



**Australian Government**

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**Department of Health and Aged Care**

# **5-Year International Medical Graduate Recruitment Scheme**

Administrative Guidelines

Effective 12 March 2025

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## PART 1 FOREWARD

The following Administrative Guidelines (Guidelines) set out the parameters for the national operation of the 5-Year International Medical Graduate Recruitment Scheme (Scheme). The Scheme was formerly known as the 5-Year Overseas Trained Doctor Recruitment Scheme.

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

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

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

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

## PART 2 DEFINED TERMS

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

<b>AHPRA</b>	Australian Health Practitioner Regulation Agency
<b>CPD</b>	Continuing Professional Development
<b>DHA</b>	Department of Home Affairs
<b>Distribution Priority Area (DPA)</b>	In respect of general practitioners and other medical practitioners who are not specialists ( <b>non-specialists</b> ): <ul style="list-style-type: none"><li>a) the Northern Territory</li><li>b) any area located in Modified Monash Model area 2 to 7</li><li>c) a GP catchment area, which is a measure determined by the department, in which the number of non-specialist services provided in the GP catchment area is less than the benchmark, which is not classified as an inner metropolitan location by the department.</li></ul>
<b>FACRRM</b>	Fellow of the Australian College of Rural and Remote Medicine
<b>FRACGP</b>	Fellow of the Royal Australian College of General Practitioners
<b>Guidelines</b>	The current Scheme Guidelines
<b>International Medical Graduate (IMG)</b>	<ul style="list-style-type: none"><li>• A person whose primary medical qualification was not obtained from an accredited medical school located in Australia or New Zealand, or</li><li>• A person:<ul style="list-style-type: none"><li>a) whose primary medical qualification was obtained from an accredited medical school located in Australia or New Zealand, and</li></ul></li></ul>

	<p>b) who was not one of the following when they first enrolled at an accredited medical school:</p> <ul style="list-style-type: none"> <li>a. an Australian citizen</li> <li>b. an Australian permanent resident</li> <li>c. a New Zealand citizen</li> <li>d. a New Zealand permanent resident</li> </ul> <p>IMG is the collective term used when referring to doctors who fit into the abovementioned criteria.</p>
<b>Medical practitioner position</b>	A post of employment for an IMG to participate on the Scheme
<b>MBS</b>	Medicare Benefits Schedule
<b>Modified Monash Model (MMM)</b>	Measures remoteness and population size on a scale of category MMM1 to MMM7. MMM1 is a capital city and MMM7 is very remote
<b>National Coordination Unit (NCU)</b>	A National Coordination Unit to support the RWAs with national elements of jurisdictional activities
<b>Permanent Resident or Australian Citizen</b>	as defined in the <i>Migration Act 1958</i>
<b>QA</b>	Quality Assurance
<b>Recognised Fellow</b>	A medical practitioner who has achieved FACRRM or FRACGP
<b>Rural Workforce Agencies (RWAs)</b>	Administrative body for the More Doctors for Rural Australia Program and the Pre-Fellowship Program. RWAs recruit and support general practitioners in each State and Territory
<b>Scaling</b>	Scaling initiative announced in the 2009-10 Federal Budget. Scaling is being applied to a range of Australian Government programs that have a return of service obligation. Scaling increases the attractiveness of working in rural areas by fast tracking return of service obligations based on the Remoteness Area (RA) category the participant is working in. The greatest reward is for those willing to work in the most remote locations of Australia.
<b>Scheme</b>	5-Year International Medical Graduate Recruitment Scheme
<b>Scheme location</b>	A location eligible for an IMG to participate on the Scheme
<b>Specialist</b>	Medical practitioner who holds specialist registration with Ahpra.
<b>Term of service</b>	The period of time an IMG needs to serve to fulfil the duration requirements of the Scheme
<b>The Act</b>	<i>Health Insurance Act 1973</i>
<b>The Department</b>	Australian Government Department of Health and Aged Care

## **PART 3 POLICY CONTENT**

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

In 2004, the department undertook a National Review of the Scheme to evaluate its effectiveness and recommended options for improving its future operation across Australia. The review identified the importance of maintaining the current and future recruitment of IMGs to meet the medical service needs of Australians, especially in rural and remote Australia.

