



Australian Government

Department of Health and Aged Care

**Five Year International Medical Graduates
Recruitment Scheme**

Administrative Guidelines

Commencing from February 2023

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PART 1 FOREWARD

The following Administrative Guidelines set out the parameters for the national operation of the Five Year International Medical Graduate (IMG) Recruitment Scheme (the Scheme). The Scheme was formerly known as the Five Year Overseas Trained Doctor Recruitment Scheme.

The Guidelines also contain background information and clarify the roles and responsibilities of the participants and administrators of the Scheme.

The Guidelines articulate the principles upon which all activities should be undertaken and all decisions with respect to the Scheme must comply with this version of the Guidelines.

The intended audience for these Guidelines includes the Department of Health and Aged Care (The Department), Rural Workforce Agencies (RWAs) and the RWA Network National Coordination Unit (NCU).

All organisations involved in the collection and transmission of personal information and data relating to the Scheme will need to abide by the requirements of the Privacy Act 1988.

PART 2 DEFINED TERMS

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

AHPRA	means the Australian Health Practitioner Regulation Agency
CPD	means continuing professional development
DHA	means Department of Home Affairs
Distribution Priority Area (DPA)	means, in respect of general practitioners and other medical practitioners who are not specialists (<i>non-specialists</i>): a) the Northern Territory; or b) any area located in Modified Monash Model areas 5, 6 or 7; or c) a GP catchment area, which is a measure determined by the Department of Health and Aged Care (the Department), in which the number of non-specialist services provided in the GP catchment area is less than the benchmark, which is not classified as an inner metropolitan location by the Department.
FACRRM	means Fellow of the Australian College of Rural and Remote Medicine
FGAMS	foreign graduate of an accredited medical school means a person: a) whose primary medical qualification was obtained from an accredited medical school; and b) who was not one of the following when he or she first enrolled at an accredited medical school: a. a permanent Australian;

	<p>b. a New Zealand citizen;</p> <p>c. a permanent resident of New Zealand</p>
FRACGP	means Fellow of the Royal Australian College of General Practitioners
Guidelines	means the current Scheme Guidelines
International Medical Graduate (IMG)	means a person whose primary medical qualification was not obtained from a medical school located in Australia or New Zealand or a former overseas medical student as defined in the Section 19AB Guidelines that commenced on 18 October 2001 whose primary medical qualification was obtained from a medical school that is not located in Australia or New Zealand.
Medical practitioner position	means a post of employment for an IMG/FGAMS to participate on the Scheme
MBS	means Medicare Benefits Schedule
Modified Monash Model (MMM)	measures remoteness and population size on a scale of category MM1 to MM7. MM1 is a capital city and MM7 is very remote
National Coordination Unit (NCU)	The RWAs have established a National Coordination Unit to support the RWAs with national elements of jurisdictional activities
Permanent Resident or Australian Citizen	as defined in the <i>Migration Act 1958</i>
QA	means Quality Assurance
Recognised Fellow	means an IMG or FGAMS who has achieved FACRRM or FRACGP
Rural Workforce Agencies (RWAs)	are the administrative bodies for the Rural Locum Relief Program and the More Doctors for Rural Australia Program RWAs recruit and support general practitioners in each State and Territory
Scaling	means the scaling initiative announced in the 2009-10 Federal Budget. Scaling is being applied to a range of Australian Government programs that have a return of service obligation. Scaling increases the attractiveness of working in rural areas by fast tracking return of service obligations based on the Remoteness Area (RA) category the participant is working in. The greatest reward is for those willing to work in the most remote locations of Australia.
Scheme	means the Five-Year International Medical Graduates Recruitment Scheme
Scheme location	means a location eligible for an IMG/FGAMS to participate on the Scheme
Service Australia	formerly known as Department of Human Services
Term of service	means the period of time an IMG/FGAMS needs to serve to fulfil the duration requirements of the Scheme
The Act	means the <i>Health Insurance Act 1973</i>
The Department	means the Australian Government Department of Health and Aged Care

PART 3 POLICY CONTENT

The Scheme commenced in 1999 with establishment funding by the Australian Government and was implemented by all Australian states and the Northern Territory Health Departments in their respective jurisdictions to address long term rural medical workforce shortages.

