicare.

The RWAs may seek assistance or information from the Department on a case-by-case basis.

Attachment B provides the applicant with a coversheet and checklist that should accompany all placement requests. The use of the checklist ensures all applications meet a minimum standard and removes administrative burden of the assessment process.

Attachment C provides a template of a formal letter and the s3GA instrument which should be used by the RWA. A set of example paragraphs that may be used in the template letters is also provided.

5.3. Assessment timeframes

The assessment of applications will be undertaken within 28 days of a complete application being received by the RWA. PFP applications will be assessed in strict date order of receipt as a means of providing procedural fairness to doctors.

RWAs will contact the doctor if a period of more than 28 days is required to assess their application. RWAs may require additional time to assess applications that involve complex claims.

5.4. Assessment notifications

The RWAs will inform doctors of the outcome of their placement application in a letter. This notification letter will be forwarded to the doctor's email address. The notification letter will contain the following information:

- confirm the outcome of the assessment – placement approved or not approved
- explain the factors considered in the RWA's assessment and the reasons for the decision
- where placement has been granted, a statement of the conditions which include the obligations that are placed on the doctor
- confirm the practice location(s)
- where conditions have been met and a placement has been granted, a copy of the 3GA instrument will be included
- the date of the assessment, and
- RWA contact details for further information.

The s3GA instrument is sent to Services Australia – Medicare and the doctor's details will be placed in the 'Register of Approved Placements' under s3GA of the Act. By having their name included on the Register, the doctor becomes eligible to submit a Medicare provider number application to Services Australia - Medicare.

Templates for these letters are provided at Attachments B to D.

Successful applications will be added to the 'Register of Approved Placements' (the Register) by Services Australia under s3GA of the Act, which enables their access to the MBS.

Before attempting to perform a professional service under a MBS item under the terms of the PFP, the doctor must:

- receive formal notification from the RWA that they have been granted an approved placement for the requested practice and location
- use the approved placement as the basis for submitting a Medicare provider number application to Services Australia - Medicare for the medical practice(s), and
- receive notification from Services Australia - Medicare that they have been added to the s3GA Register of Approved Placement and been granted a Medicare provider number for the medical practice(s).

Expected timeframes for receiving a Medicare Provider Number following an application may take up to 12 weeks from date of application, or more in peak periods. More information can be found at:

[Processing times for Medicare benefits applications - Medicare benefits for health professionals - Services Australia](#)

Quarterly review

An RWAs medical advisor, in conjunction with the doctor, will undertake a quarterly review of a doctor's progress on the program including:

- supervision required by AHPRA
- support required
- learning and skills development as outlined in their plan including completion of modules and CPD
- applications to College-led Fellowship training program, and
- needs of the community in which the doctor is situated.

5.5. Removal

RWAs may end a placement if a doctor does not continue to meet the requirements of the PFP. Doctors who fail to comply with any of their obligations whilst on the PFP may be removed from the program. Reasons a participant can be removed from the PFP include failure to:

- comply with supervision requirements
- lodge a “Plan for professional development and re-entry to practice” within the required timeframe (if applicable – for limited registration, IMG with less than 6 months general practice experience)
- complete foundation modules within the required timeframe
- meet the AHPRA Continuing Professional Development requirements
- provide evidence of GP College-led Fellowship pathway applications
- provide documents on request
- continue to be registered
- start an approved GP College placement on the nominated start date.

Participants can also be removed if this is deemed appropriate following the quarterly review.

Participants who reach the 2-year maximum period will also be removed from the program.

The Department can remove a doctor, in consultation with the RWAs, if the PFP guidelines are breached or the PFP participant moves to an approved 3GA program (e.g. ACRRM Independent Pathway or RACGP Fellowship Support Program). Participants can also be removed where they reach the maximum 2-year period or cease to practise.

The administrator can remove the doctor from the program by written notice, providing at least 14 days’ notice before the date of their scheduled removal.

Participants can request a review of this decision from their RWA, but must provide additional evidence to support this request.

The process for formally removing a doctor from the PFP is outlined in these Guidelines.

Where a doctor ceases participation on the PFP prior to their placement end date for any reason, a removal notice must be issued. This notice enables Services Australia – Medicare to remove the doctor from the Register of Approved Placements for the purposes of the PFP at their former practice locations.

Removal notices must specify a date of issue, but must not specify a date of removal. The date of removal will be determined by Services Australia – Medicare according to the provisions of s3GB of the Act.

