



**Australian Government**

**Department of Health,  
Disability and Ageing**

# **Rural Procedural Grants Program**

## **Guidelines**

**June 2025**

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## 1. Program Aim

The Rural Procedural Grants Program (RPGP) aims to improve rural healthcare service delivery and workforce retention by supporting procedural General Practitioners (GPs) to undertake Continuing Professional Development (CPD) to maintain or enhance existing procedural skills.

The Program specifically supports rural procedural GPs to:

- Improve or extend their current skill levels; and
- Ensure they have the skills to provide high-quality services.

## 2. Program Outcomes

The expected Program outcomes are:

- Procedural GPs maintaining their skills, keeping up to date with new developments and continuing to provide these services within their rural communities.
- Maintaining and/or increasing healthcare service delivery in rural communities.
- Ensuring safe and high-quality procedural and emergency services are being delivered by established rural GPs.

The Program supports eligible procedural GPs in Modified Monash (MM) Model 3-7 rural and remote areas to attend relevant CPD activities focused on skills maintenance and enhancement. Eligible activities must meet relevant criteria and be assessed by the GP colleges as meeting the required standards. Support is provided in the form of grant payments which are a contribution towards the cost of attending CPD activities, including course and travel expenses and locum relief.

## 3. Program Background

The Program was implemented in 2004 as part of the Strengthening Medicare Initiative announced in the 2003-04 Budget, with the policy objective of supporting rural health care service delivery and workforce retention. The Program provides rural GPs and eligible locum GPs with a grant to partially subsidise the costs of attending approved CPD activities to maintain and enhance their procedural and emergency medicine skills, relevant to their location and community need.

In December 2022, Healthcare Management Advisors (HMA) in association with Kristine Battye Consulting (KBC) Australia delivered the final report following a review of the RPGP and the Practice Incentives Program Procedural GP payments. The review explored opportunities for program improvement, ways to integrate the programs into a single administrative model and the adoption of a wider range of non-procedural advanced skills into program operations. Following stakeholder feedback and consideration of the review findings, changes were made to the RPGP in 2024 to reintroduce the eligibility of overseas training and to continue support for online training.

In 2017, the Nous Group completed a review of the Program and the General Practitioner Procedural Training Support Program (GPPTSP). Following stakeholder feedback and consideration of the review findings, the Government agreed to reforms to the Programs, including:

- Adoption of the Modified Monash Model rural classification system using MM categories 3-7;
- Introduction of support for emergency mental health; and
- Restriction of eligibility to fellowed GPs (implemented for GPPTSP only).

## 4. Program Management and Administration

The Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) are the Managing Organisations for the Program. Their responsibilities include:

- Maintaining and publishing applicant guidelines for the Program
- Assessing GPs' eligibility for the Program
- Ensuring participants remain eligible for the Program, including through the submission of advice from participants and requesting evidence where there is any change to participants' eligibility status.
- Maintaining a register of eligible GPs registered for the Program
- Assessing the eligibility of training programs and activities for support under the Program
- Processing grant payments to eligible participants
- Ensuring appropriate use of Commonwealth funds, including through auditing and compliance activities
- Reporting on program outcomes to the Department of Health, Disability and Ageing and liaising with the Department on guideline and policy interpretation matters as required; and
- Collaborating in a joint college committee which provides advice on eligible training courses under the Program.

## 5. Components of the RPGP

The RPGP provides support under two components:

- Procedural component
  - Rural procedural GPs practising in surgery, anaesthetics and/or obstetrics
  - The definition of a procedural GP is defined under the key terms at Appendix A.
- Emergency Medicine component
  - Rural GPs practising emergency medicine, including emergency mental health services/crisis intervention in patients presenting with acute mental health issues.
  - The definition of an emergency medicine GP is defined in the key terms at Appendix A.

Participants can register for both components of the RPGP if they meet the relevant eligibility criteria.

## 6. RPGP Support

### Purpose and Rates of Support

RPGP provides participants with grants to partially subsidise the costs of attending approved CPD activities to maintain and enhance their procedural and/or emergency medicine skills. The grants are not expected to cover all expenses associated with the CPD activities, rather it is a contribution towards the cost of the activities.

The Managing Organisations are responsible for assessing the eligibility of CPD activities for support under the Program. Questions in relation to the eligibility of specific CPD activities should be directed to the Managing Organisations.

