



**Australian Government**

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**Department of Health and Aged Care**

# **Advanced Skills Training Posts Rural Generalists and General Practitioners**

## **Program Guidelines**

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## Definitions of Key Terms

Term	Definition
Advanced Skills Training (AST)	Under the Program, AST is defined as training under ACRRM's Advanced Specialised Training and RACGP's Additional Rural Skills Training
Commonwealth funding for the same purpose(s)	Commonwealth funding for the purposes of delivering or supporting AST related training activities (i.e. participant salary, education and supervision costs).
Community Need	For the purposes of the AST Program, community need is determined by the relevant jurisdiction based on engagement with local health settings. This determination should consider local demographics and where gaps exist in available AST posts or medical practitioners delivering services needed by community members.
Hospital-based	For the purposes of the Program, hospital-based means posts located in hospitals and/or other state funded community health services.
Jurisdiction or Jurisdictions	Under the Program, jurisdiction refers to the state or territory health departments and National Rural Generalist Pathway Coordination Units (NRGP CUs) for each state and the Northern Territory.
Participants	Participants refers to GP/RG registrars or GP/RG fellows who are undertaking an approved AST posts supported by Program funding.
Program Partners	For the purposes of the Program, the term Program partners refers to key stakeholders involved in the delivery of advanced skills training who have a role in supporting, informing and influencing the allocation and provision of AST posts.
Rural Intent	<p>For the purposes of the Program, rural intent refers to the demonstrated training, experience and intent of participants to practice rurally following the completion of their AST post. Rural intent can be demonstrated by participants:</p> <ul style="list-style-type: none"> <li>• Having completed at least a 12-month placement in a rural clinical school.</li> <li>• Having completed placements as a junior doctor in MM2-7 rural locations.</li> <li>• Having completed at least 12-months work in a rural location in the preceding two years.</li> <li>• Having a plan to utilise their advanced skill in a rural community following training.</li> <li>• Having a plan to return to a rural community with family or social connections.</li> </ul>

## How to use the Program Guidelines

These Guidelines provide information regarding the intent, scope, funding support and eligibility of the Advanced Skills Training Posts Rural Generalists and General Practitioners Program (the Program). The Program Guidelines should be considered in its entirety, with no clause or section superseding or negating the requirements of any other.

To determine whether a post is eligible to be funded under this Program, it is critical consideration be given to all program requirements and guidance contained throughout these Guidelines. For example, a post may meet location eligibility requirements however not comply with legislative restrictions under the *Health Insurance Act 1973*, making it ineligible for funding support.

The Program Guidelines will be reviewed and updated (if required) at the beginning of each calendar year to ensure they appropriately reflect Program arrangements, learnings and policy priorities. If updates are required, the revised Guidelines will be published on the department's website with any changes to take effect on a date agreed between the department and relevant Program partners.

If required, and agreed by the department, critical amendments may be made outside of the annual review process. As the Program is a small-scale pilot, any revisions to the Program Guidelines will consider strong program and policy foundations that may lead to a sustainable and scalable Program in the future.

## Introduction

As announced in the 2022-23 Budget, the Australian Government is providing \$8.4 million over 2023-24 to 2026-27 (3 training years) to support 15 hospital-based training posts per annum for the Program, Administrator expenses and a comprehensive independent evaluation. The Program supports new 12-month hospital-based Advanced Skills Training (AST) posts that have not previously received Commonwealth or state/territory Government funding.

The Program provides funding to partially subsidise the costs of AST posts for Rural Generalist (RG) registrars, General Practitioner (GP) registrars and fellowed RGs and GPs to enhance their procedural, non-procedural and emergency medicine skills, relevant to their location and community need where the service(s) will be delivered. Posts supported under the Program can include all AST disciplines included in the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) curriculums, provided the posts meet the Program eligibility criteria specified in these Guidelines.

The Program provides a contribution toward the total cost of participant employment and training and therefore relies on the health setting (state and territory government and/or local hospital network) contributing the remaining cost.

The Program is a collaborative approach to supporting and expanding Advanced Specialised Training (ACRRM) and Additional Rural Skills Training (RACGP) requirements requiring engagement and participation between:

- The Australian Government Department of Health and Aged Care (the department)
- GP colleges (ACRRM and RACGP)
- State and Northern Territory health departments
- National Rural Generalist Pathway Coordination Units (NRGP CUs)
- Local Health Networks (LHNs)
- Public health settings
- RG registrars, GP registrars and fellowed RGs and GPs.