In 2004, the Australian Government Department of Health and Ageing (DoHA) undertook a National Review of the Scheme to evaluate its effectiveness and recommend options for improving its future operation across Australia. The review identified the importance of maintaining the current and future recruitment of IMG/FGAMS to meet the medical service needs of Australians, especially in rural and remote Australia.

As a result, a national framework was implemented to provide a broad approach for the states and Northern Territory to manage the Scheme and to take into account regional differences.

Management of the Scheme was transferred to individual Rural Workforce Agencies in October 2008. The RWAN National Coordination Unit (NCU) took on national Scheme oversight and engagement with the Department in October 2021.

These Guidelines commence on 1 February 2023 and replace any previous versions.

PART 4 PRINCIPLES & OBJECTIVES

The main objectives of the Scheme are:

- To provide incentives to attract appropriately qualified and experienced IMG/FGAMS working in general practice to overcome the current and future community needs for general practice medical services in rural and remote Australia,
- To increase the supply of appropriately qualified IMG/FGAMS in rural and remote Australia,
- To enhance the professional development, skills, and knowledge of IMG/FGAMS in Australia; and
- To bring a degree of stability to the provision of general practitioner services in rural and remote communities.

There are three principal obligations for the scheme participants - to enroll in general practice specialty training and achieve Fellowship of one of the GP colleges; gain permanent residency and serve the location term of service.

It is anticipated that IMGs and FGAMS recruited to the Scheme will make an investment in the community in terms of their medical practice, housing, and family/social relationships while on the Scheme. In addition, it is hoped that the Scheme will act as a retention program and encourage IMGs and FGAMS to remain in the community upon completion of the requirements of the Scheme.

PART 5 AUSTRALIAN GOVERNMENT INCENTIVES

The Australian Government acknowledges the need to offer incentives to attract doctors with the appropriate qualifications and experience to work in areas of greatest need.

The Department has helped to facilitate the development of recruitment initiatives that are nationally consistent as follows:

- a) Facilitating Medicare financial benefits access for participating doctors. Where a location is listed as a current Distribution Priority Area (DPA) the Department may grant an exemption under section 19AB of the Health Insurance Act (the Act) to allow medical practitioners participating in the Scheme to gain access to the Medicare Benefits Schedule (MBS) financial benefits arrangements.
- b) A reduction in the ten-year moratorium on provider number restrictions under section 19AB of the Act. The Delegate to the Minister for Health and Aged Care may grant a non-location specific 19AB exemption to medical practitioners who have satisfied the requirements of the Scheme.

Matters considered relevant when deciding whether to grant a non-location specific exemption include:

- i) completing the required term of service in a location deemed eligible for the Scheme;
- ii) attaining FRACGP or FACRRM; and
- iii) attaining permanent residency of Australia and/or Australian Citizenship.

Note: doctors with New Zealand residency or citizenship who may not actually hold Australian permanent residency or Australian citizenship as defined under the *Migration Act 1958* may be able to work indefinitely in Australia. However, these doctors need to also achieve Australian permanent residency or Australian citizenship to meet the requirements of the Scheme.

Scheme doctors are not eligible to receive scaling benefits as any scaling discounts are less than that offered by the Scheme. Services Australia - Medicare will ensure that Scheme participants do not receive scaling discounts as a result of the IMG scaling initiative announced under the 2009 Budget.

Where a doctor leaves the Scheme without meeting all of the requirements the doctor will only be eligible for standard Medicare scaling credits for the time spent working in that location.

PART 6 ELIGIBILITY CRITERIA

6.1 Eligibility Criteria for Scheme Locations/ Medical Practices

The intent of the Scheme is to make the above incentives available to suitably qualified and experienced IMGs/FGAMS who are prepared to work in general practice locations which are, in the opinion of the RWAs, the most difficult to recruit to in their respective jurisdiction.

Locations/medical practices must meet the following criteria to be eligible for the services of an IMG/FGAMS participating on the Scheme:

- Require at least 7 sessions per week in general practice as part of the placement. Hospital, remote

or Telehealth sessions conducted from a location other than the practice are not considered as eligible sessions; and

- Placed within a Modified Monash Model (MMM) classification 3 – 7 (MMM 2 – 7 in the Northern Territory) and the location/medical practice is considered to be a *Distribution Priority Area (DPA)*; *and*
- Are able to provide the relevant training environment/infrastructure for the IMG/FGAMS to gain specialist qualifications through an eligible general practice or rural generalist training program at the practice. If the practice cannot provide an avenue for the IMG/FGAMS to achieve Fellowship through one or more of the relevant training pathways, they will not be eligible to participate in the Scheme.

