



Australian Government
Department of Health and Aged Care

Australian General Practice Training

Program Guidelines



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Purpose

The Australian General Practice Training (AGPT) program is a three to four-year GP training program that offers 1,500 commencing training places each year. Selection into the AGPT program is a competitive merit-based process.

The AGPT Guidelines (Guidelines) support the implementation of the AGPT program under a college-led training model, which commenced 1 February 2023. The Guidelines also form a part of the individual grant agreements between the Department of Health and Aged Care (the Department) and the general practice (GP) colleges – the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) – for the delivery of the AGPT program under a college-led training model.

The Guidelines have been developed in consultation with the GP colleges.

Guideline Review Process

The Guidelines will be reviewed and updated annually to ensure they appropriately reflect contemporary AGPT program arrangements and policy priorities. From 2024, the review process for the Guidelines will commence at the beginning of each calendar year. This is in alignment with the delivery of the Allocation Plan and Performance Reports by the GP colleges in February and March respectively.

The updated Guidelines will be published on the Department's AGPT webpage no later than 30 May of each year, with any changes to take effect on the date agreed between the Department and the GP colleges. If required and agreed between the Department and the GP colleges, critical amendments may be made outside of the review period.

Roles and Responsibilities

From 1 February 2023, responsibility for the administration and delivery of the AGPT program transferred to the GP colleges. Under the college-led training model, it is the role of the GP colleges to deliver high-quality, well-distributed training for the AGPT program consistent with the terms of their respective grant agreements with the Department. This includes the development and management of the GP colleges' individual AGPT training policies. The GP colleges will also be responsible for registrar management, including career planning, selection, placements, pastoral care, and appeals.

The role of the Department will include:

- developing high-level policy for the delivery of GP training to grow and distribute the GP workforce according to community need;
- providing annual funding for the delivery of the AGPT program;
- ensuring the proper use and management of Commonwealth funds, as required under the Public Governance, Performance and Accountability Act 2013;
- updating the Guidelines, in consultation with the GP colleges, and ensuring that they include guidance on overarching strategic policy objectives and operational direction; and

- continuing to convene stakeholder engagement with relevant stakeholders on the AGPT program.

To ensure governance requirements are met under the respective AGPT college-led training grant agreements, the GP colleges will continue to undertake regular collaboration and communication with the Department and key GP training stakeholders, including: the General Practice Training Advisory Committee (GPTAC), Rural Generalist Coordination Units (RGCU), General Practice Supervisors Australia (GPSA), General Practice Registrars Australia (GPRA) and the Indigenous General Practice Registrars Network (IGPRN).

AGPT Eligibility, Selection and Placement Management

Eligibility

Registrars entering the AGPT program must meet the minimum eligibility requirements. The GP colleges are responsible for ensuring that all applicants are:

- an Australian/New Zealand citizen or Australian permanent resident (or will be by the end of the selection application period), or a temporary resident with an accepted Australian visa who has demonstrated an intention to apply to become a permanent resident during their completion of AGPT training;
- have a primary medical degree that is accredited by the Australian Medical Council (AMC) or a primary medical degree recognised by the AMC through the Standard Pathway or Competent Authority Pathway;
- have general medical registration without a condition or undertaking that will limit their practice of primary care across all genders and ages;
- are not enrolled in another Commonwealth funded GP training program; and
- have not achieved GP fellowship.

Note: As of 2025 the AGPT program no longer enables dual fellowship training. Eligible candidates can apply to both GP colleges but must only accept a training place with one GP college.

Selection

The selection process for the AGPT program is designed to recruit high quality applicants seeking vocational GP training. Under the college-led training model, the GP colleges are responsible for the development and implementation of the AGPT program selection process. Applications must be assessed in accordance with the program eligibility requirements. The GP colleges may charge a selection fee approved by the Department annually for cost recovery purposes.

At a minimum, the GP colleges must:

- ensure a robust selection process with criteria that reflects future workforce and community needs;

- ensure selection panels are diverse and representative of the GP sector, including across location, gender and culture;
- where possible, work together to align consistent AGPT selection timeframes;
- undertake at least two intakes each year (unless the number of places is exhausted in the first intake);
- notify the Department of selection timeframes by 1 December for the following year;
- ensure handbooks, eligibility guides and selection materials are provided to the Department at least two weeks prior to publication, with amendments indicated; and
- ensure applicants are aware that they can only accept a fellowship training position with one GP college.

Placement

Registrar placement must:

provide high quality and safe training for each registrar, taking into consideration their stage of training and their need to achieve Fellowship in the most efficient timeframe;

ensure registrars identifying as First Nations people have their preferences to remain close to or away from their community considered; and

ensure registrar interest in regional, rural or remote practice (through existing connections or training) is taken into account and prioritised in assigning training placements.

To support a consistent approach to placement management, the GP colleges will develop and implement a Training Placement Model for college-led training. The model will establish policy and timing alignment between the GP colleges. The criteria for priority placements should also be used to guide the use of Flexible Funds. This includes consideration of end-to-end medical program arrangements.

Consistent with the Department's distribution targets, and in line with the GP Training Outcomes Framework, the Training Placement Model should ensure that there is appropriate placement prioritisation for:

- First Nations registrars;
- placement for applicants with proven rural intent;
- placements aligned to community workforce need (including vulnerable populations);
- placements in Aboriginal Controlled Community Health Service/Aboriginal Medical Service settings;
- registrars to train in place, particularly within regional/rural training pathways);
- placements that offer high quality training experiences; and
- placements that offer variety in training setting (e.g. aged care, palliative care).

The Training Placement Model should also ensure applicants that have undertaken pre-vocational training in rural regions or a medical school on rural campuses remain connected with their university and are supported to continue training in that region.

The GP colleges must have a consistent approach to the placement of dual fellowship registrars to ensure that dual fellowship registrars can complete their training concurrently and within specified timeframes (or training time caps).

Note: New registrars will be unable to undertake dual fellowship training from 2025 onwards.

Any GP college-specific placement processes that falls outside the agreed Training Placement model will be articulated within the GP colleges' Activity Workplans (AWPs) and specified in the relevant GP college's policy, which should outline the mechanisms and regular touch points for ensuring placements are considered collaboratively.

Placement management processes will be reviewed at the mid-cycle review point (see Section: [AGPT Grant Agreement Stipulations and Requirements](#)).

3GA Placement and Medicare Provider Numbers

Approval of training placements by a GP college enables registrars to be placed on the Register of Approved Placements and access a Medicare Provider Number (MPN). It is the responsibility of the GP colleges to notify Services Australia – Medicare in writing of registrar movement, including whether they have been allocated a position or withdrawn from the AGPT program, as well as individual placement location.

Under Section 19AA of the Health Insurance Act 1973, doctors who are permanent residents (i.e., appropriate visa holders) or Australian citizens can access a MPN once they are on an approved 3GA program (including the AGPT program). Section 19AB of the Act sets out the rules for international medical graduates and restrictions that support the distribution of medical services into rural and remote areas. The Department administers section 19AB in line with the [Health Insurance \(Section 19AB Exemptions\) Guidelines 2019](#). Placement on the 3GA Program provides access to a 19AB class exemption.

Temporary residents who hold a Section 19AB exemption are exempt from Section 19AA. If a temporary resident were to be accepted into the AGPT and are awarded a place on the 3GA program, it is important that Services Australia is aware that the 19AB class exemption is to be applied. This will obviate any confusion where a temporary resident gains permanent residency or citizenship.

Allocation plans

Each GP college will submit an allocation plan to the Department by February each year, which will outline the intake distribution for the following year. This should be informed by analysis and advice provided under the General Practice Workforce Planning and Prioritisation (GP WPP) activity (see Section: [General Practice Workforce Planning and Prioritisation](#)). Allocations may be higher (up to 10%) than the number of funded training places available each year. This will allow for withdrawals between the period when a registrar is offered a training place and the commencement in the program (known as 'over-allocation'). Department will review the allocation plans to ensure they broadly align to expectations in accordance with the individual AGPT college-led training grant agreements.

AGPT Grant Agreement Stipulations and Requirements

Mandatory requirements

The GP colleges must develop, maintain, and publish training policies that set out the operational arrangements of the AGPT program for participants. Training policies must be publicly available to all potential applicants, registrars, supervisors and other participants in training. Any change to the GP colleges' training policies must be communicated to registrars and other relevant parties (including the Department) in a timely manner.

Requirements include:

- clear articulation of each GP college's appeals, dispute resolution and complaints mechanisms;
- clear articulation of the timeframe for registrars to complete their training and attain fellowship (see definition at [Appendix A](#));
- acceptance of bi-college definitions for extenuating and unforeseen circumstances and for the commencement of training (see definitions at [Appendix A](#));
- grandfathering of policy arrangements made under previous AGPT delivery mechanisms to ensure fairness for registrars who commenced their training under these arrangements (this includes, but is not limited to, extensions of training time, leave or transfers approved by the previous training provider);
- support for registrars undertaking training in Aboriginal and Torres Strait Islander health settings;
- embedding registrar wellbeing, safety and fatigue management in the delivery of the AGPT program;
- for registrars who have a disability or other special circumstances requiring reasonable adjustments, ensuring accessibility and enabling reasonable adjustments;
- clear articulation of the location of training placement obligations the registrar must meet, including how registrars can meet these obligations;
- a registrar withdrawal policy that articulates the process and circumstances under which a registrar will be withdrawn from training, including both involuntary and voluntary withdrawals;
- a clear remediation/learning intervention process, including a mechanism for early identification of registrars in difficulty;
- leave and extensions policies that balance the personal needs of registrars with the requirements to progress through the AGPT program; and
- a clear articulation of transfer arrangements between the GP colleges.

See [Appendix B](#) for a full list of GP college policies against the AGPT college-led training mandatory requirements.

For further AGPT resources for each GP college, please refer to [ACRRM: Australian General Practice Training](#) and [RACGP: Australian General Practice Training \(AGPT\) Program](#).

AGPT funding streams

The AGPT college-led training grant agreements for the AGPT program delivers funding across the following streams:

- transition;
- training;
- remediation;
- research;
- administration;
- flexible funding; and
- Aboriginal and Torres Strait Islander health

The individual AGPT college-led training grant agreements allow the flexibility to move funds between funding streams, subject to the approval of the Department. To seek agreement to move existing funding between streams, the GP colleges must submit proposed changes in writing to the Department (via the Community Grants Hub) by 31 October of each calendar year. This must include:

- a proposal describing the rationale for the changed activities and outcomes; and
- an updated AWP and budget for the following year, incorporating changed elements.

The Department will review proposals annually between November and December of each year and provide a decision no later than 31 December. The Department may agree to review proposals on an ad hoc or urgent basis, where required.

Subcontracting arrangements

The GP colleges are responsible for ensuring any subcontractors meet all relevant legislative, accreditation and fellowship standards.

The stipulations for subcontracting arrangements are outlined in the individual AGPT college-led training grant agreements and reportable through AWPs and financial acquittals. If subcontracting arrangements are deemed to be necessary, the GP colleges must articulate the work required and rationale in the AWPs. The Department may consider proposals for subcontracting arrangements at other stages of the grant period – if identified by a GP college as an essential requirement for the successful delivery of the AGPT program.

The Department may only request removal of an approved subcontractor (in writing by the Department) if their acts or omissions amount to a material breach of the Agreement. Under these circumstances, the relevant GP college must provide an acceptable replacement personnel at no additional cost to the Commonwealth. This is to be done at the earliest opportunity to avoid any interruption to the GP college's compliance with its other obligations under the AGPT college-led training grant agreement.

Asset Use

Requests to use AGPT Program Resources and Assets for other Commonwealth-funded GP training programs must be submitted to the Department in writing. The submission must be

included as part of the Performance Report details of each AGPT Program Resource and Asset (when used for a purpose other than the stipulated Activity).

Conflicts of Interest

The stipulations for any potential or perceived conflict of interest are outlined in the individual AGPT college-led training grant agreements.

The GP colleges must notify the Department in writing where any potential or perceived conflicts of interests exist. If the conflict is deemed to be manageable, the relevant GP college must take responsibility for managing the conflict and provide a written mitigation plan outlining the management strategy.