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

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

These Guidelines commenced on 12 March 2025 and replace any previous versions.

## **PART 4 PRINCIPLES & OBJECTIVES**

The main objectives of the Scheme are to:

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

There are 3 principal obligations for scheme participants:

- enroll in general practice specialty training and
- attain specialist registration in general practice with the Australian Health Practitioner Regulation Agency (Ahpra), and
- gain permanent Australian residency and serve the location term of service.

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

## PART 5 AUSTRALIAN GOVERNMENT INCENTIVES

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

- a) Facilitating access to the Medicare Benefits Schedule for participating doctors. Where a location is listed as a current Distribution Priority Area (DPA) the department may grant an exemption under section 19AB of the *Health Insurance Act 1973* (Act) to allow medical practitioners participating in the Scheme to gain access to the Medicare benefits schedule.
- b) A reduction in the 10-year moratorium on provider number restrictions under section 19AB of the Act. The Delegate for the Minister for Health and Aged Care may grant a non-location specific section 19AB exemption to medical practitioners who have satisfied the requirements of the Scheme.

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

- i) completing the required term of service in a location deemed eligible for the Scheme
- ii) attaining specialist registration in general practice with Ahpra
- iii) attaining Australian permanent residency or citizenship

Note: Doctors who are permanent residents or citizens of New Zealand may not hold Australian permanent residency or citizenship as defined under the *Migration Act 1958* and may be able to work indefinitely in Australia. These doctors need to attain Australian permanent residency or citizenship to meet the requirements of the Scheme.

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

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

## PART 6 ELIGIBILITY CRITERIA

### ***6.1 Eligibility Criteria for Scheme Locations/ Medical Practices***

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

To be considered as eligible, the location must satisfy the following criteria to be eligible for the services of an IMG participating on the Scheme:

- require at least 7 sessions per week in general practice as part of the placement. Hospital, remote or telehealth sessions conducted from a location other than the practice are not considered as eligible sessions
- placed within a Modified Monash Model (MMM) 2 - 7 and the location is in a *Distribution Priority*

#### *Area (DPA)*

- can provide the relevant training environment/infrastructure for the IMG to gain specialist qualifications through an eligible general practice or rural generalist training program at the practice. If the practice cannot provide an avenue for the IMG to attain specialist registration in general practice through one or more of the relevant training pathways, they will not be eligible to participate in the Scheme.

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

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

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

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

### **6.2 Eligibility Criteria for IMGs**

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

- hold or obtain appropriate registration with the Medical Board of Australia
- able to obtain a Medicare provider number at the required location
- intend to seek or currently possess Australian permanent residency and/or citizenship
- will provide at least 7 sessions a week as part of their placement
- intend to join or are currently participating in a training program which will enable them to gain specialist registration in general practice while working in the chosen practice for the length of their Scheme agreement.

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

### **6.3 Eligibility Grace Periods**

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

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

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

## **PART 7 APPLICATION PROCESS**

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

## **PART 8 ASSESSMENT**

### **8.1 Locations – Graded Category Incentives**

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

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



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

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

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

## ***8.2 Locations –Multiple Placements at the One Location***

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

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

Job sharing arrangements will be considered where the work does not exist for 2 full-time equivalent positions. For example, couples working reduced hours to meet a full-time position or 2 doctors who work reduced hours to make up one full time equivalent medical practitioner position. A full-time position is defined as 9 sessions per week.

IMGs in this situation would need to meet the minimum working hour requirements of DHA and the department relevant to the visa they hold.

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

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

## ***8.3 Enrolment***

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

Enrolment on the Scheme commences on the date the IMG is enrolled by the RWA by signing the appropriate agreement and commences practicing in a Scheme approved location.

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

## **8.4 Transfer/Relocation**

IMGs participating on the Scheme may be allowed to relocate to another location under the following conditions:

- The location is an eligible location as stated under part 6.1 of the Guidelines
- The IMG continues to meet the eligibility criteria under part 6.2 of the Guidelines for the nominated location
- The IMG has suitable qualifications and experience for the nominated location
- If the transfer is between jurisdictions, the transfer is supported by the two relevant RWAs.