Reasons for removal could include:

a) Doctor not transitioning to another 3GA program

Where a doctor withdraws from or completes the PFP without joining another program, a removal notice must be issued to cease the doctor’s access to the MBS through that placement.

b) Doctor transitioning to another 3GA program

PFP doctors should be aware that:

- AGPT/RGTS – One intake per year: Applications in March 2024, Start on program in February 2025 (there is sometimes a second application round held in August).
- RVTS – Two intakes per year: Applications in March 2024, Start on program in July 2024; Applications in August 2024, Start on program in January 2025.
- RACGP FSP – Two intakes per year: Applications in January 2024, Start on program in July 2024; Applications in July 2024, start on program in January 2025.

- ACRRM IP – Applications are open all year round and each cohort has its own specific cut-off dates for applying.

Where a doctor is seeking to join another 3GA program (a Fellowship program) at the same location prior to the expiry of their PFP placement, the authorised body for the program the doctor is joining will contact the RWA to request a PFP removal notice.

Authorised bodies are outlined in the *Health Insurance Regulations 2018*.

This notice should be provided directly to the body that requested it, so that it may be submitted to Services Australia – Medicare with the doctor’s new placement and Medicare provider number application.

Services Australia – Medicare will transition the doctor from PFP placement to their new program placement and will notify the doctor once their new program placement takes effect.

Removal notice templates are supplied at **Attachment D**.

5.6. Review of Decisions

The RWAs will have an internal mechanism to review decisions and support procedural fairness. Decisions will be reviewed by an alternative decision maker within the RWA.

Participants can request a review of a decision if they believe the Guidelines have not been applied correctly. Requests for a review of a decision must include:

- a copy of the original application and decision, and
- a supporting letter detailing how the guidelines were not applied correctly.

Request for a review of the decision must be lodged by the applicant within 28 days of the letter confirming the decision. Review decisions must be referred to a nominated RWA representative who was not part of the original decision.

The administrator will respond to such requests by reviewing:

- the evidence that was provided in support of the initial placement request
- the factors considered as part of the response provided to the initial placement request, and
- any additional evidence that has been provided by the doctor as part of their review request and that is deemed relevant to the intended application of this assessment framework.

The administrator has within 28 days to respond to review requests. All reviews will be assessed against the PFP Guidelines.

The RWA will inform doctors of the outcome of their review request in a formal letter. This notification may be forwarded to the doctor’s email address. The notification letter will contain as a minimum:

- confirm the outcome of the review request (i.e. whether an approved placement has been granted to the doctor as an outcome of the review)
- confirm the factors considered in the review and the reasons for the review outcome
- in cases where a placement has been granted, provide a statement confirming the reasons for overturning the decision
- in cases where a placement has been granted, a statement of conditions including the expectations that are placed on the doctor, and
- confirm the date of assessment.

If a doctor's review request is successful, they will receive a copy of the placement instrument. This instrument is sent to Services Australia - Medicare to include their name on the Register of Approved Placements under s3GA of the Act.

After a RWA review has been completed, the RWAs can refer a request for further review to the Department for a final decision, as the PFP program owner. The Department only reviews matters relating to the application of the Guidelines or to consider a specific circumstance not covered in the Guidelines.

The Department will consider:

- the original decision
- the review of the original decision, and
- the intent of the PFP and the operation of the Guidelines.

The Department will not accept applications for a review of decision from individual participants. The Department will review decisions referred by the RWAs to ensure the decision is consistent with the aims of the PFP. The final decision of the review will be made by the Department. The Department will respond directly to the RWAs on the outcome within 28 days.

5.7. RWA stakeholder engagement

RWAs are to actively engage with key stakeholders to ensure efficient and consistent program operation and reporting. The Department will require the RWA consortium representatives to attend and actively engage with key meetings and stakeholder forums as requested. The Department will work with the RWA consortium to develop a stakeholder engagement and program development framework.

The Department's responsibilities include:

- the policy, guidelines and maintenance of the PFP
- the application of section 19AB of the Act for PFP participants
- internal and external communication material and media announcing the PFP
- outline data requirements to capture data to facilitate evaluation of the PFP
- the administration and maintenance of the MMM and the DPA classification systems
- assessing review of decisions referred by the RWAs
- reviewing the performance, operation and effectiveness of the PFP.

5.8. Services Australia

Services Australia is responsible for issuing Medicare provider numbers to participants allowing them to claim Medicare benefits for eligible services whilst participating on the PFP. Applications for a Medicare provider number at a practice location will generally be processed within 4 weeks from the date of receipt with possible processing delays (up to 8 weeks) during peak period from December to March.