For Aboriginal Medical Services the location/medical practice must be within MMM 2–7 areas.

At the time of publication of these Guidelines, all MMM 2-7 towns have automatic DPA status. Should this classification change, the following criteria will come into play.

Where a location meets the above criteria and the DPA status changes, candidates who have been contracted by the practice but have not commenced in practice until after the DPA status changed will be grandparented onto the Scheme.

Where an approved location has DPA status and loses that status after the IMG/FGAMS has been placed on the Scheme, the IMG/FGAMS will be able to remain practicing at that location for the length of the Scheme regardless of the change in DPA status. Once the IMG/FGAMS has completed the requirements of the Scheme, the DPA status is moot should the doctor wish to remain in that location.

Should an IMG/FGAMS leave the location once the placement is successfully completed, the RWA will need to assess that location for continuing inclusion on the Scheme according to the above criteria.

6.2 Eligibility Criteria for IMG/FGAMS

This Scheme applies to IMG/FGAMS who are restricted under section 19AB of the Act in accessing Medicare benefits arrangements. IMG/FGAMS wishing to participate on the Scheme must meet the following criteria:

- Hold or obtain appropriate registration with the Medical Board of Australia,
- Are able to obtain a Medicare Provider Number at the relevant practice/town,
- Intend to seek or currently possess permanent residency and/or Australian Citizenship; and
- Will be providing at least 7 sessions a week as part of their placement.
- Intend to join or currently participating in a relevant general practice or rural generalist training pathway that will enable them to gain specialist qualifications while working in the chosen practice for the length of their Scheme agreement.

All applications will be formally assessed within each jurisdiction by the relevant RWA. Interested IMG/FGAMS should contact the relevant RWA for more information on the nature and scope of this assessment.

6.3 Eligibility Grace Periods

1. There may be circumstances where an eligible medical practitioner commences work in a town (where an approved Scheme placement is available) but does not initially join the Scheme. Should that commencement change the DPA status of the town, and should the medical practitioner, having settled into the town, then decide to apply to the Scheme, the Department will look favourably on approving a placement on the Scheme from the date of enrolment on the Scheme. In other words, the Department will grandparent the DPA status to facilitate a placement on the Scheme.
2. There may be circumstances where a medical practitioner is not eligible to join the Scheme when they initially move to an approved location (e.g., there is no relevant training pathway available at the practice for the particular IMG/FGAMS at the time of placement). Should that medical practitioner or practice become eligible after commencement the Department will look favourably on approving a placement on the Scheme from the date of enrolment (not the date the medical practitioner commenced practice at that location).

No backdating for time already served will be allowed as per 8.3 below

3. Where an eligible IMG/FGAMS has been working in an eligible location and did not, for whatever reason, join the Scheme when they commenced and subsequently wishes to join the Scheme they should contact the relevant RWA to discuss their circumstances. If both the practice and the IMG/FGAMS have met the full criteria for inclusion on the Scheme for the entire time they have been working they can apply to their RWA for consideration of recognition of prior service in that practice. The RWA will present the evidence that the IMG/FGAMS has met the criteria and request alignment with commencement date to reflect this in their application. If either the IMG/FGAMS or the practice was not eligible at the time of commencement, then the scenario reverts to the first two paragraphs above.
4. Where the RWA changes the Graded Category Incentives (See 8.1 below) for a town, and an IMG/FGAMS is already working in the town under the Scheme, the IMG/FGAMS can request the remaining time on the Scheme be amended to reflect the change to GCI classification.

PART 7 APPLICATION PROCESS

All applications for the Scheme are required to address the eligibility criteria in parts 6.1, 6.2 and 6.3 of the Guidelines. Please refer to the RWAs (contact details at Appendix A) for application forms.

PART 8 ASSESSMENT

8.1 Locations – Graded Category Incentives

The Graded Category Incentives (GCI's) were established from 1 July 2004 to enhance the attractiveness of positions in rural and remote locations which experience most severe workforce shortages and retention and recruitment difficulties.