If an IMG relocates to a location of a different GCI the term of service will be recalculated accordingly. The percentage of time remaining at the original location will be applied to the GCI in the new location. For example, if the IMG has completed 3 of the 5 years (60% completed) in a Category C town (5 years) and moves to a Category B town (4 years), then the calculation will be 40% (the time remaining) of 4 years (the new classification).

Requests for relocation must be submitted by the IMG to the relevant RWA no less than 3 months prior to the date of relocation. Contact details for the RWAs can be found at Appendix A.

## **8.5 Leave Arrangements**

All IMGs on the scheme will be encouraged to take 4 weeks of annual leave per year.

Over and above annual leave, IMGs on the Scheme are eligible for up to 3 months leave (in total over the course of the placement and including recreation, training, study and maternity leave) without any penalties to their term of service requirements.

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

## **PART 9 TIME FOR DECISIONS**

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

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

## **PART 10 ROLES AND RESPONSIBILITIES**

### ***10.1 International Medical Graduates***

Throughout the duration of the Scheme IMGs must:

- satisfy the requirements of sections 19AA and 19AB of the Act
- maintain suitable Ahpra registration
- maintain a current Medicare provider number in the relevant location(s)
- notify the relevant RWA of any changes which impact the Scheme (i.e. leave arrangements, requests to transfer location)
- comply with the Scheme contract agreement with the relevant RWA including
  - complete the required term of service in a location deemed eligible for the Scheme
  - attain specialist registration in general practice with Ahpra
  - attain Australian permanent residency or citizenship
- provide evidence of attaining specialist registration in general practice with Ahpra and Australian permanent residency or citizenship to the relevant RWA 2 months prior to the completion of their placement.

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

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

- a copy of their Ahpra specialist registration in General Practice certificate.
- a copy of their permanent Australian residency Visa Grant Notice
- an Australian citizenship certificate

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

## **10.2 Rural Workforce Agencies**

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

This involves:

- identifying those difficult-to-recruit to locations which meet the criteria of the Scheme
- assessing those locations as Category A, B or C according to the Guidelines and advising the NCU of the recommended location categorisation
- providing the NCU with a list of Scheme approved locations and updating that information as locations are added to or removed from the Scheme
- actively promoting the Scheme to eligible IMGs as an incentive to recruit and retain medical workforce at difficult to recruit practices and locations
- assessing the IMG on their suitability (both professional and personal) for specific placements
- entering into agreements with successfully recruited IMGs outlining the requirements of the IMGs and the commitment from the RWA and the department
- providing details of each placement to the NCU of approved locations and participants
- ensuring the IMG participates in an appropriate orientation program to the practice and the community
- ensuring the IMG has access to appropriate support as they work towards specialist registration in general practice within the timeframe of the Guidelines. This may include sourcing an appropriate mentor, working collaboratively with a relevant training pathway provider, providing educational and training opportunities directly or any other method to ensure adequate support
- maintaining data on the IMG's progress on the Scheme
- collecting the necessary documentary evidence from the IMG 2 months prior to the completion of the placement
- forwarding this evidence to the NCU 6 weeks prior to the completion of the placement

## **10.3 RWAN National Coordination Unit (NCU)**

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

This includes:

- maintaining an up-to-date database of approved locations and placements for access by the department
- ensuring all locations nominated and placements made by RWAs meet the Guideline requirements
- receiving and assessing the documentation provided by RWAs on behalf of IMGs who have completed their requirements on the Scheme
- writing to the department on behalf of IMGs who have completed their requirements under the Scheme to request a non-location specific exemption to section 19AB of the Act within 2 weeks of receiving the documentation from the RWA
- advising participants (through their relevant RWA) of their completion on the Scheme once the section 19AB exemption letter is received from the department

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

## **PART 11 REJECTIONS AND TERMINATION**

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

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

Upon such termination, the department's undertaking to provide a reduction in the 10-year moratorium restrictions will no longer be applicable to the IMG. The IMG will be advised in writing.

## **PART 12 APPEALS**

If an applicant is refused participation on the Scheme, they can apply to the NCU for reconsideration on the basis of procedural unfairness or that the relevant RWA did not apply the Guidelines correctly.