Review of the AGPT college-led training grant agreements

The Department will undertake a mid-grant review to assess the AGPT college-led training grant arrangements, including: allocated funding, selection quotas, grant activity, support payments and distribution requirements. To avoid imposing an additional reporting burden, the mid-grant review will consider information already provided by the GP colleges through existing reporting under the individual grant agreements.

This review will take into consideration feedback from the sector through a consultation process. Sector engagement is to occur as much as possible through existing networks and processes. This review will assist in the development of grant agreements for the next funding cycle for 2026 and beyond.

The Department and the GP colleges may agree individually to more frequent review periods, in addition to the mid-grant review.

Registrar, Supervisor and Practice Payments

National Consistent Payments

The National Consistent Payment (NCP) framework outlines the available support payments for supervisors, practices and registrars. This includes terms and conditions (scope) for the use of flexible funds ([National Consistent Payments Framework | Australian Government Department of Health and Aged Care](#)). The roles and responsibilities for the GP colleges, Services Australia and the Department is outlined in the NCP Business Rules ([Appendix C](#)).

Where funding for an individual registrar, supervisor or practice exceeds the support payment amount allocated in the NCP framework, Departmental approval is required to support use of flexible funding.

The GP colleges, as the lead entities, will develop appropriate policies to support the eligibility requirements and access to support payments, including the management and use of discretionary flexible funds under the NCP framework. This includes detail on the management and funding mechanisms for flexible funding agreed for dual fellowship registrars, supervisors and practices.

The management of overpayments is outlined in the [NCP Guidelines](#) and NCP Business Rules ([Appendix C](#)) and will be reviewed annually in alignment with the AGPT Program Guidelines.

Discretionary (flexible) funding

As outlined in the framework, the discretionary (flexible) funding for registrars, supervisor, and practices can be utilised for activities to support the GP college's training model, including: supervisor professional development, facilitating training activity, supporting difficult placements and building capacity. Decision making for discretionary funding must be informed by training capacity assessments to be delivered under the GP WPP activity (see Section: [General Practice Workforce Planning and Prioritisation](#)).

The proposed activities where discretionary flexible funds are to be utilised will be captured in the GP colleges' AWP and annual budget and informed by training capacity assessments delivered as a part of the GP WPP activity.

Payment processing and support

The GP colleges will ensure that registrar, supervisor, and practice payment administration is undertaken to enable timely payments to applicable participants as per the NCP framework. Changes to payments resulting from changes in training will be processed in a timely fashion.

Grandfathering arrangements will be available for registrars who were already enrolled in training prior to February 2023, as needed and on a case-by-case basis.

Placements and training in accredited Aboriginal Community Controlled Health Services and Aboriginal Medical Services are encouraged by facilitating access to the Salary Support program. This is in line with the Salary Support Policy and agreed governance arrangements or guidelines.

General Practice Workforce Planning and Prioritisation

Consortiums of GP WPP organisations across jurisdictions will deliver robust, independent, evidence-based recommendations to the Department and GP colleges on AGPT training allocation priorities at the GP catchment level. GP WPP organisations will operate within one or more Primary Health Network (PHN) region/s, conducting analysis for all GP catchments within their designated region/s.

For further information, please refer to [General Practice Workforce Planning and Prioritisation](#).

From 2024, the GP WPP activity work will support registrar distribution and allocation decisions from to meet current and future GP workforce needs across communities.

Roles and responsibilities

The GP colleges will work collaboratively with GP WPP organisations, including:

- engaging with GP WPP leads across each jurisdiction, as agreed;
- the provision of accurate data in accordance with agreed scheduling and timeframes;
- participation in continuous improvement processes; and
- enabling agreements on interactions between GP WPP regional staff and GP college regional/local teams.

From 2024, the GP colleges will be informed by the advice provided by GP WPP organisations to:

- define arrangements for regional training;
- propose annual allocations for each state and territory, with flexibility for the GP colleges to manage movements across regions;
- make selection and placement decisions;
- make decisions about training capacity building;
- report on improvements to distribution; and
- achieve distribution targets.

The Department will set the approach for the GP WPP activity, including:

- setting the schedule and timeline for activity;
- setting distribution targets, informed by GP WPP advice;
- facilitating an annual review and continuous improvement process; and developing data governance arrangements, including data sharing protocols. privacy/confidentiality provisions.

Deliverables

The WPP organisations will deliver the following advice:

- an annual workforce needs analysis, which will prioritise GP catchments within the PHN region according to distribution needs at the GP catchment level.
 - recommendations will be informed by analysis of community need, and workforce and training data;
- an annual training capacity assessment, which will identify training capacity in GP catchments across the region, including the impact of other programs affecting training and supervisory capacity; and
- from 2024, an assessment of training pathways that enable registrars to complete all training within the PHN region, including advice on gaps that require registrars to rotate into other locations to complete their training.

Deliverables from the lead GP WPP organisations will be submitted directly to the Department. The Department will then review these deliverables to ensure they satisfy requirements and then provide to the GP colleges to inform their decision-making.

Utilisation of GP WPP analysis and advice

GP WPP analysis and advice will inform the GP colleges in the development of annual allocation plans (see Section: [AGPT Eligibility, Selection and Placement Management](#)), as

well as activity to increase training capacity for communities in need. GP WPP analysis will also inform distribution targets set by the Department under KPI 16 and KPI 17 (see Section: [Performance and Accountability](#) and [Appendix E](#)).

Based on GP WPP advice, there is an expectation that the GP colleges will increase the number of GP registrars training weeks undertaken in the high priority catchments. There is also an expectation that the GP colleges will make plans to build or improve training capacity in high priority catchments where registrars have not been allocated.

Despite the above expectations, the GP colleges will not be constrained from making placement and selection decisions based on safe, quality care and training. Furthermore, no geographic restrictions will be placed on GP college registrar management processes. GP colleges will not be mandated to place a specific number of registrars in specific GP catchments, nor will they be required to immediately place a GP registrar in every catchment that is classified as high priority.

Aboriginal and Torres Strait Islander Health Training

The AGPT 2023–2025 Aboriginal and Torres Strait Islander Health Training objectives are to:

- a) develop and deliver GP registrar training in Aboriginal and Torres Strait Islander health that meets specific requirements outlined in the AGPT college-led training grant agreements;
- b) sustain partnerships with the appropriate Aboriginal and Torres Strait Islander health services;
- c) promote leadership in the local Aboriginal and Torres Strait Islander communities through a collaborative partnership approach to the development, delivery and evaluation of GP registrar training in Aboriginal and Torres Strait Islander health training facilities;
- d) improve utilisation rates of accredited Aboriginal and Torres Strait Islander health training facilities;
- e) enable or facilitate GP registrar placements in Aboriginal and Torres Strait Islander health facilities (within the funding allocation for Salary Support);
- f) deliver cultural orientation and training within the cultural context of the local Aboriginal and Torres Strait Islander community to all GP registrars; and
- g) improve the quality of general practice training provided in Aboriginal and Torres Strait Islander health settings.

The GP colleges will deliver tools and resources to all registrars to enable them to practice in a culturally safe manner. This includes ensuring:

- the GP colleges and any approved subcontractors hold and maintain a current Reconciliation Australia endorsed Reconciliation Action Plan;
- all registrars and supervisors undertake training in Aboriginal and Torres Strait Islander health and cultural awareness and safety;
- Aboriginal and Torres Strait Islander registrars are supported in culturally appropriate ways and provided flexibility to fulfil their training and cultural obligations;
- registrars undertaking placements in Aboriginal Community Controlled Health Services, Aboriginal Medical Services and other Aboriginal and Torres Strait Islander Health

training posts are supported to deliver appropriate and culturally safe primary healthcare through access to Aboriginal and Torres Strait Islander cultural educators and cultural mentors, with additional support provided to those practicing in Aboriginal and Torres Strait Islander Health training posts; and

- customised training resources are available to ensure cultural relevance to the specific communities in which registrars are practising.

The GP colleges will build capacity, and support training innovation that increases opportunities for registrars to train in Aboriginal and Torres Strait Islander settings. The GP colleges will also work together with the Aboriginal and Torres Strait Islander Health General Practice Training Committee, as described in the Terms of Reference.

Joint Colleges Training Services

The GP colleges have established an incorporated joint venture company, Joint Colleges Training Services Pty Ltd (JCTS), which will oversee joint AGPT training program services, including:

- the development and delivery of plans for Aboriginal and Torres Strait Islander health training, including cultural education and cultural mentorship;
- the provision of registrar housing in some remote Northern Territory communities; and
- other potential areas of collaboration, which may include activities such as joint practice training accreditation, supervisor professional development.

The Department agrees that the GP colleges will transfer all Commonwealth received funds that are designated under the Aboriginal and Torres Strait Islander health funding stream within the AGPT college-led training grant agreements. Funding for purely administrative activities may be sourced from the administration funding stream.

The Department understands that JCTS will be overseen by a Board of Directors, including an independent Chair, with a General Manager to run day-to-day activities. The GP colleges will notify the Department in writing of any changes to the Board of Directors, Chair and General Manager of JCTS.

Any subcontracting arrangements entered into by the GP colleges for the delivery of activities under the Aboriginal and Torres Strait Islander health training stream are bound by the same requirements articulated in the Section: AGPT Grant Agreement Stipulations and Requirements.

JCTS reporting

The GP colleges will be required to submit a single joint AWP and Budget annually, along with a single joint Performance Report for the Aboriginal Health Training stream. This reporting will include detail on:

- established governance arrangements of JCTS, including process for Board appointment and current Constitution (noting where changes have been made);
- specific details for JCTS and associated timeframes for the employment of cultural educators and cultural mentors across each region;

- key risks and mitigations the GP colleges have identified for the continuation of the Aboriginal Health Training element of the AGPT Program; and
- proposed annual spending against activity to be undertaken for the Aboriginal and Torres Strait Islander health funding stream, identified by region.

The GP colleges will provide a joint performance report, consistent with the timing and template for the broader AGPT college-led training grant agreements, reporting progress against activity outlined in the AWP. This reporting will encompass:

- the extent to which the objectives of the Aboriginal and Torres Strait Islander health funding stream (as described in the respective AGPT college-led training grant agreements) have been met to date;
- a description of the specific Activity Milestones or other outcomes completed during the reporting period;
- an explanation as to how the GP colleges are addressing any issues, problems or delays previously identified with the Stream, and how the GP colleges intend to address them; and
- an income and expenditure statement against the Activity Budget.

AGPT Salary Support

The AGPT Aboriginal and Torres Strait Islander Salary Support Program Policy (Salary Support Policy) of 2023 outlines the program objectives of AGPT Salary Support and funding to be administered by Services Australia to the approved training facilities, in accordance with the NCP to enable registrars to train in an eligible Aboriginal and Torres Strait Islander health service in their region.

[AGPT Program Aboriginal and Torres Strait Islander Salary Support Program Policy 2023](#)

The yet-to-be-established Aboriginal and Torres Strait Islander GP Training Committee will be responsible for providing oversight of the Salary Support Program, including determining eligibility requirements and payment rates. When available GP colleges will be expected to abide by the decisions taken by the ATSIGPTC as per the roles, responsibilities and decision-making processes set out in the ATSIGPTC terms of reference.

Research

Academic Posts

Academic posts provide registrars with the opportunity to build skills in the areas of research and critical thinking. This includes:

- providing exposure for registrars each year to undertake research in an academic environment through formal academic training posts;
- providing collaboration and support through universities;
- encouraging academic networks to support registrars with an academic interest;
- encouraging registrars to incorporate academic work into their long-term career; and

- making best endeavours to fill all academic posts each year, including that offered by the Australian Indigenous Doctors' Association (AIDA).

If one GP college is unable to fill its allocated posts, the unallocated posts may be awarded to suitable applicants by the alternative college using existing resource allocations.

The GP colleges must undertake an annual competitive application process to select candidates for academic posts. The selection of candidates should align with the overarching aims of the program to build research and critical thinking skills, and encourage future academic work among registrars. The GP colleges must promote academic posts broadly and, in particular, to rural and remote areas.

In each year, the colleges should fill the following number of academic posts:

- RACGP will fill 20 posts
- ACRRM will fill 5 posts.

The GP colleges are required to enter an agreement with the universities participating in an academic post. The GP Colleges are also to provide support to the academic registrars as a cohort with activities throughout the academic term, such as face-to-face workshops. Collaborative engagement between GP Colleges and universities is required to ensure the delivery of support activities under this component of the AGPT college-led training grant agreements.