Locations that meet the eligibility criteria in part 6.1 of the Guidelines are assessed and recommended by the RWAs under the system of GCI's (Category A, B or C) to determine the term of service (3, 4 or 5 years) for an IMG/FGAMS participating on the Scheme.

The following are considered when determining the GCI for a location:

- DPA status,
- MMM classification,
- ARIA (Accessibility remoteness index of Australia),
- ASGC (Australian Standard Geographic Classification) Remoteness Areas; and
- Catchment data from HeaDS-UPP
- Systemic and historical recruiting and retention difficulties.

Further information on GCI's can be found at Appendix B. RWAs will need to update and inform the National Coordination Unit of Category A, Category B and Category C locations in their State or Territory on an annual basis.

8.2 Locations –Multiple Placements at the One Location

Multiple placements can be made at the one location until the RWA determines the location no longer meets the criteria for the Scheme. At that point the participating doctors will remain on the Scheme, but no further applications will be considered.

IMG/FGAMS on the Scheme may have the option to enter job-sharing arrangements in limited circumstances where such an arrangement suits both the needs of the location and the needs of the medical practitioner participating on the Scheme.

Job sharing arrangements will be considered where the work does not exist for two full-time equivalent positions. For example, couples working reduced hours to meet a full-time position or two doctors who work reduced hours to make up one full time equivalent medical practitioner position. A full-time position is defined as 9 sessions per week.

IMG/FGAMS in this situation would need to meet the minimum working hour requirements of DHA and the Department relevant to the visa they hold.

Further, IMG/FGAMS in this situation would need to meet the pro-rata equivalent of the Scheme location GCI term of service.

An initial approval of a location does not automatically confer a continuation of that position should an IMG/FGAMS leave unless the conditions specified under 6.1 are met.

8.3 Enrolment

IMG/FGAMS are required to apply to the relevant RWA for eligibility review, assessment and enrolment on the Scheme.

Enrolment on the Scheme commences on the date the IMG/FGAMS is enrolled by the RWA by signing the

appropriate agreement and commences practice in a Scheme approved location.

There are no circumstances under which the IMG/FGAMS date of entering an agreement with the RWA can be backdated for services the doctor may have provided prior to the agreement, as per 6.3 above.

8.4 Transfer/Relocation

Multiple placements can be made at the one location until the RWA determines the location no longer meets the criteria for the Scheme. At that point the participating doctors will remain on the Scheme, but no further applications will be considered.

IMG/FGAMS on the Scheme may have the option to enter job-sharing arrangements in limited circumstances where such an arrangement suits both the needs of the location and the needs of the medical practitioner participating on the Scheme.

Job sharing arrangements will be considered where the work does not exist for two full-time equivalent positions. For example, couples working reduced hours to meet a full-time position or two doctors who work reduced hours to make up one full time equivalent medical practitioner position. A full-time position is defined as 9 sessions per week.

IMG/FGAMS in this situation would need to meet the minimum working hour requirements of DHA relevant to the visa they hold.

Further, IMG/FGAMS in this situation would need to meet the pro-rata equivalent of the Scheme location GCI term of service.

An initial approval of a location does not automatically confer a continuation of that position should an IMG/FGAMS leave unless the conditions specified under 6.1 are met.

8.5 Leave Arrangements

All IMG/FGAMS on the scheme will be encouraged to take four weeks of annual leave per year.

Over and above annual leave, IMG/FGAMSs on the Scheme are eligible for up to three months leave (in total over the course of the placement and including recreation, training, study and maternity leave) without any penalties to their term of service requirements.

Furthermore, an IMG/FGAMS on the Scheme can take up to 12 months extended leave from the Scheme; however, this time will not be calculated as part of their term of service requirement. IMG/FGAMSs taking extended leave beyond the 12 months will be considered on a case-by-case basis as negotiated between the RWA and the participant.

PART 9 TIME FOR DECISIONS

Decisions regarding applications for placement on the Scheme must be made by the RWA within 28 days of receipt of the completed application.