## Program Aim and Intent

The Program was established to ensure access to skills training posts for RGs and GPs where specialist trainees were seen as having greater access to posts due to the availability of funding support under specialist training programs. Subsequently, the intent of the Program is to build sector capacity and ensure equal access to AST posts for RGs and GPs.

The aim of the Program is to:

- Increase support for RG and GP registrars and fellowed RGs and GPs in regional, rural and remote Australia to attain advanced skills.
- Increase the number of highly skilled RGs and GPs in rural areas who can supervise other doctors in attaining specialist skills, creating a robust rural training network.
- Ensure rural communities have access to RGs and GPs with the right skills, in the right place.

## Key Principles of the Program

The key principles that drive the Program are:

- The intended beneficiaries of the Program are the communities where participants will be using the advanced skills attained with the support of the Program.
- AST posts approved under the Program will be guided by community needs and priorities.
- AST posts supported under the Program should fill an identified gap in available skills and AST posts.
- AST posts supported under the Program should be undertaken in rural and remote communities or Modified Monash (MM)2-7 locations, unless training is not available in these locations.
- The Program funding will support hospital-based AST posts.
- Commonwealth funds are a contribution with the remaining cost to be contributed by the jurisdiction/health setting.
- Commonwealth funding is not to be claimed under this Program and any other Commonwealth funded program for the same purposes, including under GP/RG training programs.
- Equitably allocated posts across states and the Northern Territory with 2 fulltime equivalent (FTE) posts for each state and 3 FTE posts for the Northern Territory.
- Program support funding will only be provided for new posts that have not previously been funded, which would be unable to proceed without the support of the Program.
- Flexibility to determine and negotiate priorities that align with community need for AST posts for all Program partners.
- Each 12-month AST post will receive up to \$150,000 as the Commonwealth's contribution. This can be used to support the salary of the participant, supervisory costs, education and training costs and/or minor administrative costs.
  - Surgery AST posts, having a 24-month duration, will count as two posts for the purposes of allocation and funding.
- AST posts under the Program should provide a positive training experience and improve rural retention with opportunities for participants to establish themselves in rural areas aligned to their long-term preferences and career aspirations.

## Program Partners, Management and Administration

It is important for the Program to operate in collaboration with all Program partners, informing and influencing the best allocation and provision of AST posts. Program partners recognise that mutual sharing of information, advice and expertise is important for:

- The establishment, implementation and evaluation of the Program, particularly to identify information gaps, overlaps and lessons learnt.
- Exploring opportunities for ongoing development.
- The strategic and long-term planning of AST training.

The Program partners agree to work together in accordance with the following set of cooperation principles:

- Early communication.
- All parties informed of relevant information and matters to allow timely action.
- Maintaining an open, collaborative approach to:

- Identify areas for improvement.
- Achieve greater coordination in policy advice and Program delivery.
- Exchange knowledge and expertise.
- Take part in a comprehensive evaluation of the Program, to inform ongoing policy development and consideration of the future of the Program and possible broader implementation.
- Mutual data sharing and reporting, as required, including engagement in memorandums of understanding (where required), for the purposes of the Program.

## Program Governance and Administration

The department has appointed ACRRM as the single Administrator for the Program.

The Jurisdictional Implementation Forum (JIF) will oversee Program implementation. JIF includes representatives from the department, GP colleges and NRGPs CUs and are considered a suitable body to undertake this role.

In consultation with Program partners and the Administrator, the department will determine Program level priorities for AST disciplines, locations and eligibility requirements for posts under the Program. As the Program funder, the department will be the final decision maker for the Program, in compliance with the *Public Governance, Performance and Accountability Act 2013*.

Jurisdictions will determine the approach to implementation for their state or territory together with the Administrator. This particularly relates to the funding arrangements and role of jurisdictions in identifying posts and local priorities or community need.

## The Roles of Program Partners

The AST sector is complex and spans both Commonwealth and state and territory programs and scope of responsibility. In recognition of this, the Program relies on Program partners for its operation. The Program partners roles and responsibilities under the Program are outlined below.