Services Australia will notify the participant of the PFP commencement date and their provider number. Approved placements will be added to the 'Register of Approved Placements' granted under s3GA of the Act, which enables their access to the MBS and may not commence earlier than the applicant's date of entry on the Register. As a consequence there are no circumstances under which the Department will be able to grant a "backdated" placement approval.

The medical practitioner is only eligible to access a Medicare benefit from the time the practitioner's name is entered in the Register and a provider number has been issued.

Service Australia responsibilities include:

- Appropriate updates to PFP information on website.
- Input necessary letters in Services Australia system.
- Medicare provider numbers are issued based on information provided by individuals and RWAs.
- Placing doctors on the Register of Approved Placements under s3GA of the Act. Ensuring doctors placed on the Register satisfy the requirements of section 19AA of the Act.
- Provision of data to Department to support ongoing advice to government for policy development and program monitoring.
- Advice on necessary letter templates - Services Australia review the letter templates for PFP to be provided by the RWA.

Section 6 – RWAs

6.1. Responsibilities

The RWAs responsibilities include, but are not limited to:

Initial

- undertaking verification of doctor's skills and experience and assessing suitability for a placement based on recruitment processes and the advice of a medical advisor if applicable
- assessing and determining if a doctor is eligible for a PFP placement
- assessing and confirming a practice is in an eligible location for PFP
- confirming that a practice is accredited under the NGPA Scheme
- determining whether a practice is accredited as a training practice with either ACRRM of RACGP
- provide supervisor support and encourage their work and professional development to GP college standards
- confirming a doctor's previous s3GA placements to assess eligibility
- notifying doctors of the outcome of their PFP applications within 28 days of receipt.
- providing Services Australia with the approved applicant information within 28 days for Medicare provider number processing
- recommending the practice, employer or other designated person to provide the doctor with orientation to the community/practice, list of contact numbers of other local doctors/specialists and contact details of organisations and agencies able to provide assistance and support

Ongoing

- assisting a practice work towards accreditation as a training practice if required
- providing support to doctors during their placement
- providing doctors with information and assistance to apply for GP College-led Fellowship programs
- determining quarterly if a doctor meets PFP requirements by obtaining evidence of supervision if required, participation in education and applications to GP College pathways
- engaging with key stakeholders to ensure efficient and consistent program operation and reporting
- collecting information/data for reporting purposes
- providing notices to participants confirming their removal from the PFP if they do not meet PFP requirements and notifying Services Australia for the medical practitioner to be removed from the Register
- considering applications for appeals of decision.

As well, RWAs complete a pre-placement review and develop a PFP assessment plan that outlines the:

- supervision required
- source Level 1 supervisor (if applicable) and payment
- support required
- learning and development required.

Support the preparation of an individual learning plan that:

- identifies a doctor's learning and skill development requirements, taking into consideration length of time of the PFP placement
- considers the needs of the community in which the PFP doctor is situated.

In consultation with the medical advisor and doctor, review their readiness for fellowship training every 3 months.

Based on the assessment plan, RWAs may fund appropriate learning and development opportunities for PFP (only IMGs on limited and provisional registration) participants. PFP participants can access fully or partially subsidised clinical learning and development opportunities as identified in the assessment plan or based on emerging community needs.

A RWA's medical advisor will have a clinical function to provide advice to the RWA as the Specified Body administering the PFP. The medical advisor may be required to provide advice on individual PFP applications, and may consider the following:

- assessing a doctor's suitability for a placement in a rural or remote community
- applicant's supervision reports.

6.2. Privacy

Participant information will be collected by the RWAs for the purpose of determining eligibility and administering the PFP.

Personal information will be shared with other bodies responsible for the purposes of administering, monitoring and reviewing the PFP, the RWAs may disclose information to:

- Services Australia – Medicare
- the Department
- other RWAs
- other authorised bodies or as required by law.

This information may also be used for monitoring and the evaluation of the PFP. All personal information is protected by law under the *Privacy Act 1988*.