Under the RPGP, eligible GPs can undertake approved training activities as face-to-face training, online interactive training or under a hybrid model combining both face-to-face and associated online training activities. Further details on these models of training, the available funding rates and maximum number of claimable training days are outlined in the table below by RPGP component.

	Procedural	Emergency Medicine	Emergency Mental Health
<b>Maximum Claimable Number of Training Days (a training day is a minimum 6 hours of training in one day) Per Financial Year</b>	10 days	3 days	3 days
<b>Maximum Financial Support Claimable Per Financial Year</b> Participants can access support payments multiple times per year up to the maximum. The maximum amount of financial support is based on face-to-face training for the maximum number of claimable training days. For different models of training the maximum number of claimable days will remain the same, however the maximum claimable support funding will change depending on the model of training (see below).	\$20,000	\$6,000	\$6,000
Models of Training			
<b>Face-to-Face Training</b> A minimum of 6 hours of face-to-face training in one day. OR A minimum of 4 hours face-to-face training and 2 hours related online training in one day.	\$2,000 Capped at \$20,000 per financial year	\$2,000 Capped at \$6,000 per financial year	\$2,000 Capped at \$6,000 per financial year
<b>Hybrid Training</b> A minimum of 3 hours face-to-face training and 3 hours of related online training in one day.	\$1,500 Capped at \$15,000 per financial year	\$1,500 Capped at \$4,500 per financial year	\$1,500 Capped at \$4,500 per financial year
<b>Online Training</b> A minimum of 4 hours related online interactive training in one day.	\$1,000 Capped at \$10,000 per financial year	\$1,000 Capped at \$3,000 per financial year	\$1,000 Capped at \$3,000 per financial year

## 7. Eligibility

### Procedural Component

GPs must meet all the following eligibility criteria to apply for support under this component of the Program:

- Hold vocational recognition as a GP or be a registrar enrolled in a GP training program with either ACRRM or RACGP;
- Principal clinical practice is physically located in a MM 3-7 location;
- Hold unsupervised clinical privileges in an eligible discipline (surgery, anaesthetics and/or obstetrics) at a hospital located in a MM 3-7 area; and
- Participate in a regular roster or general on-call roster.

To be eligible for this component of the RPGP, GP registrars must have pre-existing qualifications in one or more eligible procedural discipline. Pre-existing qualifications may include a recognised qualification in a procedural skill of anaesthetics, obstetrics, and/or surgery (such as an Advanced Certificate in Rural Generalist Anaesthesia).

GPs who undertake only minor procedural work in their rooms or who are not already a procedural GP (as per the definition under the key terms at Appendix A) are not eligible for support under the Program.

## Emergency Medicine Component

GPs must meet all the following eligibility criteria to apply for support under this component of the Program:

- Hold vocational recognition as a GP or be a registrar enrolled in a GP training program with either ACRRM or RACGP;
- Principal clinical practice is physically located in a MM 3-7 location;
- Hold unsupervised clinical privileges in emergency medicine at a nominated hospital located in a MM 3-7 area;
- Participate in a regular roster or general on-call roster;
- Provide clinical care for emergencies in a MM3-7 location; and
- Require on-going training to maintain their skill level.

To be eligible for this component of the RPGP, GP registrars must have successfully completed 12 months of Advanced Specialised Training or Additional Rural Skills Training in Emergency Medicine. The relevant college (ACRRM or RACGP respectively) must confirm this as part of the registration process.

All GPs will be required to provide evidence of their recognition as a current unsupervised provider of emergency medicine services when registering for this component of the Program.

GPs seeking support for emergency mental health (refer to Appendix A: Definitions of Key Terms) CPD activities must provide evidence from their employer verifying they are providing emergency mental health services. Where evidence from an employer cannot be secured, a statutory declaration will be accepted as sufficient evidence.

GPs will be ineligible for support under this component of the RPGP if they are:

- Seeking to attend activities to obtain initial credentialing in emergency medicine.
- Only performing emergency medical services, such as suturing of small wounds, x-ray, assessment and treatment of unscheduled presentations, in a medical practice treatment room or an attached outpatient clinic.
- Providing less acute mental health consultations in practice rooms or in planned appointment consultations at an outpatient clinic attached to a hospital or health care service delivery facility.

## GP Locums

Rural GP locums must obtain clinical privileges in at least one hospital/local health service in the region where they are providing locum services to be eligible for the Program.

Rural GP locums will be deemed eligible for the Program if they are fellowed GPs or GP registrars, have already obtained the relevant procedural or emergency medicine skill(s) and undertake a minimum of 28 days of locum work per financial year within MM 3-7 locations.