Incomplete applications will be placed on hold until the relevant RWA receives all required documentation. The 28-day period will only commence once all the paperwork is received

PART 10 ROLES AND RESPONSIBILITIES

10.1 International Medical Graduates and Foreign Graduates of Accredited Medical Schools

Throughout the duration of the Scheme IMG/FGAMS participating on the Scheme are responsible for the following:

- Meet the requirements of sections 19AA and 19AB of the Act;
- Maintain suitable AHPRA registration;
- Maintain a current Medicare Provider Number in the relevant location(s);
- Notify the relevant RWA of any changes that impact on the Scheme i.e. leave arrangements, requests to transfer location;
- Comply with the Scheme contract agreement with the relevant RWA including
 - complete the required term of service in a location deemed eligible for the Scheme;
 - attain FRACGP or FACRRM and
 - attain Australian permanent residency and/or Australian Citizenship;
- Provide evidence of FRACGP or FACRRM and Australian Permanent Residency or Citizenship to the relevant RWA two months prior to the completion of their placement.

Where an IMG/FGAMS is unable to complete the Scheme requirements in the agreed time, the IMG/FGAMS can continue working in the location until they have met all the requirements. At that time, they can write to the relevant RWA and request access to an unrestricted Medicare Provider Number. Unrestricted access to Medicare will only commence once all the Scheme requirements have been met and will not be backdated under any circumstances.

The IMG/FGAM will need to provide the following forms of evidence to demonstrate they have met the criteria for completion of the Scheme:

- Copy of an original letter or certificate from ACRRM or RACGP confirming Fellowship,
- Copy of the permanent residency (PR) visa inserted into the applicant's passport as evidence of their PR status, or
- Copy of Australian citizenship certificate, or
- Copy of the front page of IMGs Australian passport (where the IMG/IMG/FGAMS is now a Citizen of Australia).

Failure to do so may result in the termination of the IMG/FGAMS's participation on the Scheme and/or a cessation of the IMG/FGAMS's access to the Medicare benefit arrangements.

10.2 Rural Workforce Agencies

RWAs are responsible for the administration of the Scheme in their State or Territory. This involves:

- Identifying those difficult-to-recruit to locations which meet the criteria of the Scheme;
- Assessing those locations as Category A, B or C according to the Guidelines and advising the NCU of the recommended location categorisation.
- Providing the NCU with a list of Scheme approved locations and updating that information as locations are added to or removed from the Scheme;
- Actively promoting the Scheme to eligible IMG/FGAMS as an incentive to recruit and retain medical workforce to difficult-to-recruit-to practices and locations;
- Assessing the IMG/FGAMS on their suitability (both professional and personal/familial) for specific placements;
- Entering into agreements with successfully recruited IMG/FGAMS outlining the requirements of the IMG/FGAMS and the commitment from the RWA and the Department;
- Providing details of each placement to the NCU of approved locations and participants;
- Ensuring that the IMG/FGAMS participates in an appropriate orientation program to the practice and the community;
- Ensuring that the IMG/FGAMS has access to appropriate support as they work towards FRACGP or FACRRM within the timeframe of the Guidelines. This may include sourcing an appropriate mentor, working collaboratively with a relevant training pathway provider, providing educational and training opportunities directly or any other method to ensure adequate support.
- Maintaining data on the IMG/FGAMS's progress on the Scheme;
- Collecting the necessary documentary evidence from the IMG/FGAMS two months prior to the completion of the placement; and
- Forwarding this evidence to the NCU six weeks prior to the completion of the placement.

10.3 RWAN National Coordination Unit (NCU)

The NCU is responsible for ensuring that the terms and conditions of the Guidelines are met and that the Scheme is managed in a nationally consistent manner.

This includes:

- Maintaining an up-to-date database of approved locations and placements for access by the Department;
- Ensuring all locations nominated and placements made by RWAs meet the Guideline requirements;
- Receiving and assessing the documentation provided by RWAs on behalf of IMG/FGAMS who have completed their requirements on the Scheme;
- Writing to the Department on behalf of IMG/FGAMS who have completed their requirements under the Scheme to request a non-location specific exemption to section 19AB of the Act within two weeks of receiving the documentation from the RWA;
- Advising participants (through their relevant RWA) of their completion on the Scheme once the 19AB exemption letter is received from the Department; and

- Enhancing and maintaining the national consistency of the Scheme across all jurisdictions by reviewing and improving the Guidelines.

PART 11 REJECTIONS AND TERMINATION

When an applicant is deemed not eligible or in the event that an IMG/FGAMS on the Scheme fails to comply with the requirements of the Scheme, the relevant RWA may terminate the IMG/FGAMS participating in the Scheme by issuing a notice stating the grounds for termination.