Section 7 - Contact Details

Rural Workforce Agencies

NSW Rural Doctors Network

Ph: (02) 4924 8000

Fax: (02) 4924 8010

[NSW Rural Doctors Network](http://www.nswrdn.com.au) (www.nswrdn.com.au)

Northern Territory Primary Health Network

Ph: (08) 8982 1000

Fax: (08) 8981 5899

[Northern Territory Primary Health Network](http://www.ntphn.org.au) (www.ntphn.org.au)

Health Workforce Queensland

Ph: (07) 3105 7800

Fax: (07) 3105 7801

[Health Workforce Queensland](http://www.healthworkforce.com.au) (www.healthworkforce.com.au)

Rural Doctors Workforce Agency (South Australia)

Ph: (08) 8234 8277

Fax: (08) 8234 0002

[Rural Doctors Workforce Agency \(South Australia\)](http://www.ruraldoc.com.au) (www.ruraldoc.com.au)

HR+ (Tasmania)

Ph: (03) 6332 8600

Fax: (03) 6334 3851

[HR Plus Tasmania](http://www.hrplustas.com.au) (www.hrplustas.com.au)

Rural Workforce Agency Victoria

Ph: (03) 9349 7800

Fax (03) 9820 0401

[Rural Workforce Agency Victoria](http://www.rwav.com.au) (www.rwav.com.au)

Rural Health West – Western Australia

Ph: (08) 6389 4500

Fax: (08) 6389 4501

[Rural Health West](http://www.ruralhealthwest.com.au) (www.ruralhealthwest.com.au)

Department of Health and Aged Care

For further information regarding the PFP policy, email:

RDSPPrograms@health.gov.au

Services Australia

For information about Medicare provider numbers and Medicare benefits, email:

Medicare.prov@servicesaustralia.gov.au

General practice colleges

The Australian College of Rural and Remote Medicine

For further information regarding college pathways and professional development contact:

ACRRM

GPO Box 2507

Brisbane, QLD, 4000

Ph: 1800 223 226

[Australian College of Rural and Remote Medicine \(www.acrrm.org.au\)](http://www.acrrm.org.au)

The Royal Australian College of General Practitioners

For further information regarding college pathways and professional development contact:

RACGP National Office

100 Wellington Parade

East Melbourne, VIC, 3002

Ph: 1800 472 247

[The Royal Australian College of General Practitioners \(www.racgp.org.au\)](http://www.racgp.org.au)

Section 8 - Defined Terms

The following terms are defined and have the meaning given below whenever they are used in these Guidelines.

Term	Description
19AA	Section 19AA of the Act restricts doctors from claiming a Medicare benefit for professional services unless they are: <ul style="list-style-type: none"> • recognised as a specialist by a specialist medical college; or • participating in an approved training or workforce program (3GA placement); or • a temporary resident with a section 19AB exemption.
19AB	Section 19AB of the Act restricts Overseas Trained Doctors (OTD) and Foreign Graduates of an Accredited Medical School (FGAMS) from claiming a Medicare benefit for professional services unless they work in a district of workforce shortage for a minimum period of 10 years.
3GA Program	Section 3GA of the Act allows medical practitioners participating in approved workforce or training programs to provide professional services that attract Medicare benefits for a defined period. A 3GA program is one of the approved workforce or training programs.
Aboriginal Community Controlled Health Service	An ACCHS is a medical service controlled by the local Aboriginal community via elected boards of management.
Aboriginal Medical Service (AMS)	An AMS is a health service funded principally to provide services to Aboriginal and Torres Strait Islanders people.
Accreditation	Accreditation means a practice is meeting minimum safety and quality standards under the National General Practice Accreditation (NGPA) Scheme. RACGP - Table of contents
Act	<i>Health Insurance Act 1973</i>
ACRRM	Australian College of Rural and Remote Medicine
AHPRA	Australian Health Practitioner Regulation Agency
Department	Australian Government Department of Health and Aged Care
Distribution Priority Area (DPA)	The Distribution Priority Area (DPA) classification identifies locations with a shortage of medical practitioners based on the needs of the community. The DPA system takes into account gender and age demographics and the socio-economic status of patients living in an area. The DPA is used for determining where GPs and bonded doctors work.
Fellowship	A qualification obtained from an accredited specialist medical college leading to a specialist practice. Doctors who attain fellowship can satisfy the requirements of section 19AA of the Act.
Full-time equivalent (FTE)	38 hours per week
Guidelines	The Department of Health and Aged Care Pre-Fellowship Program (PFP) Program Guidelines.
International Medical Graduate (IMG)	Overseas Trained Doctors and Foreign Graduates of an Accredited Medical School (also known collectively as International Medical Graduates (IMGs))
Junior Doctor	Australian trained PGY3 to PGY5 doctor not on a fellowship pathway.
Medical Board of Australia (MBA)	Medical Board of Australia
Medicare	Services Australia – Medicare