A 'specialised academic post' is a post where some objectives of the term are predetermined. Specialised posts are designed to facilitate accessibility to research opportunities. These terms count towards training in the same way as a standard academic post. The GP colleges will assess specialised academic post applications for suitability. If deemed suitable, an application may be progressed for specialised academic post selection.

The GP colleges must take every possible step to place a registrar in the AIDA academic post. If the GP college does not receive suitable applications for the AIDA academic post, this specialised post may be used as a general academic post for that year.

Education Research Grants

The GP colleges will undertake research to improve the quality, impact or efficiency of general practice education in Australia. In delivering this research, it is intended that the following outcomes will also be achieved:

- the development of research skills in medical educators, GP registrars, GP supervisors and training practices, and promoting a culture of academic critique and use of evidence in general practice training;
- the facilitation of collaboration between researchers, training practices and universities;
- providing support activities to build research capacity and skills for GP supervisors, practices, or medical educators;
- promoting the dissemination of Australian GP education research and implementation of findings, where relevant, to improve general practice training programs; and
- bi-college collaboration to ensure maximum value and impact from research activities and the avoidance of duplication.

The GP colleges must develop a set of research priorities to guide its Education Research Grants (ERG) program for the 2023 to 2025 period. The aim is to improve the quality, impact or efficiency of GP education in Australia. Consultation across the GP colleges is expected to ensure that each college is aware of the other college's research priorities. The Department will set the endorsement process for research priorities, in negotiation with the GP colleges and the GPTAC.

Individual ERGs can be funded for a maximum of two years. In each year:

- RACGP will establish/maintain eight ERGs; and
- ACRRM will establish/maintain two ERGs.

Where delivered externally, the GP colleges are required to undertake a competitive process to select suitably qualified organisations to deliver research projects under the ERG program, in line with the endorsed priorities. The projects can be delivered through a partnership arrangement.

Each project must be led by a senior academic expert appropriate for the research topic and/or methodology. Project teams should include medical educators, GP registrars, GP supervisors, or other practice employees who are current or previous participants in the AGPT program.

Areas of Shared Responsibility

Accreditation

The GP colleges must work collaboratively to develop joint processes for training accreditation that are transparent, meet training standards and minimise the burden on practices and supervisors. This includes:

- allowing practices to submit a single application for accreditation;
- enabling practices to submit supporting information through a single process;
- a single site visit to the practices for the purpose of assessing the practice's performance against both sets of training standards and
- avoiding duplication of assessment requirements, where possible.

As a part of the accreditation process, the GP colleges will ensure:

- continuous quality improvement activities are undertaken by supervisors, and training practices to ensure education and training effectiveness is improved where needed - including the provision of additional support where/when required;
- training sites that no longer meet quality standards have their accreditation removed;
- both GP colleges have legally robust procedures for removal of practice accreditation that afford natural justice to supervisors and practices;
- processes for accreditation of training practices and supervisors are simplified and aligned between the GP colleges;
- patient safety throughout training placements and have mechanisms in place to support the provision of adequate supervision of registrars in practices – GP colleges will need

to monitor patient adverse events associated with registrars and supervisors during training;

- there are mechanisms for collecting registrar practice and supervisor feedback and evaluations and these are considered in placement and accreditation decisions; and
- visits (including virtual) and random audits on training facilities occur to ensure safety protocols and procedures are in place.

The selection of training practices for accreditation should align with workforce need, informed through the GP WPP activity (see Section: [General Practice Workforce Planning and Prioritisation](#)).

Bi-college accreditation

The GP college bi-accreditation model will incorporate agreed principles. These will cover:

- training sites choice in applying for accreditation and registrar placements from either or both GP colleges;
- alignment of processes for site and supervisor accreditations/re-accreditations;
- joint approaches to supervisor professional development framework and resources;
- data sharing that informs training site and supervisor support and issue management; and
- GP college collaboration in undertaking accreditation site visits.

These principles will apply during the establishment, implementation, and ongoing management of GP college-led training under the AGPT program.

Accreditation cycle

The three-year accreditation cycle will be maintained by both GP colleges, with continued alignment of both college reaccreditation dates for dually accredited sites. The GP colleges will aim to align the timing of training and clinical accreditation cycles. This will allow sites seeking training accreditation to harness the information already collected for clinical accreditation. The alignment of dates will take place as each training site is reaccredited.

For dually accredited training sites, reaccreditation will be undertaken by the GP college of the registrar enrolled in training at the time of the site reaccreditation and carry the cost for the delivery of the accreditation work. If no registrar is enrolled, the GP college of the most recently enrolled registrar will assume site reaccreditation. Where there is a registrar from both colleges training concurrently at a site, the college that will undertake the reaccreditation will be negotiated on a case-by case basis. The GP colleges will coordinate site visits regionally.

Where training sites are dually accredited, each GP college will complete their respective college accreditation approval process using the shared information. This may involve seeking additional information or clarification from the prospective training site where this is not collected by the other college in the shared process. Data and accreditation details must be shared with the other GP college following the accreditation process. Where a reaccreditation of a site takes place by one GP college and the other does not agree with the outcome, a review process will occur at the joint college accreditation committee. This may mean that a training practice is not dually accredited.

A dually accredited training site will only be required to complete one accreditation application for it to be shared between the GP colleges.

Monitoring and quality improvement

The GP colleges will use data from a broad range of sources to monitor the performance of training sites. New training sites will hold provisional accreditation for the first year of training a registrar. Full accreditation will be awarded if the training site demonstrates they are meeting the respective GP college standards.

The GP colleges will monitor the maintenance of accreditation standards through the points of contact that they have with the training site, supervisor and registrar. These include informal liaison, professional development, registrar feedback, supervisor feedback, external clinical teaching visits and the registrar placement process. The Department notes that the GP colleges must consider feedback provided by registrars and through other monitoring process when authorising NCP payment for practices and supervisors.

A data sharing agreement between the two GP colleges will underpin this work. A bi-college accreditation group has been established and will meet regularly to review and improve accreditation processes.

Information exchange

Training sites that are accredited by both GP colleges will be advised of information sharing relevant to their accreditation.

Monitoring information held by each GP college will be shared when dually accredited training sites move from provisional to full accreditation, and at reaccreditation. Both GP colleges have agreed to the criteria for red, yellow and green flags. Reporting of any red flags for dually accredited training sites will be shared as they arise. This includes critical incidents relating to the performance of training sites and supervisors.

Where training capacity needs to be increased, an open and transparent recruitment process will be undertaken by both GP colleges simultaneously, where applicable.

When a new rural training site or advanced/additional skill training site application is received by either GP college, the practice applying will be asked if they wish to seek accreditation by both GP colleges. Where approval is given, the completed application form and evidence will be shared with the other GP college to facilitate dual accreditation.

Where supervisors or training sites are not satisfied with an accreditation decision made by the GP colleges, they may seek reconsideration, review and appeal by each GP college, according to the individual college policy and process.

Information resources and standards

Both GP colleges are accredited against the AMC Standards.

A Bi-College Application Handbook for training sites and supervisors will clearly explain the accreditation process and requirements for training registrars on the AGPT program. Common language will be adopted in the application process.

Both GP colleges require a practice to have at least one primary (RACGP) or principal (ACRRM) supervisor for each training site. Practices may also have secondary (RACGP) or

additional (ACRRM) supervisors and other practice staff to form a supervisory team. Offsite supervision arrangements are supported by both GP colleges.

Joint minimum requirements for supervisor accreditation (including remote supervision)

The GP colleges must have a demonstrated intent to set joint minimum requirements for supervisor accreditation and requirements for ongoing Continuous Professional Development (CPD) for supervisors. Supervisor CPD requirements will be aligned between the GP colleges to avoid duplication for supervisors and to support cost efficiency.

The GP colleges will use the National Curriculum for GP supervisors as a common curriculum to inform the skills, knowledge and attributes to perform the tasks of a supervisor. The GP colleges will develop online courses and workshops aligned to the tasks of the National Curriculum. Training provided by either GP college will be recognised as meeting the requirements for supervisors.

All new supervisors will need to complete the GP supervisor foundation modules from the National Curriculum prior to being awarded full accreditation.

All new supervisors are required to have recently undertaken cultural awareness education prior to being awarded full accreditation.

Cost sharing arrangements

Cost sharing arrangements will be managed and articulated by the GP colleges. All mandated supervisor professional development will be funded by the GP colleges.

Supervisor professional development

Each GP college will be responsible for providing guidance on the mandatory supervisor training requirements for supervisors to remain accredited, as well as the training required to establish accreditation for new supervisors entering the AGPT program. In recognition of the importance of supervisor support, funds allocated to the GP colleges through flexible funding under the AGPT college-led training grant agreements will be made available to supervisors to cover their mandatory training arrangements.

The GP colleges' policies to support supervisors to undertake training must be published and provided to the training sector. The level of support available will consider the training time required and any associated travel costs in alignment with the GP colleges' travel policy and guidelines (noting the ability to deliver some training online and utilising the regional network to minimise required travel).

A joint GP college approach to supervisor and practice accreditation will ensure the appropriate level of support is provided to individual supervisors.

Dual fellowship

Dual fellowship training will be unavailable for registrars beginning in the AGPT program from 2025 onwards. The GP colleges must maintain arrangements for managing existing dual fellowship registrars including:

- each GP college having consistent, transparent and published arrangements in place to manage dual fellowship registrars;
- ensuring that dual fellowship registrar placements meet the training requirements of each GP college in each training term so that dual fellowship registrars can train concurrently for both fellowships; and
- ensuring a contact in each GP college is available to clarify any aspect of training.

Responsibility for payments to dual fellowship registrars under the NCP framework must be undertaken by one GP college only. Both GP colleges must ensure that dual fellowship registrars nominate one GP college to manage their NCP payments, including any flexible funding payments, for the duration of each year of their training. The nominated GP college must inform the other GP college of the dual fellowship registrars' nomination and confirm the nomination with the registrar.

Performance and Accountability

Performance Framework and Key Performance Indicators

In the 2023 calendar year, with Department will work with the GP colleges to develop a robust performance framework for the AGPT college-led training grant agreements. This performance framework will outline the performance measurement process against the agreed suite of Key Performance Indicators (KPIs) for the implementation and delivery of the AGPT program under the college-led training grant agreements. The development of the AGPT college-led training grant agreement KPIs was informed by the General Practice Training Outcomes Framework.

As a component of the performance framework, individual GP college KPIs baselines will be reviewed and, if necessary, adjusted annually in alignment with the Guideline review process. The full suite of KPIs for college-led training will be reviewed as a component of the mid-grant review process to ensure the performance measurement process is capturing the right information.

The full suite of KPIs is at [Appendix D](#). The KPIs have been prioritised into Tier 1 and Tier 2 Key Performance Indicators:

- Tier 1 (11 KPIs) – these are the focus for the AGPT college-led training grant agreement period; and
- Tier 2 (25 KPIs) – some flexibility will be applied to achievement of targets during the AGPT college-led training grant agreement period.

Distribution targets

KPI 16 and KPI 17 form the GP college annual distribution targets. The purpose of KPI 16 is to determine whether the selection process meets community needs. KPI 17 assesses whether training activity meets the distribution targets set by the Department (see [Appendix E](#) for further detail).

Monitoring and review of the distribution targets will occur through selection reporting and measurements of training delivered, with annual targets to be focused on driving increases in

training in high priority GP catchments over time. A baseline for these KPIs will be developed as a component of the college-led training performance framework during 2023 and measured from 2024. Recognition will be given to the lead time required to enact change given intake processes take up to a year to implement.

As GP colleges will have flexibility in how they meet distribution targets across high priority catchments, they will be expected to provide to the Department a short outline on how they intend to meet the targets (as per the Training Placement Model) in their Performance Reports. The reports must demonstrate how they have considered high priority catchments in college-led training placement processes.

Reporting

AWPs

The GP colleges are required to submit to the Department an AWP and Budget every 12 months during the term of the AGPT college-led training grant agreements. This is in accordance with the due dates specified in these agreements.

The AWP must set out the key work activities and deliverables of the grant agreements and demonstrate how the respective GP colleges will achieve the objectives specified in the agreements. It must include an annual budget and may include other administrative controls intended to help manage any risks.