The period of locum work needs to be undertaken prior to lodging a claim for payment for eligible training under the Program. Training can occur at any time during the relevant financial year, including prior to the completion of the period of locum work.

## Eligible Activities

Eligible CPD activities must meet the following criteria:

- Be for skills maintenance and/or skills enhancement
- Can be both formal (e.g. courses) and informal (e.g. clinical attachments) delivery modes
- Include a face-to-face component to assess the practical skills of the relevant course wherever possible, noting that online training is also eligible under the Program
- Online training must include an interactive component and/or assessment
- Be assessed by the relevant Managing Organisation as meeting the required standards for grant eligibility, including being of sufficient length (time/hours)
- Must be related to the procedural or emergency medicine discipline being claimed under
- All courses, workshops, seminars, conferences or clinical attachments must be a minimum of six hours in one day of procedural upskilling contact time (excludes breaks, etc.); and
- Online courses should have a minimum of four hours of interactive training delivery.

Emergency mental health training must contain content relevant to mental health presentations to an emergency facility, with a primary focus on acute mental health issues. This can include training that helps to broaden the practitioners' understanding of the contextual assessment, treatment, and ongoing clinical support of acute mental health presentations.

The Managing Organisations will assess the eligibility of CPD activities for support under the Program in line with the above criteria.

Participants are encouraged to contact the relevant Managing Organisation prior to registering for CPD activities to confirm the eligibility of the activities for support under the Program.

### Overseas Face-To-Face CPD Training

CPD activities may be undertaken overseas through a face-to-face model of training. To be eligible for support under the RGP, CPD activities undertaken overseas must meet the following criteria:

- Training must be pre-approved by one of the Managing Organisations
- Activities must be training that is not available, or is difficult to attend, in Australia (i.e. long waiting lists or distance constraints)
- Participants must submit an attendance certificate
- Participants must provide confirmation and evidence of the number of days and hours of training attended
- Participants must provide confirmation of interactive sessions attended (i.e. highlighted program or other documented evidence); and
- Participants must provide evidence that the attended activity benefits procedural and/or emergency medicine skills maintenance and/or upskilling in the rural Australian medical context.

### Ineligible Activities

Activities will be considered ineligible for support under the Program if:

- Overseas CPD activities do not meet the overseas face-to-face CPD training criteria outlined above
- The CPD activities do not meet the required length of time for the model of training as specified in these Guidelines
- The CPD activities were undertaken prior to participants enrolling in the Program
- The interactive and/or assessment components of the CPD activities are online only for face-to-face training

- The CPD activities have not been assessed as eligible by the relevant Managing Organisation; or
- The participant has already received funding from the Commonwealth, or a state and territory government, for the same activity.

## 8. Payments to Support Recipients

Program participants must select which of the Managing Organisations they will claim grant payments from under the Program. If participants are registered for both the procedural and emergency medicine components of the Program, they must indicate which component they are claiming for.

Participants must register with one Managing Organisation. A Statutory Declaration may be required to verify payments will be sought from only one of the Managing Organisations to avoid any duplication in funding.

Grant payments to participants are made directly to their nominated bank account. The Managing Organisations will also send electronic statements to participants detailing each payment that is made. Each Managing Organisation is responsible for processing grants under this program.

The Managing Organisation will also:

- Provide payments fortnightly (once claims are verified as eligible);
- Provide participants access to an online statement of claims (this does not include any PAYG responsibility);
- Resolve processing errors including errors from incorrect bank details; and
- Undertake reporting functions.

## False or Misleading Claims

If a Managing Organisation identifies that an incorrect payment has been made due to false or misleading information provided by a participant, the Managing Organisation will take appropriate action to investigate and recover the funding.

The Managing Organisation will notify the Department of Health, Disability and Ageing of any false or misleading claims received and the outcome of their investigation.

## Appeals

Participants may submit appeals to the relevant Managing Organisation on matters relating to their eligibility for the Program. The Managing Organisation is responsible for making the final decision and notifying the participant of the outcome of this process. The Managing Organisation may seek advice from the joint college committee, and/or the Department of Health, Disability and Ageing in making its decision.

## Program Funding

Funding to the Managing Organisations is provided via grant agreements between the relevant Managing Organisation and the Commonwealth, offered by the Department of Health, Disability and Ageing.