Term	Description
Medicare provider number	A Medicare provider number uniquely identifies a medical practitioner and the practice location from which they perform professional services. Medicare provider numbers are issued by Services Australia.
Modified Monash Model (MMM)	The Modified Monash Model is a classification system that better categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and town size. More information on the MMM system is available at www.health.gov.au/health-workforce/health-workforce-classifications/modified-monash-model
Outer Metropolitan	The part of the State capital city Statistical Division (using the 2001 Australian Standard Geographic Classification definition) that lies outside the 1991 Urban Centre area of the capital city” defined in the Australian Bureau of Statistics publication 1216.0.
Permanent Resident or Australian Citizen	As defined in the <i>Migration Act 1958</i> .
RACGP	The Royal Australian College of General Practitioners
Register	Register of Approved Placements maintained by Services Australia under section 3GA of the Act. Doctors placed on the Register satisfy the requirements of section 19AA of the Act.
RWAs	Rural Workforce Agencies (RWAs) are government funded agencies that attract, recruit and support health professionals needed in rural and remote communities. The RWAs are the specified bodies responsible for administering the Pre-Fellowship Program.
Urgent Care Clinic (UCC)	Medicare UCCs are staffed by highly trained medical professionals and provide bulk billed urgent health care. They provide culturally safe, equitable and accessible care to all people, including vulnerable and young people. You do not need an appointment or referral. You can walk in and wait to be seen. They are open for extended hours.
Vocationally Recognised (VR)	<p>A Vocationally Recognised doctor is a doctor who has obtained Fellowship of a specialist general practice medical college and has been placed on the vocational register or Fellows list held by Medicare:</p> <ul style="list-style-type: none"> • as a Fellow of the RACGP; or • as a Fellow of ACRRM; or • based on historical eligibility requirements for the Vocational Register with Medicare. <p>Vocationally Recognised doctors have access to general practice items in the Medicare Benefits Schedule.</p>

Section 9 - Attachments

Attachment A – Information on modules (to be provided at a later date)

Attachment B - Applicant coversheet and checklist

Attachment C – Letter of acceptance onto PFP (including 3GA instrument)

Attachment D – Removal notice

Applicant coversheet and checklist

Applicant Name:	
Rural Workforce Agency:	
Date:	

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

Effective Date: April 2024

The Pre-Fellowship Program (PFP) is listed in the *Health Insurance Regulations 2018* (the Regulations) as an approved program under 3GA of the Act. Rural Workforce Agencies (RWA) in each State and the Northern Territory have delegated authority as the Specified Body to administer the PFP on behalf of the Department of Health and Aged Care.


Before completing this application both the practice and applicant must:

- Be fully aware and agree to all obligations and expectations outlined in the PFP Program Guidelines which can be found [here](#).
- Allow up to four weeks from submitting a complete application to receive an outcome from the **Rural Workforce Agency**. The **Rural Workforce Agency** reserves the right to ask for further documentation throughout the process where necessary.
- Allow **at least** 28 working days for Medicare provider number processing following PFP approval.
- Submit your application, including this page, with all supporting documentation to **insert email address**.
- Incomplete applications will not be submitted for processing and will only be held for 28 days.
- **Type** or write clearly in **CAPITAL LETTERS**.



PLEASE NOTE: This symbol indicates supporting documentation is required. Without this documentation the application will be considered incomplete and will not be submitted for processing.

Checklist

Attached / Completed (✓)	Not applicable to applicant (✗)	Required document / action
Documentation <i>(refer icon  on the application form for more detail)</i>		
	<i>Required</i>	ID: Current Passport or Australian Driver's License
	<i>Required</i>	Residency/Citizenship: Australian Visa or Australian Citizenship/ Australian Birth Certificate
	<i>Required</i>	CV / Resume (refer to Rural Workforce Agency for required format/template)
	<i>Required</i>	PFP Supervision Plan Form AND/OR PFP Plan for Professional Development Form
	<i>Required</i>	Current registration with AHPRA – with Limited and Provisional showing PFP practice location in registration
		Copy of and evidence of submission of Plan for Professional Development and re-entry to practice to AHPRA (if applicable – for Limited and Provisional)
		Letter issued by the Department of Health and Aged Care confirming 3GA history (if applicable)
		Junior Doctors only: Duty Statement from the hospital on their letterhead detailing: <ul style="list-style-type: none"> - Hospital rotations - Post graduate year that the junior doctor is currently in
Documentation required for each practice/location		
	<i>Required</i>	Medicare Provider Number Application form
	<i>Required</i>	Medicare Support Letter
	<i>Required</i>	Evidence of Distribution Priority Area classification
	<i>Required</i>	Evidence of Modified Monash Model classification
	<i>Required</i>	Signed Position Description detailing roles and responsibilities on practice letterhead
	<i>Required</i>	Signed Letter of Offer/Confirmation of Employment on practice letterhead
		Without GP experience or limited and provisional registration: Current MBA registration for Supervisor
Application form (provided by the local Rural Workforce Agency)		
	<i>Required</i>	Completed application
	<i>Required</i>	Signed applicant declaration
	<i>Required</i>	Signed practice contact declaration
		Without GP experience: Supervisor declaration