Performance report

The GP colleges are required to submit to the Department a Performance Report, including an income and expenditure Statement, every six months during the term of the AGPT college-led training grant agreements. Each Performance Report is to contain information on the performance of the Activity during the reporting period, including:

- the extent to which the objectives of the Activity described in Item B of the Schedule have been met to date;
- a description of the specific Activity Milestones or other outcomes completed during the reporting period; and
- an explanation as to how the Grantee is addressing any issues, problems or delays previously identified with the Activity – this must also include an explanation of any further issues, problems or delays encountered in relation to the Activity to date and how the Grantee intends to address them; and
- an income and expenditure statement against the Activity Budget.

Information Management

Data arrangements and requirements

The GP colleges must develop and implement, a comprehensive data collection, reporting and utilisation framework. This framework will guide the GP colleges in establishing and maintaining the systems, policies, procedures, communication material and support staff for the management of the different aspects of the AGPT program.

This includes meeting the Departments requirements of:

- capturing a set of data elements relating to training under the College Minimum Data Set (as per the General Practice Training Minimum Data Set) to support the Department's roles and responsibilities in national GP workforce planning and distribution;
- protection of data in accordance with the colleges' obligations under the Privacy Act 1988 (Cth) as amended overtime and quarantined with access only granted to authorised personnel;
- GP colleges meeting their reporting requirements under the AGPT college-led training grant agreements, including provision of data every 6 months to the Department in the agreed formats using the Department's Health Data Portal;
- GP colleges participating actively in ongoing data quality assurance processes to ensure the completeness, accuracy, and the integrity of the data provided and remediate any identified data quality issues; and
- GP colleges having the capacity to respond to ad-hoc data requests (including time sensitive requests) as required – for example: to inform policy decisions, or to enable the Department to provide advice to Government on particular activities.

Medicare Provider Number arrangements

The GP colleges must have systems, policies, procedures, communication material and support staff in place for the timely capture, recording, approval and maintenance of placements. This includes:

- to provide the placement information and approval information to Services Australia for inclusion on the Register of Approved Placements;
- to assist registrars in applying for their MPN in time for the start of their placements to allow for Service Australia timeframes and peak processing periods;
- subject to relevant system developments, work with Services Australia to implement an automated MPN process for GP registrars;
- where a placement is eligible for a payment under the General Practice National Consistent Payments framework, the Colleges to have systems, policies, procedures and staff in place to:
 - capture the required information, such as Supervisor and Registrar Medicare Provider Stem/Numbers and Practice IDs with the participants informed consent and within the timeframes required; and
 - process and provide the data payment files according to the agreed specifications with the requests for registrar, supervisor and practice (including Salary Support) payments to Services Australia to meet the payment timing stated in the GP National Consistent Payments framework as per the [NCP Guidelines](#) and NCP Business Rules ([Appendix C](#)); and
- subject to relevant system developments, work with Services Australia to implement an automated MPN process for GP registrars.

Marketing

The GP colleges are responsible for developing marketing approaches to attract registrars to the AGPT program. At a minimum, the GP colleges must undertake:

- marketing and advertising of the AGPT program selection process opening and closing dates;
- providing potential applicants and hospital administration/liaison staff with timely information regarding the application processes through designated communication channels; and
- development of and/or updating existing national marketing and communications materials (including handbooks, eligibility guides and selection materials) to provide consistent information to potential applicants.

The Department will support the GP colleges with marketing by:

- developing a social media plan that draws from GP college communication activities, and advertising application periods through our Facebook, Twitter, LinkedIn and Instagram; and
- maintaining up to date AGPT Program information on the Department of Health and Aged Care website.

Marketing and communication activities should acknowledge the Australian Government's investment in the AGPT program.

Appendix A: Defined Terms

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

Term	Description
19AA	<p>Section 19AA of the Health Insurance Act (1973) (the Act) restricts doctors from claiming a Medicare benefit for professional services unless they are:</p> <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 • an overseas trained doctor covered by an exemption under subsection 19AB(3) of the Act.
3GA Programs	<p>Section 3GA programs are programs specified in the Health Insurance Act Regulations, Placement on 3GA Program allows non-vocationally recognised doctors to gain a Medicare Provider Number (MPN) and access to the higher Medicare rebate items. Section 3GA programs include vocational training and workforce programs.</p>
Commencement of training	<p>Commencement of Training is defined as the first day in which a registrar begins their approved training on the AGPT Program.</p> <p>Registrars are able to commence their training on the AGPT Program in a number of different training terms, which are: hospital training, GPT1, Core Generalist Training, Extended Skills, Advanced Specialised Training and Advanced Rural Skills Training (for Rural General Fellowship).</p> <p>The program should include a maximum of two start dates per year.</p>
Extenuating and unforeseen circumstances	<p>Extenuating and Unforeseen Circumstances are defined as circumstances which were unforeseen and outside a registrar’s control when they accepted a training place. These circumstances will not be considered as unforeseen if it can be determined that the circumstances were known or reasonably should have been known by the registrar prior to the acceptance of their training place.</p> <ul style="list-style-type: none"> • Examples of extenuating circumstances may include, but are not limited to: • Ill-health (other than minor illnesses); • Deterioration of an existing medical condition that can no longer be managed in the current location; • Bereavement; • Acute personal/emotional circumstances; • Hospitalisation; • Illness of an Immediate Family Member;

Term	Description
	<ul style="list-style-type: none"> • A major change to a registrar’s personal circumstances; or • An involuntary change in a spouse’s employment.
GP Catchment Areas	GP catchment areas are a custom designed geography, constructed using the Australian Statistical Geographical Standard and Medicare data. There are 829 non-overlapping GP catchment areas that are based on a number of factors including patient flows, workforce, rurality, and topography.
GP colleges	The Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine.
MBA	<p>The Medical Board of Australia:</p> <ul style="list-style-type: none"> • registers medical practitioners and medical students; • develops standards, codes and guidelines for the medical profession; • investigates notifications and complaints about medical practitioners; • where necessary, conducts panel hearings and refers serious matters to Tribunal hearings; • assesses international medical graduates who wish to practice in Australia; and • approves accreditation standards and accredited courses of study.
MPN	A Medicare Provider Number uniquely identifies a medical practitioner and the practice location from which they perform professional services. MPNs are issued by Services Australia.
Permanent Resident or Australian Citizen	As defined in the Migration Act 1958.
The ‘reasonable timeframe’ in which registrars are expected to complete their training and attain fellowship (i.e. a training time cap)	The Department defines a reasonable timeframe to be twelve months longer than the standard pathway to meet the requirements for fellowship. For example, four full-time equivalent (FTE) years for registrars who would need three FTE years to complete their training requirements.
Register	Register of Approved Placements is an electronic register maintained by Services Australia under s 3GA of the Act. Doctors placed on the Register satisfy the requirements of Section 19AA of the Act.
Regulations	Health Insurance Regulations 2018, made under the Act.

Term	Description
Services Australia	Services Australia, formerly known as the Department of Human Services (this includes Medicare Australia).
GP WPP activity	Lead GP WPP organisations have been engaged by the Department to lead a consortium across each jurisdiction to deliver GP workforce planning and prioritisation advice to the Department and the GP Colleges. This advice will inform registrar allocations and distribution targets for the GP Colleges.

Appendix B: GP college policies across mandatory requirements

Requirement	GP College related policy
Clear articulation of each GP college's appeals, dispute resolution and complaints mechanisms.	<p>ACRRM:</p> <ul style="list-style-type: none"> • Complaints policy • Academic misconduct policy • Code of conduct • Reconsideration, review and appeals policy • Special consideration policy <p>RACGP:</p> <ul style="list-style-type: none"> • Dispute, Reconsideration and Appeals Policy • RACGP Complaints Policy • Academic Misconduct Policy • Special exemption applications (Censor in Chief)
Acceptance of a bi-college definition of extenuating and unforeseen circumstances, consistent with the definition provided in Appendix A .	<p>Any ACRRM and RACGP policy that uses term extenuating and unforeseen circumstances.</p> <p>ACRRM:</p> <ul style="list-style-type: none"> • Leave policy • Performance and progression policy • Refund policy • Special Consideration policy
Dual fellows should complete their training concurrently to ensure training is completed within specified timeframes (or training time caps).	Any ACRRM or RACGP policy referring to arrangements for dual fellows
Grandfathering of policy arrangements made under previous AGPT delivery mechanisms to ensure fairness for registrars who commenced their training under these arrangements, including but is not	<p>ACRRM:</p> <ul style="list-style-type: none"> • Leave and Training policy • Training time policy • Recognition of Prior Learning Policy • Performance and progression policy <p>RACGP:</p> <ul style="list-style-type: none"> • Leave Policy • Extensions of Program Time Policy • Recognition of Prior Learning and Experience Policy

Requirement	GP College related policy
limited to extensions of training time, leave or transfers approved by the previous training provider.	<ul style="list-style-type: none"> • Training Program Requirements Policy
Support for registrars undertaking training in Aboriginal and Torres Strait Islander health settings.	<p>Overarching joint policy between GP Colleges and the Department</p> <p>ACRRM:</p> <ul style="list-style-type: none"> • ACRRM Placement policy • ACRRM Performance and Progression policy • ACRRM Flexible Funding Pool policy • ACRRM Complaints policy • ACRRM Financial Hardship policy • ACRRM Training Time policy • ACRRM Withdrawal from Training policy <p>RACGP:</p> <ul style="list-style-type: none"> • Specific support included under the Registrar support and remediation policy • Other relevant policies below however do not specifically refer to ACCHS or AMS: • Training program requirements • Registrar support and remediation • GP in training safety and wellbeing
Embedding registrar wellbeing, safety and fatigue management in the delivery of the AGPT program.	<p>ACRRM: (once agreed)</p> <ul style="list-style-type: none"> • Registrar in difficulty policy • Special considerations policy • Access to Training policy • Remediation policy • Bullying Harassment and Discrimination policy <p>RACGP:</p> <ul style="list-style-type: none"> • GP in Training Safety and Wellbeing Policy • Stress of Fatigue in General Practice
For registrars who have a disability or other special circumstances requiring reasonable adjustments, ensuring accessibility and enabling reasonable adjustments.	<p>ACRRM:</p> <ul style="list-style-type: none"> • Special considerations policy • Access to Training policy <p>RACGP:</p> <ul style="list-style-type: none"> • Assessments Special Arrangements Policy

Requirement	GP College related policy
<p>Clear articulation of the obligations the registrar must meet in relation to the location of training placements and how these obligations can be met by registrars.</p>	<p>ACRRM:</p> <p>Placement policy</p> <ul style="list-style-type: none"> • Training Placements policy • Training Program Requirement policy • Overseas Training Placement policy <p>RACGP:</p> <ul style="list-style-type: none"> • Placement Policy (under development) • Training Program Requirements Policy • Remote Supervision Policy
<p>Registrar withdrawal policy that articulates the process and circumstances under which a registrar will be withdrawn from training, including both involuntary and voluntary withdrawals.</p>	<p>ACRRM:</p> <ul style="list-style-type: none"> • Withdrawal from training policy <p>RACGP:</p> <ul style="list-style-type: none"> • Withdrawal Policy
<p>Definition of commencement of training, an example of this definition is in the table below.</p>	<p>ACRRM:</p> <ul style="list-style-type: none"> • Registrar progression <p>RACGP:</p> <p>Training Program Requirements Policy</p>
<p>A clear remediation/learning intervention process, including a mechanism for early identification of registrars in difficulty.</p>	<p>ACRRM: (once agreed)</p> <ul style="list-style-type: none"> • Registrar in difficulty policy • Remediation policy • Training Performance and Progression policy <p>RACGP:</p> <p>Registrar Support and Remediation Policy</p>
<p>Leave and extensions policies that balance the personal needs of registrars with the needs to progress through the AGPT program.</p>	<p>ACRRM:</p> <ul style="list-style-type: none"> • Leave management • Registrar progression • Time in training <p>RACGP:</p> <ul style="list-style-type: none"> • Leave Policy • Extensions of Program Time Policy • Requirements for Fellowship Policy

Requirement	GP College related policy
<p>The timeframe for registrars to complete their training and attain fellowship, as per the definition outlined at Appendix A of these Guidelines.</p>	<p>ACRRM: (once agreed)</p> <ul style="list-style-type: none"> • Leave from Training policy • Performance and Progression policy • Training Time policy • Assessment Eligibility policy • Eligibility for Training <p>RACGP:</p> <ul style="list-style-type: none"> • Leave Policy • Extensions of Program Time Policy • Training Program Requirements Policy • Requirements for Fellowship Policy
<p>Clear articulation of transfer arrangements between the GP Colleges.</p>	<p>AGPT Inter-College Transfer Guidance (development/updated policy between RACGP & ACRRM).</p>
<p>Eligibility for training that includes minimum requirements outlined in the Program participants and eligibility section of these guidelines.</p>	<p>ACRRM:</p> <ul style="list-style-type: none"> • Eligibility for training <p>RACGP:</p> <ul style="list-style-type: none"> • Training Programs Entry Policy

Appendix C: National Consistent Payment Business Rules

Reforms to the Australian General Practice Training (AGPT) Program

National Consistent Payments (NCP)

Business RULES

Between

The Commonwealth of Australia as Represented by the **Department of Health (Health)**

And

The Commonwealth of Australia as Represented by **Services Australia**

And

The Australian College of Rural and Remote Medicine (ACRRM) and The Royal Australian College of General Practitioners (RACGP)

In relation to:

National Consistent Payments Framework–

Collaboration, Cooperation and Support Activities – College Led AGPT Program 2023 – 2025

National Consistent Payments (NCP)

Business RULES

Endorsed by RACGP, ACRRM, Health and Services Australia - AUGUST 2022

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1. Summary

The **National Consistent Payments (NCP)** framework is part of the reforms to the Australian General Practice Training (AGPT) program. The NCP framework provides a new payment model for supervisors, training practices and registrars under the College-led AGPT program.