Applicants should provide additional information to support their application and address the eligibility criteria relevant to applicants set out in Part 6 of these Guidelines.

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

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

All appeals regarding the Scheme are to be addressed to NCU for reconsideration at:  
[ncu@thepeopleproject.com.au](mailto:ncu@thepeopleproject.com.au)

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

## **Appendix A**

### **RURAL WORKFORCE AGENCIES CONTACT DETAILS**

#### **NSW Rural Doctors Network**

Address: Level 3, 133 King Street

NEWCASTLE NSW 2300

Phone: (02) 4924 8000

Website: [www.nswrdn.com.au](http://www.nswrdn.com.au)

#### **Rural Workforce Agency Victoria**

Address: Wurundjeri Country,

Level 6, Tower 4 World Trade Centre

18-38 Siddeley Street

MELBOURNE VIC 3008

Phone: (03) 9349 7800

Website: [www.rwav.com.au](http://www.rwav.com.au)

#### **Health Workforce Queensland**

Address: Level 13, 288 Edward Street

BRISBANE QLD 4001

Phone: (07) 3105 7800

Website: [www.healthworkforce.com.au](http://www.healthworkforce.com.au)

#### **Rural Doctors Workforce Agency, South Australia**

Address: 63 Henley Beach Road

MILE END SA 5031

Phone: (08) 8234 8277

Website: [www.ruraldoc.com.au](http://www.ruraldoc.com.au)

#### **Rural Health West, Western Australia**

Address: Level 2, 10 Stirling Highway

NEDLANDS WA 6909

Phone: (08) 6389 4500

Website: [www.ruralhealthwest.com.au](http://www.ruralhealthwest.com.au)

#### **The People Project Tasmania**

Address: 37 Frederick Street

LAUNCESTON TAS 7250

Phone: (03) 6332 8600

Website: [www.thepeopleproject.com.au](http://www.thepeopleproject.com.au)

#### **Northern Territory Primary Health Network**

Address: 23 Albatross Street

WINNELLIE NT 0820

Phone: (08) 8982 1000 Website:

[www.ntphn.org.au](http://www.ntphn.org.au)

## **Appendix B**

### **GRADED CATEGORY INCENTIVES**

There are 3 categories applicable to Scheme locations. The categories will determine the amount of time concession an IMG can earn under the Scheme.

#### **CATEGORY A - Exceptionally difficult for GP recruitment and retention**

- This category covers locations which experience exceptional difficulties recruiting and retaining GPs and will be predominantly:
  - Small, very remote communities, i.e. with 3 or less doctors in MMM 5-7
  - Very remote and difficult to retain Indigenous communities, i.e. rural and remote indigenous community with demonstrated difficulty in GP recruitment and retention.
- A Scheme placement in this category will reduce the 10-year moratorium from 10 years to 3 years

#### **CATEGORY B - Very difficult for GP recruitment and retention**

- This category covers specific communities which experience a lot of difficulty recruiting and retaining GPs.
- Accepted criteria will include consideration of a combination of the following:
  - Evidence of high turnover rate and/or length of vacancy in the location
  - MMM 4 - 7
  - Small community (3 doctors or less)
  - Very difficult community attributes, preferably supported by a measure of need for rural practitioners (population adjusted for factors known to influence need for medical services e.g., age, sex, socio-economic status, mortality rates)
  - High Indigenous population of the community
  - Demonstrated requirement for advanced practice skills in community (example, obstetrics or anesthetics)
  - Special services (example, Aboriginal Medical Services and some remote Royal Flying Doctor Services bases)
  - Extreme climate (example, exceptional rainfall/wet day's status of community)
- A Scheme placement in this category will reduce the 10-year moratorium from 10 years to 4 years

**CATEGORY C - Difficult for GP retention and recruitment**

- This category covers other locations in MMM 2 - 7 and areas within the parameters set by the National Guidelines which have trouble in recruiting and retaining GPs
- This is the default category and includes all locations previously approved unless otherwise agreed
- A Scheme placement in this category will reduce the 10-year moratorium from 10 years to 5 years