- The GP colleges are key partners in the delivery of high-quality skills training due to their role in setting professional standards, accrediting training settings and the coordination and support for education and training of future specialists and college fellows.
  - The GP colleges play a vital role in providing national oversight and consistency for GP and RG training (including AST).
  - Under this Program, the GP colleges will continue to ensure only accredited training posts are funded so all approved AST posts meet an agreed standard of quality and content and deliver educational value.
  - The GP colleges will accredit approved AST posts prior to the commencement of the training.
- The jurisdictions, LHNs, and state funded community health services are key partners in the delivery of RG and GP training.
  - They have a role in workforce policy and employment arrangements for rural and remote areas and understanding of the impact and requirements of AST posts.
- The role of the department includes:
  - Developing high-level national policy for the delivery of RG and GP training to grow and distribute the workforce according to community need.
  - Providing funding for the administration and delivery of the Program.
  - Ensuring the proper use and management of Commonwealth funds, as required under the *Public Governance, Performance and Accountability Act 2013*.
  - Consideration and approval of nominated posts.
  - Reviewing and updating these Guidelines.
  - Continuing to engage with relevant stakeholders, including through the JIF.

## Allocation

Each state is allocated 2 FTE AST posts and the Northern Territory is allocated 3 FTE AST posts annually.

There should be an equitable distribution of posts to participants of each of the GP colleges and inclusion of a mix of both RG/GP fellows and enrolled RG/GP registrars.

## AST Post Prioritisation

Priority for AST posts under the Program must align with community need as identified by the jurisdictions and agreed by the GP colleges.

Consistent with the department's distribution and prioritisation targets, and in line with the GP Training Outcomes Framework, AST posts under the Program should be prioritised for:

- First Nations participants.
- Placement for participants with proven rural intent.
- Placements aligned with community need (including vulnerable populations).
- Participants training in place (particularly within rural training pathways for registrars).
- Placements that offer high quality training experiences.
- Placements that offer variety in training setting and clinical experience (e.g. aged care, palliative care etc.).

Where possible, allocations should also support placements for AST participants who have undertaken pre-vocational training in rural locations or who attended medical school on rural campuses and remain connected with their university with support to continue training in that region.

## Process for AST Post Identification and Nomination

The timeframes for recruitment, prioritisation and shortlisting will vary by jurisdiction and between the GP colleges. Program partners will work collaboratively to align application dates and processes for AST posts where possible.

The jurisdictions have the flexibility to integrate AST posts under the Program into their existing programs or establish a stand-alone initiative.

Nominated AST posts must be supported by the jurisdictions and endorsed by the Administrator through its selection committee, made up of members of each GP college, prior to seeking approval from the department.

- The jurisdictions will determine the AST priorities for their jurisdiction based on identified community need and will engage with local health settings to create a priority list of preferred training posts.
  - The jurisdictions will be consulted and included in the final decision making regarding the identification and nomination of AST posts in their jurisdictions under the Program.
  - The department will not approve any AST posts to be funded under the Program without jurisdiction support.
- The GP colleges will review the jurisdictions' priority AST posts lists, provide comments, suggest alternative posts (if applicable) and provide endorsement of the identified posts.
- The Administrator will complete a final review of the identified AST posts for alignment with Program priorities and eligibility requirements.
- The Administrator will submit an allocation plan to the department outlining the nominated AST posts for the following training year. The allocation plan will be completed on the template provided by the department and will include details of the nominated posts including the budget for each post and participant information if known.

The AST posts and information included in the allocation plan must be informed by information and advice provided by the jurisdictions.

The department will review the allocation plan to ensure the nominated posts align with the intent and aims of the Program and meet the eligibility criteria. The department will inform the Administrator of the outcome of this review.

AST posts will be unable to receive support funding under the Program unless they are approved by the department.

## Program Eligibility Criteria

To receive support under the Program, AST posts and participants are required to meet the eligibility criteria outlined in the following subsections of these Guidelines. The eligibility criteria were developed based on the Program intent, aim and key principles.

In order for a supported AST post to commence, both the post and participant must meet the eligibility criteria. The processes to undertake the eligibility checks for both posts and participants is at the discretion of the Program Administrator, GP colleges and/or Jurisdictions and can be undertaken concurrently.

Where AST posts partially meet the eligibility criteria, the department may consider approving partial funding support under the Program on a case-by-case basis.