This newly developed payments model will provide a targeted support for training general practitioners (GPs) to improve the quality of care and address the needs of all population groups across Australian communities, including the rural and remote areas where the GPs workforce shortages exist.

2. Funding

The payments will be funded from the sweeping account created by the Commonwealth Department of Health (Health) which will allow the transfer of funds to Services Australia to provide the payments to the training participants as required under the NCP framework and payments model.

3. Objectives

Under the College – led AGPT program, the objective of these Business Rules is to support the implementation of the NCP Framework and payments model, including changes to payments to supervisors, training practices and registrars, as part of the College – led AGPT program commencing in 2023.

This will allow the payments to be made by Services Australia in collaboration with Health and the two colleges: the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).

4. Background

In 2017, the Minister of Health announced responsibility for delivery of the Commonwealth funded AGPT program would transfer to the General Practice (GP) colleges, the ACRRM and the RACGP.

As part of this reform activity, Health has developed the NCP framework and payments model to provide nationally consistency of payment levels and activity requirements to all participants in the GP training across Australia. The model will begin with the commencement of the College – led AGPT program, from 1 February 2023.

These business rules will provide the required information on payments framework and the delivery of payments to continue to support the supervisors, practices and registrars.

NCP framework and payments model

The NCP framework, including the payments model was developed by Health, in consultation with all state and territory regional training organisations (RTOs), both training colleges (ACRRM and RACGP) and all stakeholders across the sector. The NCP framework document ([Appendix A](#)) was finalised in November 2021.

All current participants (supervisors, training practices and registrars) in the AGPT program will transition to the College – led AGPT program in 2023 and eligibility requirements under the new payments model consistent with the NCP framework will apply accordingly.

Current participants in the AGPT program will continue to access the same arrangements that they are currently accessing until 1 Feb 2023. Supervisors, training practices and registrars can access new payment levels at the beginning of the 2023 training year on 1 February 2023, with increased visibility of their entitlements for training in a particular region.

Services Australia will deliver payments on behalf of the colleges and the Department of Health and Aged Care.

The administration of payments model set out the payments to supervisors will be monthly, while the training practices will be paid quarterly at the beginning of training term.

Payments will be made to the registrars in advance of each training term.

The payments to registrars will be activated at the site placement with a Declaration document provided by any of the two colleges depending on the stream of AGPT program (RACGP and/or ACRRM) which will be signed by registrars at the beginning of each training term in compliance with the requirements under the NCP framework ([Appendix A](#)).

Further information on the scope of these payments, including the terms and conditions is provided at [Appendix A](#) (NCP Framework and payments model).

5. Policy principles

The NCP framework and payments model under the College – led AGPT program will provide the required financial support and / or incentive payments from the Government to improve access to education and training of registrars, strengthening the GP skills, knowledge and experience, and to support provision of quality primary health care services to regional, rural and remote communities across Australia.

The NCP framework was developed to achieve nationally consistent payment arrangements with the two GP training colleges, the ACRRM and the RACGP, in providing financial support and incentives to supervisors, practices and registrars, and to maintain and improve the number of registrars who are training in regional, rural and remote areas across Australia.

The development of the NCP framework was guided by the principles of engaging closely and effectively with all stakeholders in the industry and working collaboratively with the ACRRM and the RACGP to achieve the best value for payments made to all AGPT program participants and maintaining the principles of accountability and transparency on the use of public funds.

In some circumstances during the transition period, it is important for the supervisors, practices and registrars who have been receiving payments from the RTOs to know that:

- ACRRM and / or RACGP will work with the RTOs/the Department to understand any potential payment shortfalls which might occur as a result of the NCP, and where there is identified workforce need, secure payments to AGPT program participants through the use of the flexible pool funds which are available under the NCP framework to support any additional education and training activities; and

- identify any other complex training circumstances which potentially may require additional payment via the use of additional discretionary flexible funds to support those placements.

6. Description of payment requirements

The new NCP Guidelines in addition to these business rules will become available prior to the commencement of the College-led AGPT program in February 2023. These guidelines will provide additional information on how some of the specific and complex payment circumstances will be managed and delivered to supervisors, practices and registrars to meet their needs.

At the end of the training period, the ACRRM and the RACGP will provide the training data and the payment data to Health, which will be included in the compliance reporting on the AGPT program.

The ACRRM and the RACGP will determine the payment runs and the time period for a payment to be made, in consultation with Health. Services Australia will make a payment when payment data is sent through from the two GP training colleges (RACGP and ACRRM).

Supervisor (teaching) payments

It is a monthly requirement that payments will be made to supervisors in arrears via the practices. Specifically, the supervisors will be paid by the practices on a monthly basis when it has been established that the training supervision agreements have been met and / or whether direct payments will be made to supervisors based on individual practice models and in consultation with the individual practices.

Consistent with the NCP framework, supervisors will be paid based on the FTE training level, monthly in arrears. Health will work with the ACRRM and the RACGP to manage the process through which the supervisors will be paid, consistent with the internal business and financial processes of the two colleges.

If required, the ACRRM and the RACGP, may decide to pay the supervisors on a quarterly basis, depending on the arrangement between the colleges and the practices and the provision of the appropriate payment data to Services Australia to support the processing of payments prior to making the payments.

The colleges (RACGP and / or ACRRM) will calculate and validate the training and payment data that will be provided to support the payments and approve the supervisors meeting the training requirements for the teaching and other training activities which will be provided to the registrars for the payments to be made to supervisors.

The payments for the supervisors will cover three training years (i.e., GPT1 to GPT3) only. Consistent with the AGPT program schedule (i.e., at least a total of 26 weeks will be required for clinical supervision in a training year), indicating that a supervisor will receive a maximum of six payments per training year.

The payment rates will be calculated and approved by the ACRRM and the RACGP consistent with the published NCP framework and payments model ([Appendix A](#)). The payments will cover the eligible supervisors who are training the GPs located in MM1 to MM7 locations across Australia.

The supervisors who are training more than one registrar across multiple training locations or any other supervision in a complex training situation will receive a cumulative payment which will be calculated and approved by the ACRRM and the RACGP prior to payments being made by Services Australia.

For example, a complex payment situation occurs when a supervisor was training more than one registrar and each of the registrars had different FTE hours of training across multiple training locations.

ACRRM and RACGP will determine and calculate the number of payments, payment rates and provide the required minimum training data set and relevant payment data to Health after the payments have been made by Services Australia to all eligible AGPT program participants (supervisors, practices and registrars).

Training Practice Payments

Consistent with the NCP framework and payment model ([Appendix A](#)), a period covered by a GP training term is about six months (26 weeks). Practices will receive payments for the first two training terms

Accredited training practices will be paid on a quarterly basis, depending on the provision of the appropriate payment data from the two colleges, ACRRM and RACGP to Services Australia and consistent with the requirements under the NCP framework and payments model. These payments will provide the required incentives to training practices to cover only the two training terms (T1 and T2) for hosting registrars.

These quarterly payments will be based on the FTE of registrars and the incentives will support the training practices in providing the resources for training and covering the expenses to support the registrars during training, accreditation and re-accreditation processes and other training related activities.

A practice would receive four quarterly payments for the two training terms in a year, with the first quarterly payment at the start of the first term.

ACRRM and RACGP may decide the payments to the practices to be made in arrears (depending on the agreement between the two training colleges and the practices) and payments to be processed with Services Australia once each term. This decision will be considered by Health, if the training and payment data, including the supporting information have been provided and acceptable to Health.

The scope and activities which have been covered under the NCP framework will be considered strictly by the two colleges, ACRRM and RACGP, to determine whether the training practices are eligible for payments before sending the payment data to Services Australia.

The two colleges, ACRRM and RACGP, are responsible for the assessment and validation of information provided through their systems to complete the payment eligibility requirements. Accuracy of payments will be supported by the validation of data and relevant information provided to the colleges by the training practices.

It is the responsibility of both colleges, ACRRM and RACGP, to work together to ensure their training IT systems have the capability of validating the payment data, including the eligibility of training practices before transmitting the payment data to Services Australia.

Training Practice Payments – Salary Support

The two training colleges (ACRRM and RACGP) are responsible for determining which training practices provide training placements eligible for additional salary support payments for Aboriginal and Torres Strait Islander health training. Eligibility will be determined by applying the Salary Support Program Policy.

ACRRM and RACGP are responsible for submitting a payment request to Services Australia, based on data they collect on eligible training placements, FTE of the registrars in those placements, and applicable payment rates as listed in the Salary Support Program Policy.

Payments will align with other training practice payments in terms of frequency and timing. The training colleges (ACRRM and RACGP) may decide to make the payments in arrears and monthly, to align with current RTO salary support processes.

The two training colleges, ACRRM and RACGP, are responsible for the assessment and validation of information provided through their systems to complete the payment eligibility requirements. Accuracy of payments will be supported by the validation of data and relevant information provided to the colleges by the training practices.

It is the responsibility of both training colleges, ACRRM and RACGP, to work together to ensure their training IT systems have the capability of validating the payment data and any supporting information provided to Services Australia, including the eligibility of training practices for payments to be made.

Registrar Payments

The responsibility for guidance and specific requirements for the eligibility to receive the payments remain with the two colleges, ACRRM and RACGP, who are the leading entities for the AGPT program across Australia.

As part of the scope of the NCP framework, the payment should be made at the commencement of training terms and activated at the site placement and / or training practices with a declaration signed by registrars at the beginning of each training term.

Information on the specific requirements and instructions on how to provide a Payment Declaration Form will be developed by the ACRRM and the RACGP as part of their internal business and financial processes on payments starting from 1 February 2023.

These payments will support some of the expenses which they have incurred or will need to meet their education and training needs in rural and remote locations, specifically in MM2 to MM7 only.

Payments may be used to cover the expenses specified under the NCP framework and other expenses approved by the ACRRM and the RACGP which are within the scope of the payment arrangements under the AGPT program.

Eligible registrars may utilise the incentive payments to cover their expenses on relocation, rental assistance, travel and accommodation for education and training activities, self-directed learning support, wellbeing and psychological support, education and learning materials (e.g., textbooks, medical journals and research subscriptions) and any other specific expenses to support self-education and training related activities.

Information provided by the eligible registrars in the payment declaration document which will be submitted to the two training colleges (ACRRM and RACGP) will support the payment requirements and cover the expenses which will be supported by the government as part of the incentives for their GP training under AGPT program.

Eligible registrars would not be provided with payments to cover their expenses on core hospital training activities, but some specific courses which have been endorsed by the ACRRM and the RACGP are not excluded for payments under the NCP framework.

Registrars will be required to seek the approval from the colleges (ACRRM and RACGP) to support the payments for those endorsed specific courses to be considered.