This action would only be taken in extreme circumstances, and only then when all avenues to resolve the situation had been exhausted.

Upon such termination, the Department's undertaking to provide a reduction in the ten-year moratorium restrictions will no longer be applicable to the IMG/FGAMS. The IMG/FGAMS will be advised in writing.

PART 12 APPEALS

If an applicant is refused participation on the Scheme, they can apply to the NCU for reconsideration on the basis of procedural unfairness or that the relevant RWA did not apply the Guidelines correctly. Applicants should at that time provide additional information to support their application and, in particular, address the eligibility criteria relevant to applicants set out in Part 6 of these Guidelines.

No appeals will be heard on the basis of a difference of opinion between the RWA and the applicant regarding their clinical competency.

Appeals should be lodged to the NCU, with a copy to the RWA in the relevant State/Territory.

All appeals regarding the Scheme are to be addressed to NCU for reconsideration at:

ncu@hrplustas.com.au

The NCU has up to 28 days to make a decision on an appeal.

Appendix A

RURAL WORKFORCE AGENCIES CONTACT DETAILS

NSW Rural Doctors Network

Address: Level 3, 133 King Street
NEWCASTLE NSW 2300
Phone: (02) 4924 8000
Website: www.nswrdn.com.au

Rural Workforce Agency Victoria

Address: Wurundjeri Country,
Level 6, Tower 4 World Trade Centre
18-38 Siddeley Street
MELBOURNE VIC 3008
Phone: (03) 9349 7800
Website: www.rwav.com.au

Health Workforce Queensland

Address: Level 13, 288 Edward Street
BRISBANE QLD 4001
Phone: (07) 3105 7800
Website: www.healthworkforce.com.au

Rural Doctors Workforce Agency, South Australia

Address: 63 Henley Beach Road
MILE END SA 5031
Phone: (08) 8234 8277
Website: www.ruraldoc.com.au

Rural Health West, Western Australia

Address: Level 2, 10 Stirling Highway
NEDLANDS WA 6909
Phone: (08) 6389 4500
Website: www.ruralhealthwest.com.au

HR+ Tasmania

Address: 37 Frederick Street
LAUNCESTON TAS 7250
Phone: (03) 6332 8600
Website: www.hrplustas.com.au

Northern Territory Primary Health Network

Address: 23 Albatross Street
WINNELLIE NT 0820
Phone: (08) 8982 1000 Website:
www.ntphn.org.au

Appendix B

GRADED CATEGORY INCENTIVES

There are three categories applicable to Scheme locations. The categories will determine the amount of time concession an IMG/FGAMS can earn under the Scheme.

CATEGORY A - Exceptionally difficult for GP recruitment and retention

- This category covers locations which experience exceptional difficulties recruiting and retaining GPs and will be predominantly:
 - Small, very remote communities, i.e. with three or less doctors in MM 5-7 or
 - Very remote and difficult to retain Indigenous communities, i.e. rural and remote indigenous community with demonstrated difficulty in GP recruitment and retention.
- A Scheme placement in this category will reduce the ten-year moratorium from ten years to three years.

CATEGORY B - Very difficult for GP recruitment and retention

- This category covers specific communities which experience a lot of difficulty recruiting and retaining GPs.
- Accepted criteria will include consideration of a combination of the following:
 - Evidence of high turnover rate and/or length of vacancy in the location.
 - MM 4 - 7
 - Small community (three doctors or less).
 - Very difficult community attributes, preferably supported by a measure of need for rural practitioners (population adjusted for factors known to influence need for medical services e.g., age, sex, socio-economic status, mortality rates).
 - High Indigenous population of the community.
 - Demonstrated requirement for advanced practice skills in community, for example, obstetrics or anaesthetics.
 - Special services, e.g., Aboriginal Medical Services and some remote Royal Flying Doctor Services bases.
 - Extreme climate e.g.: exceptional rainfall/wet day's status of community.
- A Scheme placement in this category will reduce the ten-year moratorium from ten years to four years.

CATEGORY C - Difficult for GP retention and recruitment

- This category covers other locations in MM 3 - 7 and areas within the parameters set by the National Guidelines which experience difficulty in recruiting and retaining GPs.
- This is the default category and includes all locations previously approved unless otherwise agreed.
- A Scheme placement in this category will reduce the ten-year moratorium from ten years to five years.