Date

Dr Full Name
Address 1
Address 2
Email Address

Dear Dr Surname,

RE: Letter of Approval – Pre-Fellowship Program (PFP)

Thank you for your application of **date**, requesting approval to participate on the PFP at **Practice Name in Suburb, State/Territory**.

I have reviewed the information you have provided in support of your request and I am pleased to advise that you have been granted a placement on the PFP.

This placement is conditional upon you continuing to meet the requirements set out in the PFP Program Guidelines (please refer to the [Department of Health and Aged Care website](#) for the most current Guidelines). It is your responsibility to familiarise yourself with these requirements and ensure that you and your Practice/Supervisor can meet your obligations under the Program.

Location: **Practice name, street address, suburb, state, postcode.**

Period of placement: **start date to end date.**

Your approved placement and access to Medicare is granted for the above listed location/s **ONLY**.

Requirements for claiming Medicare Benefits Schedule (MBS) rebates

Your participation in the PFP provides you access to a range of medical practitioner and prescribed medical practitioner items. A quick claiming guide for general attendance items (including telehealth) for medical practitioners and prescribed medical practitioners is available on [MBS online Note AN.7.2 | Medicare Benefits Schedule \(health.gov.au\)](#). You may commence claiming Medicare benefits for your services once you receive notification that your Medicare provider number has been processed. Medicare cannot guarantee that claims for the period prior to the provider number being issued will be paid.

Your Provider Number application and PFP Enrolment Instrument have been sent directly to Services Australia, Medicare on your behalf to request a provider number(s) be issued. A copy is attached for your reference only. **DO NOT SEND this to Medicare.**

Please find attached your Placement Agreement. Please take the time to fully review this agreement, before signing and returning the agreement to **RWA email address**.

Should you have any questions regarding this Program, please contact **RWA** on **phone number** or **email address**.

Yours sincerely,

Name
Position
RWA Name

Date

Chief Executive Medicare
Services Australia- Medicare
PO Box 9822
CANBERRA ACT 2600

Attention: Senior Policy Officer
Provider Eligibility Section

NOTICE PURSUANT TO SECTION 3GA (5)(A) HEALTH INSURANCE ACT 1973

PRE-FELLOWSHIP PROGRAM

The **Rural Workforce Agency**, as the body specified in the Register of Approved Placements at Schedule 6 of the *Health Insurance Regulations* (the Regulations), hereby inform the Chief Executive Medicare that:

Dr **Full Name**

is enrolled in the Pre-Fellowship Program, a program specified in Schedule 6 of the Regulations for the period from **start date** to **end date** at:

LOCATION: Practice name, street address, suburb, state, postcode

Note: The Medicare provider number application form must match the location address listed above.

This approved placement has the following conditions:

1. Dr **Surname** can only use the approved placement to access the Medicare benefits arrangements at the above listed location.

Name

Position

RWA Name

Chief Executive Medicare
Services Australia - Medicare
PO Box 9822
CANBERRA ACT 2600

Attention: Senior Policy Officer
Provider Eligibility Section

REMOVAL OF MEDICAL PRACTITIONER FROM THE REGISTER OF APPROVED PLACEMENTS

[name of RWA] requests that the following medical practitioner be removed from the Register of Approved Placements:

Doctor Name: Dr First Name Last Name
Provider Stem: 000000 (First six digits of provider number)
Program Name: PRE-FELLOWSHIP PROGRAM
Practice Name: Name
Practice Location: Full street address
Reason for Removal: e.g. Commencement on FSP

Should you have any questions regarding this advice, please contact:

Kind regards

Name of authorised person

Position title

Agency name

DD MM YYYY