Eligible registrars for payments would be required by their training colleges (ACRRM and RACGP) to seek independent taxation advice on the payment allowances received from Services Australia based on their individual income tax circumstances.

The payments received by registrars should be used as government incentives and / or allowances to support self-education and training expenses and these incentive payments or allowances could be classified as assessable income tax purposes under the *Income Tax Assessment Act 1997*.

Flexible Fund Payments

Services Australia will not administer the payments from flexible fund pool under the College-led AGPT program.

The responsibility for releasing, use and administration of discretionary flexible pool of funds will remain with the ACRRM and the RACGP as outlined in their grant agreements with Health.

ACRRM and RACGP will be responsible for the governance, operational activities, management of payments, data collection and reporting on the use of discretionary flexible pool of funds from 1 February 2023.

ACRRM and RACGP will be granted discretionary flexible pool of funds as part of their grant agreements which will provide the details on how and what the funds will be used in consistent with the NCP framework ([Appendix A](#)).

GP Training Payments– Requirements

It is a requirement that all eligible participants of the College-led AGPT program and the Colleges, will need to register for a Provider Digital Access (PRODA) account with Services Australia.

Establishing a PRODA account will enable supervisors, training practices and registrars to access the Health Professional Online Services. As part of the data sharing and monitoring processes with Services Australia, the two training colleges (ACRRM and RACGP) will also need to establish PRODA accounts.

Transition Time

Health requires that the college led AGPT program payments system is ready and available for use from 1 February 2023.

In preparation for the transition of the AGPT program by ACRRM and RACGP in February 2023, Health, ACRRM and RACGP will work closely together during the transition time on the following:

- Discuss and clarify the data collection process and how the process will work under the newly developed base payments system with Services Australia.
- Discuss the existing data collection process, the data collection process for payments under the AGPT program ([Appendix B](#)) and how their IT systems will integrate into the newly developed payments system starting from 1 February 2023.
- Discuss and map out how the first cohort of payments will be made and how / what data the ACRRM and the RACGP need to provide data for those payments to be made and subsequent payments to all AGPT participants as specified under the NCP framework.
- Discuss and clarify the use of the flexible fund pool as a part of each college's grant agreement and clarify where the colleges will need to collaborate on payments for practices and supervisors where a duplication of payment may occur (i.e., supervisor continuing professional development, supervisor or practice training/on-boarding) and
- Discuss and clarify how the data on placement and distribution of registrars enrolled with each college will be shared by ACRRM and RACGP, and to ensure that payments are made for those registrars training without duplication and in accordance with college grant agreements.

7. Other Business rules

Health responsibilities

Health will work closely and effectively with Services Australia, the ACRRM and the RACGP to:

10. Consult and collaborate with all stakeholders on the requirements for the collection of data including the required information and documentation to support the planning and the development of base payment system, including the payments system design and build.
11. Consult with the ACRRM and the RACGP on a collaboration for the quality check and compliance activities regarding the development, design and use of payments system for the delivery of payments to supervisors, practices and registrars under the College-Led AGPT program. These collaborative activities with the GP colleges include those activities that support the use of data templates and the data process flow to gather information which will be provided to Services Australia to deliver payments to all eligible AGPT program participants.
12. Allow the ACRRM and the RACGP to lead the data system process on payments by providing payment and training data directly to Health, as applicable and to support and coordinate the engagement of the payments system build with Services Australia.
13. Health will work with Services Australia, the ACRRM and the RACGP to provide advice on policy requirements as part of the payments system build. Health will also provide appropriately strategic policy advice, rules and guidelines on payment issues in consultation with the ACRRM and the RACGP, to inform the:

- a) access to payments system;
 - b) process of delivering the payments to supervisors, practices and registrars is consistent with the requirements under the NCP framework and payments model ([Appendix A](#)); and
 - c) advice on the use and inclusion of GST component into the payments model and tax treatment of registrar payments.
14. Health will not include GST component into the payments which will be transmitted to Services Australia as part of the payments to supervisors, practices and registrars as these are support payments from the government which are provided to all AGPT program participants to support their self-education and training expenses.
 15. Health will recommend all AGPT participants (supervisors, practices and registrars) to seek independent taxation advice based on their individual income tax circumstances.
 16. Seek advice, information, compliance data reports, comments and input for collaboration and support, where appropriate, from Services Australia, the ACRRM and the RACGP regarding the basic payments and complex payment circumstances, ad-hoc payments and other unusual payments made to all AGPT program participants.
 17. Seek advice and input from relevant stakeholders (Services Australia, ACRRM and RACGP) on payment issues, frequency of payments to all AGPT program participants, and other matters related to the effective and efficient management of payments under the College – Led AGPT program, such as the:
 - a) provision of information on payments data, data collection and processing for payments, and training data to respond to any requests on the AGPT program;
 - b) review and evaluation of payments required nationally for the determination of appropriate support payments and incentives to be provided to the supervisors, practices and registrars;
 - c) release of budget allocation and transfer to Services Australia to allow payments to be made to eligible recipients under the AGPT program; and
 - d) release and use of discretionary flexible pool of funds to be provided to the ACRRM and the RACGP to support other approved GP training, education and research and the college approved or accredited professional development activities.
 18. Consult and collaborate with all stakeholders (regional training organisations, General Practice Registrars Australia, General Practice Supervisors Australia, ACRRM, RACGP, Services Australia) to support the development, release and use of payments framework, payments model, business rules and policy principles, guidelines, and other internal and external communication materials on NCP framework and payments model (Factsheet, Questions and Answers).
 19. Determine the data monitoring and collection process and annual progress report on payments and the use of NCP framework and payments model ([Appendix A](#)) under the College – Led AGPT program.
 20. Collaborate with the ACRRM and the RACGP in the development of the annual progress reports on GP training programs, including the specific additional guidelines on how the payments will operate.
 21. These guidelines will be developed by Health in collaboration with the ACRRM and the RACGP to provide additional information on:
 - a) Eligibility requirements across the MMM geographical locations.

- b) Calculation of FTE hours and rural/remote loading payments
- c) Payment calculation and maximum payment amounts.
- d) Payments during leave periods.
- e) Providing bank account details.
- f) Opting out of GP training program.
- g) Taxation.
- h) Recovery and withheld of payments.
- i) Changes to registrar in training, supervisor, and practice arrangements.

Colleges – ACRRM AND RACGP responsibilities – Stakeholder under the GTP program

1. The ACRRM and the RACGP will work together with Health and Services Australia to provide the required quality data to support the base payment system to provide payments to all AGPT program participants.
2. Respond to requests from Services Australia for clarification on payment matters, raising concerns with Health where required.
3. Respond to enquiries from supervisors, practices and registrars regarding the payment requirements, including the payment processes under the AGPT program activities.
4. Consistent with the requirements under the NCP framework and the data request table, using the data process flow chart ([Appendix B](#)), the ACRRM and the RACGP, will determine and calculate the actual number of payments to be made on the commencement of GP training term, monthly and quarterly, as applicable to all AGPT program participants.
5. The colleges will, if an incorrect payment has been paid to a participant, advise the participant of the error and where the incorrect payment is an:
 - a) underpayment – process the top up as a new payment request or include it in the next payment request for the same participant
 - b) overpayment and the participant will receive future payments – offset the overpayment amount against the participant’s next payment
 - c) overpayment and the recipient will not receive future payments
6. ACRRM and RACGP are responsible for the determination of data required for payments and timing of payments run. The data to support the appropriate payments and the time of payments run will be provided to Health for quality checks and compliance reporting.
7. ACRRM and RACGP, in consultation with Health, will work closely and effectively with Services Australia to set up all the data interaction and linkage systems, using their internal business processes and data process systems.
8. ACRRM and the RACGP will set up the required links and payment websites which will support access to information on the registrars, practices and the supervisors and allow the data system processing for payments to be achieved.
9. Health will work together with the ACRRM and the RACGP in determining the payment runs per training term and year, noting the requirements under the NCP framework and payments model ([Appendix A](#)).
10. ACRRM and RACGP are responsible for determining:
 - a) all eligible payment validation requirements are met; and

- b) calculation of amount and frequency of payments, taking into consideration the timing of payment runs and advice from previous payment runs, before transmitting the payment data to Services Australia.
11. ACRRM and RACGP will provide the payment data to Services Australia to ensure that payments are made to recipients based on the requirements under the NCP framework and payments model ([Appendix A](#)).
 12. ACRRM and RACGP will correctly calculate the AGPT program participants NCP entitlement. If the payment is calculated incorrectly and/or where a planned training placement has not occurred as expected and an NCP payment has been made, then an overpayment will exist. Any identified overpayment will require to be recovered from the AGPT training participant either by withholding future payments or directly (where appropriate), if the practice or supervisor ceases on the program. The relevant College will be required to provide written communication to the affected participant.
 13. ACRRM and RACGP will each provide a process plan to Health detailing the required checks incorporated into their IT systems to document the AGPT program eligibility payment requirements, and validation of relationships between supervisors, practices and registrars.
 14. As part of the data request arrangements with Health, the ACRRM and the RACGP will document the payment calculations / amount and number of payments made to each of the AGPT participants prior to data transmission to Services Australia to generate payments.
 15. ACRRM and RACGP will lead the AGPT program across Australia starting from 1 February 2023. As part of the responsibilities for leading the GP training program, both ACRRM and RACGP, in consultation with Health, will use their internal business processes and eligibility requirements to decide and document how the payments will be made in unusual GP training circumstances and complex payment situations such as:
 - a) Use of FTEs to calculate how the payments will be made in a part-time / full time circumstances. When a registrar / supervisor decides to switch to a part time or a full time GP training scenario, both training colleges will assess, validate, calculate the specific payment amounts, investigate, and document the appropriate changes to payments going to the AGPT program participants, as applicable under any training circumstances in accordance with the NCP framework and payments model ([Appendix A](#)).
 - b) ACRRM and RACGP will ensure that the same strategy and internal business processes are followed in making payments to:
 - i. those registrars who are undergoing training in more than 1 practice in the same MM location or multiple MM locations.
 - ii. For example, if a registrar is undergoing training in 2 or more practices across multiple MMs
 - iii. ACRRM and RACGP will use the above payment strategy to address the payment situations for all AGPT program participants who are in unusual training circumstances or complex training situations.
 - iv. ACRRM and RACGP will calculate the appropriate payments to be made to those AGPT participants who are in a part-time / full time training in two practices in the same MM and to those participants who are training in two or

- more practices with two or more Medicare Provider (Identification) Numbers and two or more MM locations.
- v. ACRRM and RACGP, will investigate, assess, document and advise the number of training hours for each and individual AGPT program participants which will be used to calculate the payments.
 - vi. ACRRM and RACGP, in consultation with Health, will assess, investigate, calculate and document the number of hours per training term per each AGPT program participant, taking into consideration the:
 - a. leave periods which will be allowed as part of the training term for payments to be made;
 - b. payment deductible amounts per each term, if required;
 - c. refunds per each term, as applicable;
 - d. relocation across MM locations and other exceptions to regular training circumstances; and
 - e. any other changes to the AGPT program which will impact on the access and eligibility requirements prior to making payments.

Services Australia responsibilities

To deliver the services, Services Australia will:

1. maintain a GP Training Payment System for the delivery of payments to all AGPT program participants (supervisors, practices and registrars).
2. administer payments to program participants based on payment files provided by the colleges.
3. respond to enquiries from participants relating to payments. All enquiries regarding the eligibility for or calculation of payments will be escalated to the Colleges or to Health as appropriate.
4. support the audit, compliance, and performance reporting, as applicable.
5. advise if any requests to change the system or the way the program is administered by Services Australia require an External Costing Request process.
6. consult with Health and the colleges to address any issues relating to program payments.
7. generate payment advice and requests for bank account details to be sent electronically to program participants.

Release of payment information and communication

1. Health will develop the communication material in consultation with the sector, including the ACRRM and the RACGP, to provide information on access to payments and how the NCP framework and payments model ([Appendix A](#)) will provide the financial support to the supervisors, practices and registrars under the College – Led AGPT program starting from 1 February 2023.
2. Health will share the payments information and communication materials, and these include: Fact sheet, Questions and Answers, Communique and Reports, which can be shared with the payment recipients via the ACRRM and the RACGP webpages.
3. The timeframes for the development of these communication materials will be negotiated between Health, the ACRRM and the RACGP, especially to assist in responding to the enquires.