The department is the final decision maker on AST Program eligibility.

## AST Post Eligibility

In order to be eligible for funding support under the Program, AST posts are required to meet the following criteria:

- AST posts must seek to address identified community needs and priorities.
- AST posts should be in MM2-7 locations.
  - AST posts in MM1 locations can be considered where training is not available in rural locations and support for this post will fill a service delivery gap in an identified MM2-7 community.
- The AST posts under the Program must be hospital-based.
  - AST posts can be considered for partial funding support where they will be undertaken across hospital-based settings and other health settings (such as private GP practices or Aboriginal Community Controlled Health Services) where existing Commonwealth funding is a component of the post.
  - Partial approval of these posts will be on a case-by case basis cognisant of the Program eligibility criteria and intent.
  - Any funding support under the Program will only be approved for the portion of the post to be undertaken in hospital-based settings.
- Posts supported under the Program must meet legislative requirements under the *Health Insurance Act 1973*, specifically Section 19 (2) which relates to Medicare benefits not payable in respect of certain professional services.
- The National Health Reform Agreement (NHRA) governs the delivery of public hospital services. Clause A9 of the NHRA prevents the payment of Commonwealth funding for a public hospital service if the same service, or any part of the same service, is funded through any other Commonwealth program, including the Medicare Benefits Schedule (other than exceptions as per A10 of the NHRA).
- AST posts under the Program must be new training posts.
- The support funding under the Program must not be used to replace or duplicate funding for existing training posts, rather it should support new activity to increase the number of available AST posts.
  - The implementation of the Program is not to lead to the withdrawal of funding from existing AST posts.



- An AST post will not be eligible for funding if it has received funding from another organisation for more than 12-months within the last 3 years.
  - Posts funded by the department, applicant organisation or a state and territory government will not be considered new and will be ineligible for AST Program funds.
  - New AST posts funded under the Program can be supported for multiple years to assist in building sector capacity. This is subject to approval by the department and must continue to meet all eligibility including addressing community need and remain a priority for where services will be delivered There is no guarantee of ongoing funding beyond the end of the Program pilot.
- To accommodate short-term funding from organisations such as charitable trusts, any post that was funded by another organisation within the last 12-months will need to conclusively demonstrate that funding for the post is not ongoing.
- An unaccredited post that has become accredited is not considered to be previously funded.
- Where a post was previously accredited and funded but lost its accreditation and subsequently regained accreditation, it may be placed on a jurisdiction's priority list for consideration.
- All AST posts submitted in the allocation plan for approval by the department must be supported by the relevant jurisdiction.
- All supported AST posts must be accredited. Wherever possible, posts under the Program should meet the accreditation requirements for both GP colleges for the relevant AST discipline.
  - If unaccredited posts are identified as meeting community need and there are no accredited posts available, these posts can be considered on a case-by-case basis provided they are eligible for GP college accreditation.
    - Approval of these posts would be at the discretion of the department in consultation with the Administrator and Program partners.
    - These posts would be unable to accept Program participants or receive program funding until they are accredited by one or both GP colleges.

## Participant Eligibility

To be eligible for funding support under the Program, participants are required to meet the following criteria:

- Participants must either be:
  - Registrars enrolled in a GP college RG or GP training pathway (inclusive of Government funded and self-funded training pathways); or
  - Fellowed RGs or GPs applying to undertake AST approved by a GP college.
- The Program support funding can be used flexibly to support part-time training arrangements to the FTE maximum. Part-time arrangements must comply with the relevant GP college's policies.
  - Under the Program one part-time post is treated as one training post allocation but will span more than one training year. For example, a participant training at 0.5 will count as 0.5 in year 1 and 0.5 in year 2 to total 1 completed AST post.
- Individual registrars and fellowed RGs or GPs cannot apply for funding support under the Program. Individuals should liaise with the relevant GP college, jurisdiction or specific health services if they wish to participate in the AST Program.

Participants may be nominated or identified by any Program partner.

## Eligible ASTs Disciplines

All AST disciplines supported by the GP colleges' curriculums are eligible for funding under the Program, provided the posts meet the Program eligibility criteria specified in these Guidelines. The need for specific AST disciplines will vary across jurisdictions so flexibility to align posts/AST disciplines with community need and priorities is supported.