## 9. Program Roles and Responsibilities

Programs	Roles and responsibilities
<b>Managing Organisation</b>	<ul style="list-style-type: none"> <li>• Assessing GP eligibility for the Program.</li> </ul>



Programs	Roles and responsibilities
	<ul style="list-style-type: none"> <li>• Maintaining a register of eligible GPs registered for the Program.</li> <li>• Assessing training activity eligibility to be claimed for under the Program.</li> <li>• Making grant payments to participants on completion of eligible training.</li> <li>• Liaising with and seeking advice from the Department of Health, Disability and Ageing in relation to program guidelines or policy interpretations.</li> <li>• Establishing and maintaining a joint college advisory committee to provide advice relating to the eligibility of CPD activities and the operation of the Program.</li> <li>• Managing an appeals process.</li> </ul>
<b>Program Participants</b>	<ul style="list-style-type: none"> <li>• Completing the application form and submitting it to the relevant Managing Organisation.</li> <li>• Gathering and providing all evidence required for an accurate assessment of the application.</li> <li>• Providing evidence of the completion of eligible training to the Managing Organisation.</li> <li>• Advising the relevant Managing Organisation of any change to their eligibility status and providing updated documentary evidence as requested to confirm their ongoing eligibility for the Program over time. <ul style="list-style-type: none"> <li>◦ Participants that fail to advise of changes to their eligibility status may be subject to fund recovery at the discretion of the Managing Organisation acting on behalf of the Department of Health, Disability and Ageing.</li> </ul> </li> <li>• Participants may only register for the Program with one Managing Organisation. Participant may change Managing Organisations, however, they must inform the Managing Organisation of this in writing.</li> </ul>
<b>Department of Health, Disability and Ageing</b>	<ul style="list-style-type: none"> <li>• Executing and administering grant agreements with the Managing Organisations.</li> <li>• Providing program and policy oversight consistent with government priorities.</li> <li>• Engaging with stakeholders regarding the Program parameters, operation and policy.</li> <li>• Providing policy advice to Government and the Managing Organisations.</li> <li>• Evaluating the Program against its outcomes.</li> </ul>

## Appendix A: Definitions of Key Terms

Term	Definitions
Emergency medicine GP	A rural and remote general practitioner who provides emergency medicine cover for non-referred services in an accident and emergency facility which is available for 24 hour triaging (hospital or other appropriately equipped facility which provides a minimum equipment list of, but not restricted to resuscitation equipment), rapid diagnosis and management of acute and urgent aspects of illness and injury such as those typically brought to the door by ambulance.
Emergency mental health	Urgent assessment, investigation and/or management of an acute mental health problem, including acute psychosis, severe depression, threatened or attempted self-harm or harm of others, or where a patient is brought to hospital under an involuntary detention order for urgent mental health assessment.
Non-referred services	Services provided by the practitioner where the patient has not been referred to the practitioner by another practitioner for investigation, opinion, treatment and/or management of a condition or problem of a patient or for the performance of a specific examination(s) or test(s).
Skills maintenance	The requirements prescribed by the relevant College that a practitioner must comply with to maintain their clinical privileging rights.
Upskilling	Improving or extending a GP's current skill level or learning a new skill, relevant to their enrolled emergency or procedural component, based on current Australian accredited procedural curriculum and guidelines.
Vocationally Recognised GP	Vocationally Recognised General Practitioners (GPs) for the purposes of the RGP Program includes doctors who were on the Vocational Register in 1996, and/or doctors who have achieved fellowship qualifications with the RACGP and/or the ACRRM.
Procedural GP	<p>A rural or remote procedural general practitioner who provides non-referred services normally in a hospital theatre, maternity setting or other appropriately equipped facilities, which in urban areas are typically the province of a specific referral-based specialty. For the purposes of the RGP, this refers to the fields of surgery, anaesthetics and obstetrics. Elements essential to procedural medicine include the use of appropriately equipped facilities and resources and involve a team of health professionals and the active engagement of the practitioner in an appropriate skills maintenance program in the relevant procedural areas.</p> <p>For the purposes of this program, surgery refers to abdominal surgery (including appendectomy), gynaecological surgery (including dilatation and curettage, termination of pregnancy, ectopic pregnancy, abdominal masses and cysts) requiring general anaesthetic and endoscopy, and orthopaedics requiring major regional blocks or general anaesthetic including definitive treatment of fractures, dislocations and tendon repairs.</p>
Non-VR GP	A Non-VR GP is a doctor who has not attained fellowship as a specialist general practitioner and therefore does not yet hold vocational recognition as a general practitioner.