4. ACRRM and RACGP will be providing updates to all communication materials through their webpages to provide the latest information on:
 - a) payments and eligibility requirements;
 - b) data checks and validation process to support the payment information from the practices;
 - c) changes to factsheet, questions and answers, NCP framework and payments model ([Appendix A](#)), and
 - d) other reference materials on operational and policy matters, business rules and guidelines, including the updates on AGPT program broadly.
5. Updates to the information on the Services Australia's webpages will be managed by Services Australia.
6. Health, in consultation with ACRRM and RACGP, will work together on the text and context of the payment communication materials and other relevant information on payments (such as guidelines, questions and answers, fact sheet etc.) which will be publicly released.
7. Health will provide any communication materials to Services Australia, the ACRRM and the RACGP to provide their comments and input as required, and if required, Health will negotiate the possible timeframes with all parties to finalise its communication materials prior to their release for sharing and publicly.
8. Health will share the draft business rules, policy principles and guidelines with Services Australia for review, comments, and any additional input, prior to the finalisation of these materials with the ACRRM and the RACGP.
9. Health, the ACRRM and the RACGP will work on the timeframes to develop and publish the business rules and policy principles, guidelines, and any other communication materials on payments.
10. Health will work with the colleges to ensure the communication materials are published on the college websites as soon as they have been finalised prior to the commencement of the college led AGPT program in February 2023.

8. Compliance reporting requirements

1. Health is responsible for the development of data compliance and audit report for the payments made under the framework.
2. Health will receive a training granular data report and a payment data report (two data sets) from both the ACRRM and the RACGP to meet its compliance requirements for reporting on payments monthly.
3. Health also will receive payment data reports from Services Australia.
4. Health will develop a data collection process flowchart which will be provided to Services Australia, the ACRRM and the RACGP.
5. Using the data flowchart, Health in consultation with the ACRRM and the RACGP, will receive the training and payment data to support the data requirements under the AGPT program for performance reporting and compliance purposes.
6. Services Australia, the ACRRM and the RACGP will provide data sets required on payments reporting for transparency and accountability purposes.
7. ACRRM and RACGP will work closely with Health to develop additional guidelines on specific payment arrangements and complex payment circumstances to provide some additional data sets to meet the compliance requirements.

8. The development of guidelines as a separate document to provide additional information on how the payment arrangements will be the responsibility of Health, in collaboration with the ACRRM and the RACGP.

9. Other related reference documents

Appendix A – National Consistent Payments (NCP) Framework for AGPT supervisor, practice and registrar payments

Supervisor (teaching) Payments

Definition	<p>A payment to:</p> <ul style="list-style-type: none"> • support supervisors for teaching activities associated with supervising a registrar, e.g., in-practice mentoring, formal and informal teaching activities, case discussions and competency assessments
Scope and business rules	<ul style="list-style-type: none"> • Payments made to the practice (to account for shared supervisor arrangements, part-time supervisors, supervisor leave, etc.) unless directed by the practice to pay to the supervisor. • Monthly payments made in arrears either to the practice or directly to supervisors based on individual practice models and in consultation with the individual practices. • Payment per FTE of registrar/s under supervision. • Base payments weighted to reflect training term. • Payments validated by the Colleges and contingent upon college satisfaction of teaching activity. • Includes base rate plus a rural loading based on MMM 3-7 practice locations.
Exclusions	<ul style="list-style-type: none"> • Payments can only be made to accredited facilities for community general practice training terms including community general practices, Aboriginal Community Controlled Health Services, Aboriginal Medical Services that meet certain criteria and local government funded community services. • There will be no scope for the use of AGPT payments to fund state/territory government funded facilities unless otherwise approved by the Department of Health in appropriate circumstances. • Clinical supervision
Activity	<ul style="list-style-type: none"> • Payments for in-practice mentoring, formal and informal teaching activities, case discussions and competency assessments. • Undertake early safety assessment of the registrar. • Discuss the registrar’s learning needs and assist in the review and development of their learning plan. • Determine teaching requirements based on the registrar’s learning plan. • Adhere to college supervision requirements. • Monitor and manage workload for in-practice and off-site activities. • Be available to meet with clinicians visiting from the GP College to support registrars. • Discuss any practice staff/patient feedback with the registrar. • Report any critical incidents relating to the registrar to the relevant GP college.

	<ul style="list-style-type: none"> • Communicate with the college and medical educators on any concerns on the registrar’s wellbeing, progression and learning needs. • Provision of additional supervisory and teaching support to registrars prior to remediation. • Participate in cultural safety training. • Engage the registrar in practice activities including clinical audits and research. <p>* any additional activities specified as part of the College training site accreditation standards</p> <p>** does not include clinical supervision activities as this is not funded under current activities.</p>
<p>Rates</p>	<p>Payment made to Supervisors for registrars located MM1-2</p> <ul style="list-style-type: none"> ○ GPT1/CGT1 – \$11,700 ○ GPT2/CGT2 – \$6,750 ○ GPT3/CGT3 – \$2,800 <p>Payment made to supervisors for registrars located MM3-4:</p> <ul style="list-style-type: none"> ○ GPT1/CGT1 – \$13,700 ○ GPT2/CGT2 – \$8,750 ○ GPT3/CGT3 – \$4,800 <p>Payment made to supervisors for registrars located MM5:</p> <ul style="list-style-type: none"> ○ GPT1/CGT1 – \$14,700 ○ GPT2/CGT2 – \$9,750 ○ GPT3/CGT3 – \$5,800 <p>Payment made to supervisors for registrars located MM6-7:</p> <ul style="list-style-type: none"> ○ GPT1/CGT1 – \$15,700 ○ GPT2/CGT2 – \$10,750 ○ GPT3/CGT3 – \$6,800

Practice Payments

Definition	<p>A payment to:</p> <ul style="list-style-type: none"> • support practices for the absence of a registrar while they are away training and the associated loss of income to the practice. • to assist with resources and expenses associated with hosting a registrar, e.g. orientation, infrastructure and equipment, training accreditation and re-accreditation. • incentivise practices to host registrars.
Scope and business rules	<ul style="list-style-type: none"> • Paid quarterly in advance, beginning at the beginning of the training term. • Payments made only in first two training terms. • Practice incentive payments (for hosting registrars). • Payment per FTE of registrar. • Accreditation (and re-accreditation) processes. • Resources required to host registrars when training. • Includes base rate plus a rural loading based on MMM 3-7 practice locations.
Exclusion	<ul style="list-style-type: none"> • Payments can only be made to accredited facilities for community general practice training terms including community general practices, Aboriginal Community Controlled Health Services, Aboriginal Medical Services that meet certain criteria and local government funded community services. • There will be no scope for the use of AGPT payments to fund state/territory government funded facilities unless otherwise approved by the Department of Health in appropriate circumstances.
Activity	<ul style="list-style-type: none"> • Ensure that registrars are employed by the practice under a written employment agreement that satisfies the GP National Terms and Conditions for Employment of Registrars (NTCER). • Provide orientation and induction support to the registrar. • Ensure, as far as is reasonably practicable, the registrars health and safety during the placement. • Confirm that the registrar's indemnities are current at the time of employment. • Ensure that all supervisors within the practice have completed the College's initial induction program before engaging with general practice training. • Ensure that on-site/off-site supervision recommendations are being adhered to. • Release registrar to attend educational activities as per College requirements. • Accreditation and provider number on boarding. • Ensure all supervisors within the practice maintain full and unrestricted registration. • Ensure that registrars have protected teaching time. • Ensure the registrar's patient load aligns with registrar's capabilities. • Ensure registrars have access to resources for clinical decision making.

	<ul style="list-style-type: none"> • Report any critical incidents relating to the practice to the relevant GP college • any additional activities specified as part of the College training site accreditation standards.
Rates	<p>Payment made to practices for registrars located in MM1-2:</p> <ul style="list-style-type: none"> ○ GPT1/CGT1 – \$15,000 ○ GPT2/CGT2 – \$7,500 <p>Payment made to practices for registrars located in MM3-4:</p> <ul style="list-style-type: none"> ○ GPT1/CGT1 – \$17,000 ○ GPT2/CGT2 – \$9,500 <p>Payment made to practices for registrars located in MM5:</p> <ul style="list-style-type: none"> ○ GPT1/CGT1 – \$18,000 ○ GPT2/CGT2 – \$10,500 <p>Payment made to practices for registrars located in MM6-7:</p> <ul style="list-style-type: none"> ○ GPT1/CGT1 – \$20,000 ○ GPT2/CGT2 – \$12,500

Practice Payments – salary support

Definition	<p>A payment to:</p> <ul style="list-style-type: none"> • increase training opportunities for GP registrars • promote training innovation in Aboriginal and Torres Strait Islander health settings • improve access to appropriate, holistic health care for Aboriginal and Torres Strait Islander communities.
Scope and business rules	<ul style="list-style-type: none"> • Paid monthly in arrears. • Payment per FTE of registrar. • Accreditation (and re-accreditation) processes. • Application based on Salary Support Policy eligibility. • Resources required to host registrars when training. • Rates tiered based on practice location (MMM).
Exclusion	<p>Salary Support is not available for registrars pursuing:</p> <ul style="list-style-type: none"> • Hospital terms (RACGP) and Core Clinical Training (ACRRM). • An extension of training time. • Training for remediation purposes. <p>Exceptions to the Salary Support Program policy must be applied for in writing via email to AHT@health.gov.au.</p>
Activity	<p>Meet training facility requirements under the Salary Support Policy, including:</p> <ul style="list-style-type: none"> • Maintain their Category 1 or Category 2 training facility College accreditation status; • Employ the registrar on a ‘PAYG’ basis; • Assist registrars in meeting the training requirements of the AGPT Program; • Provide the registrar with access to a Cultural Educator and Cultural Mentor associated with the training facility; and • Support the registrar to apply for a 3GA Medicare Provider Number specific to the placement
Rates	<p>Maximum Salary Support hourly rates are determined by the Modified Monash Model (MMM) geographical classification system. The MMM location of the Aboriginal and Torres Strait Islander health training facility will be paid up to the following rates per hour, or at the facility’s set hourly rate for their registrars (whichever is the lesser):</p> <ul style="list-style-type: none"> ○ A (MMM Regions 1-2) \$71.00 ○ B (MMM Regions 3-5) \$85.00 ○ C (MMM Region 6) \$100.00 ○ D (MMM Region 7) \$110.00 <p>It is the responsibility of the Colleges to ensure the correct rate of payment is requested through their validation processes.</p>

Registrar Payments

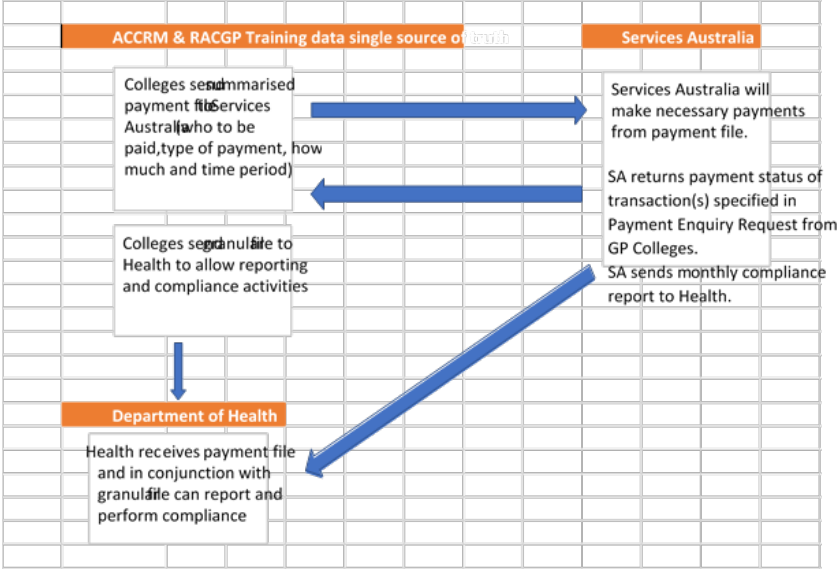
Definition	<p>A payment:</p> <ul style="list-style-type: none"> • for registrars to use in a flexible manner to support quality education and training in accordance with their individual circumstances; and • to incentivise training in rural and remote areas.
Scope and business rules	<ul style="list-style-type: none"> • Paid to the registrar in advance, at the commencement of each training term. • Payments tiered according to MMM, to incentivise training in rural and remote locations. • Registrar payments to be made at the commencement of training terms and activated at the site placement with a declaration signed by registrars at the beginning of training. • As a guideline, the payment may be used for (but not limited to): registrar relocation; rental assistance; travel and accommodation for education and training activities; self-directed learning support; wellbeing and psychological support; learning materials e.g. text books, medical journals and research subscriptions.
Exclusions	<ul style="list-style-type: none"> • Registrar payments should not be used to fund College courses or used as salary. • While exam preparation courses are not excluded, courses should be discussed and endorsed by the GP colleges. • Payments will not be made for the core hospital training term/s
Activity	<ul style="list-style-type: none"> • nil
Rates	<p>Payment for registrars commencing in training posts in MM2</p> <ul style="list-style-type: none"> ○ \$1,800 <p>Payment for registrars commencing in training posts in MM3-4:</p> <ul style="list-style-type: none"> ○ \$3,425 <p>Payment for registrars commencing in training posts in MM4-5</p> <ul style="list-style-type: none"> ○ \$4,810 <p>Payment for registrars commencing in training posts in MM6-7:</p> <ul style="list-style-type: none"> ○ \$9,250