There is broad support for mental health and Aboriginal and Torres Strait Islander Health ASTs as priority areas in recognition there is universal need for these skills in rural areas across the country.

### Program Funding

Under the Program, the department will provide up to \$150,000 for each approved 12-month AST post (pro-rata where not completed). The Program provides funds to partially subsidise the costs of AST posts, the funding contributions of the jurisdiction for these posts is acknowledged as fundamental for the delivery of the Program.

The support funding under the Program can be used to subsidise participant salary, supervision costs, clinical/medical education and support and minor administrative expenses (No more than 5% of total funding support can be used for administrative expenses). Other expense items relevant to nominated AST posts can be included in the allocation plan to be considered by the department as the final decision maker.

Support funding can be used flexibly to support part-time training arrangements. Any part-time training arrangements must comply with the relevant GP college policies.

Commonwealth funding is not to be claimed under this Program and any other Commonwealth funded program or initiative for the same purposes. Commonwealth funding is not to lead to the removal of funding from other sources like the states and territories.

The department is separately funding the Administrator and the independent consultant undertaking the evaluation of the Program.

The following table outlines funding notionally allocated to jurisdictions by financial year and calendar year (to closely align with the training calendar). These funds will be paid by the Administrator. The Administrator will be responsible for establishing contract and financial management processes to ensure support funding is directed appropriately.

Jurisdiction	Financial Year				Calendar Year		
	2023-24	2024-25	2025-26	2026-27	2024	2025	2026
NSW	150,000	300,000	300,000	150,000	300,000	300,000	300,000
Vic	150,000	300,000	300,000	150,000	300,000	300,000	300,000
Qld	150,000	300,000	300,000	150,000	300,000	300,000	300,000
SA	150,000	300,000	300,000	150,000	300,000	300,000	300,000
WA	150,000	300,000	300,000	150,000	300,000	300,000	300,000
Tas	150,000	300,000	300,000	150,000	300,000	300,000	300,000
NT	225,000	450,000	450,000	225,000	450,000	450,000	450,000
<b>Total</b>	<b>1,125,000</b>	<b>2,250,000</b>	<b>2,250,000</b>	<b>1,125,000</b>	<b>2,250,000</b>	<b>2,250,000</b>	<b>2,250,000</b>

### Payments of Program Support Funding

The Administrator will work with the department, GP colleges, jurisdictions and health settings to put appropriate funding arrangements in place to support approved AST posts, including establishing an appropriate funding mechanism.

The Administrator will ensure only accredited training posts are funded through their established funding mechanism. Should a training post not be completed, the recipient will be required to return unexpended funds to the Administrator. These funds will remain eligible for allocation to the original jurisdiction or another jurisdiction, with the approval of department.

Where jurisdictions are unable to identify eligible posts or secure participants for approved posts, the Administrator will hold over the jurisdictions’ allocation and funding to be used for future training years, alternative post or reallocated for use by another jurisdiction, with the approval of the department.

## Dispute Resolution

Where there is divergence in views between the jurisdictions and GP colleges in relation to posts recommended for support or other operational matters, the Administrator will seek to resolve and reach agreement between the parties in the first instance. The parties will use all reasonable efforts to negotiate and resolve the dispute as soon as possible.

If parties are unable to resolve the dispute, the Administrator will refer the issue to the department for consideration and a final decision.

The GP colleges are responsible for decisions relating to accreditation of training posts.

## Program Evaluation

An evaluation of the Program pilot will run alongside the implementation and delivery of the Program pilot. The evaluation commenced with the engagement of an external independent evaluator, Healthcare Management Advisors (HMA) and KBC Australia, in June 2024 by the department. Program partners are required to contribute to the evaluation.

The objectives of the evaluation are to:

- Evaluate the implementation, appropriateness, efficiency, and effectiveness of the Program in meeting the intended outcomes.
- Evaluate the Program structure and governance arrangements.
- Assess participant satisfaction and identify issues and impacts, such as financial or administrative.
- Provide advice on the feasibility of continuing or expanding the Program, including barriers and enablers to broader sector and/or permanent rollout.
- Identify aspects of the Program that are working well and areas for improvement.
- Support the Program to adapt its approach according to lessons learnt.

The evaluation findings will be used to inform continuous improvement of the Program and future policy decisions.

Program partners, participants and host employers agree to partake in the Program evaluation.