Flexible Payment Pool

Definition	A Singular flexible pool of payments which will be utilised by the college to provide continuing professional development for supervisors and address specific needs to build capacity and support training in areas of workforce need.
Governance	<ul style="list-style-type: none"> • Detailed funding plan in line with the College-led GP Training Grant Guidelines will be developed as part of each colleges’ grant application. • The colleges will have scope to change the planned payments through yearly budget submissions if they find a need to allocate funding to other areas of need. • The colleges will need to be transparent regarding the funding so that practices, supervisors and registrars will be aware of any additional support that will be available from these flexible payments. • Data and reporting by the colleges on the use of funds will allow for the Department to ensure governance of this pool of payments.
Exclusions	<ul style="list-style-type: none"> • Activities that are already funded by Commonwealth or jurisdictional governments. • Contribution to a salary of a registrar or supervisor or payment to the family of a registrar or supervisor.
Activity	<p>Funding within this pool can be utilised to provide for continuing professional development undertaken by supervisors as per each colleges’ supervisor accreditation policy.</p> <p>College training models may include flexible payments to supervisors, practices and registrars outside of the payment scope specified to build training capacity, particularly in rural and remote Australia, and to ensure quality supervision is provided to registrars. Examples of uses for discretionary funds for supervisors:</p> <ul style="list-style-type: none"> • An additional payment for supervisors hosting compulsory Advanced Rural Skills Training or Advanced Specialised Training posts. • Professional pastoral care and psychological support. • Additional supervisory requirements including remote supervision. • Supervisor orientation to training. • Travel requirements for mandatory workshops in line with GP College travel policy and guidelines. <p>Examples of uses for discretionary funds for practices:</p> <ul style="list-style-type: none"> • Additional funding for practices that are located in an area of high workforce need, to incentivise and attract registrars to the area. • COVID and disaster relief. • Practice orientation to training. • Communication with potential practices. • Virtual and in person visits to current and potential practices. <p>Examples of uses for discretionary funds for registrars:</p>

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- To support registrars who regularly undertake VMO work.
 - An additional incentive to be provided to registrars per training term who train in areas of high workforce need or importance.
 - Requirements associated with individual placement and for pre-placement visits, particularly in rural and remote locations.
 - Professional pastoral care and psychological support.
 - Subscriptions to resources and materials that provide clinical guidance to support registrar training and education.
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Appendix B – Data collection process flowchart



Appendix D – Key Performance Indicators

KPI	Action	PI & Measure
Registrar, supervisor and practice payments		
KPI1	Nationally Consistent Payments (NCPs) are paid to eligible supervisors and practices.	100% of training data is provided to enable the provision of eligible supervisors and practices to receive NCPs within specified timeframes
KPI2	Quantum of funds provided to registrars through NCPs.	100% of training data is provided to enable the provision of NCPs to eligible registrars within specified timeframes
KPI3	Rate of registrar 'induction/orientation' in training facilities.	100% practice compliance on inductions for all registrars (including rural generalist registrars)
Training		
KPI4*	Percentage of registrars satisfied with support and training provided by their supervisors.	Maintain or improve baseline percentage: Registrar satisfaction with supervisor ratings
KPI5	Number of services provided by registrars to vulnerable populations	Maintain and improve baseline service levels
KPI6	Level of expert medical education support and resources provided to practices and supervisors	Maintain or improve baseline percentage: supervisor/practice satisfaction ratings with support provided
KPI7	Level of opportunities provided by medical educators for out of practice workshops to complement in-practice teaching	Maintain or improve baseline levels
KPI8	Level of learning with and from a group of professional peers facilitated by medical educators	Maintain or improve baseline levels
KPI9*	Number of registrars achieving Fellowship per College per cohort, per year	Improve from baseline

KPI	Action	PI & Measure
KPI10	The actual Fellowship rate vs the Fellowship targets for the semester year per College.	Improve from baseline
KPI11*	FTE weeks in GP community settings for rural generalist sub-set (all ACRRM and 150 RACGP registrars)	Maintain and improve
KPI12	Allocation of rural generalist training places as set by the Department	100% of allocated RG training places filled with RGs annually
KPI13	FTE weeks for Advanced Rural Skills Training and Advanced Specialised Training	Increase from baseline
KPI14	All registrars undertaking education aimed at understanding the health needs of rural communities e.g. online training or activity-based learning.	100% for all registrars
KPI15*	FTE training weeks, excluding hospital units by MM1 compared with MM2-7.	ACRRM: 100% of GP training (FTE) (excluding core hospital units/AST) is in MM 2-7 locations RACGP: 50% of GP training (FTE) (excluding core hospital units/ARST) is in MM 2-7 locations
KPI16*	The selection and allocation of registrars to fully funded training places per jurisdiction, as set by annual targets.	Targets set annually through the Allocation Plan submitted to and approved by the Department
KPI17	Number of FTE training weeks provided by MMM and jurisdiction, as set by Departmental annual targets.	Targets set annually by The Department
KPI18	Minimum FTE training weeks on the AGPT	Greater than 75 FTE training weeks per fellowed registrar
KPI19	Rate of registrar satisfaction for placements.	Improve from baseline
KPI20	Rate of registrar satisfaction for comprehensive community inductions.	Improve from baseline
KPI21	Percentage of registrars indicating preference for rural work being placed	Improve from baseline

KPI	Action	PI & Measure
	rurally (not including registrars on a moratorium).	
KPI22	Number of registrars exiting one pathway and entering another pathway.	Reduce to zero
KPI23	Percentage of general registrar satisfaction with training.	Improve from baseline
Aboriginal Health		
KPI24	AGPT funding support provided for Aboriginal and Torres Strait Islander health settings.	Aboriginal health funds expended as per the activity plan and budget approved by the department
KPI25	Percentage of registrars and supervisors who have access to a cultural educator or cultural mentor.	Increase to 100% of registrars and supervisors have access to cultural educators and cultural mentors (CEs & CMs)
KPI26*	Participation rates for cultural awareness training	100% participation - all registrars participate
KPI27*	FTE weeks for registrars (by headcount) provided training in Aboriginal and Torres Strait Islander health training facilities	Maintain or improve baseline
KPI28*	College selection intake % of Aboriginal and Torres Strait Islander registrar by jurisdiction.	Intake >1% moving to 3%
KPI29*	Percentage of Aboriginal and Torres Strait Islander registrars achieving fellowship per College at the national level.	Improve baseline levels
KPI30*	Fellowship rate vs the fellowship targets per training year for Aboriginal and Torres Strait Islander doctors.	Maintain or improve baseline training levels
Research		
KPI31	Number of completed education research grants (ERGs) research projects and academic posts (APs).	Greater than 80% of all ERGs and APs
KPI32	Number of education research grants that lead to change in educational programs	Improve from baseline

KPI	Action	PI & Measure
KPI33	Number of education research grants that lead to publication in peer reviewed journals	Improve from baseline
KPI34	Registrars based in a rural community completing academic posts (AP).	Greater than 10% of all APs.
Remediation		
KPI35	Outcome of remediations provided to registrars while training in the program to support their progress towards fellowship	Improve from baseline
KPI36	Number of registrars identified as needing extra educational support in the first six months of training, second six months of training and subsequent training time	Improve from baseline
KPI37*	Number of registrars who have not passed the exam without prior identification of being at risk.	Reduce from baseline

Note – Prioritised Key Performance Indicators are denoted with an * and appear in bold.

Appendix E – Distribution Targets

KPI 16

The purpose of KPI 16 is to determine whether the selection process meets community need as identified within the distribution targets. It measures AGPT enrolments (headcount) by training region. Historically, “training region” has been defined using Regional Training Organisation (RTO) boundaries, with a set number of registrars to be selected for each region.

Indicator	Action	Performance indicator & measure	Specifications
KPI16	The selection and allocation of registrars to fully funded training places per jurisdiction, as set by annual targets	Targets set annually through the Allocation Plan submitted to the Department	Measured through: Per semester year: <ul style="list-style-type: none"> AGPT enrolment (headcount) against allocated, by: Training region (RTO region 2023, to be defined subsequent years*) As a percentage of annual targets set by the department (Semester year) By priority GP Catchment**

*High likelihood this will be reported by Jurisdiction from 2024

** against the Training Placement Model, which should include:

- Number of registrars per college-defined training region
- Number of catchments in each priority grouping per college-defined training region (from 2024)
- Training capacity in catchments per college-defined training region

2023 calendar year: There will be no change to the approach that currently occurs under the Regional Training Organisations (RTO). Each RTO region will have a target number of registrars to be selected to train within the region. The GP colleges will be expected to achieve 100% of places filled as per allocations specified for each RTO region.

From 2024 calendar year onwards: From 2024, the existing RTO training regions will cease, and the GP colleges will be free to set their own training region. Based on the training region boundaries, the Department will set enrolment targets (headcount) for each jurisdiction based on analysis prepared by the GP WPP organisations. This will ensure each jurisdiction has an ongoing pipeline of registrars, reflecting community need and training capacity. The GP colleges may need to work with the Department on the boundaries of their regions if they do not align with those that already exist (PHN, RTO etc) to allow targets to be developed. Allocations by priority GP catchment will be qualitative, with the GP colleges demonstrating how GP WPP analysis was considered against the Training Placement Model.

KPI 17

KPI 17 assesses whether training activity meets the distribution targets set by the Department. The purpose is to ensure registrars are working and delivering services in locations that will benefit most from their services, including regional, rural and remote communities. FTE training weeks will be measured by location, to determine whether the Department's annual targets are met.

Indicator	Action	Performance indicator & measure	Specifications
	Number of FTE training weeks provided by MM and jurisdiction as set by Departmental annual targets	Target set annually by the Department	Measured through: Per semester year and compared to annual targets: <ul style="list-style-type: none"> • Number FTE training weeks • By MMM region • By priority GP catchment • By training region, (RTO region 2023, S/T from 2024 onwards)

2023 calendar year: In 2023 there will be no changes to the approach that currently occurs under RTOs.

From 2024 calendar year onwards: The Department will set training targets based on analysis prepared by the GP WPP organisations. The Department's annual targets will require the GP colleges to increase, maintain or decrease the number of registrar FTE training weeks across prioritised groups of GP catchments, in comparison with the previous training year. Noting prioritisation categories are not finalised, the Department would expect to see:

- Increase in registrar training weeks (FTE) across priority 1 GP catchments in the current training year, compared with the previous training year
- Maintain the number of training weeks (FTE) across priority 2 GP catchments in the current training year, compared with the previous training year
- Reduce the number of training weeks (FTE) across priority 3 GP catchments in the current training year, compared with the previous training year.

The Department will review the number of training weeks by Modified Monash Model location and region, together with GP WPP advice on priority GP catchments to set jurisdictional and Modified Monash Model targets for 2024. The Department will negotiate the first deliverable with the GP WPP organisations to inform 2024 placements.

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All information in this publication is correct as at January 2024.

