



Australian Government

Department of Health, Disability and Ageing

Australian General Practice Training

College-led Training Program Guidelines



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Purpose

The Australian General Practice Training (AGPT) program is an Australian Government initiative delivering high-quality General Practitioner (GP) and Rural Generalist (RG) training. The AGPT Program College-led Training Guidelines (Guidelines) have two key purposes:

- Provide transparent information about training under the AGPT program for the public, including program participants, including registrars, accredited supervisors and accredited training sites.
- Support the implementation of AGPT program training through clear, transparent instructions and expectations for all program participants, including the GP colleges – the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) – who deliver training under the AGPT program.

The Guidelines have been developed in consultation with the GP colleges, Joint Colleges Training Services (JCTS), the General Practice Training Advisory Committee (GPTAC) and the First Nations General Practice Training Committee (FNGPTC).

The Guidelines should be read in conjunction with the following documents:

- [General Practice Fellowship Program Placement Guidelines](#), which provide information about the structure of the GP colleges' fellowship programs, approved placement application processes and information about applying for a Medicare Provider Number (MPN) to access the Medicare Benefit Schedule (MBS).
- [National Consistent Payments \(NCP\) Framework](#) and supporting documents, which outline the support payments available for eligible AGPT program registrars, supervisors and practices (training sites).
- [NCP Guidelines](#), which provide information on the eligibility criteria, the process of determining and delivering support payments and the process of accessing flexible funds payments.
- [GP Training Incentive Payments Policy](#), which provides information about the incentive payments available for eligible AGPT program registrars including salary, study leave and parental leave payments.
- [Performance and Outcomes Framework](#), which provides a structured approach to measuring, reporting and improving program performance by clarifying roles and accountability, enhancing transparency through public reporting and supporting continuous improvement to achieve better primary care outcomes and value for money.

The Guidelines will be reviewed and updated annually to ensure they appropriately reflect contemporary AGPT program arrangements and policy priorities. From 2027, the review process for the Guidelines will commence at the beginning of each calendar year.

About the AGPT program

The AGPT program delivers government funded vocational GP training to become a vocationally registered GP or RG in Australia. Training under the AGPT program is delivered by the GP colleges, ACRRM and RACGP. Selection to train under the AGPT program is a competitive, merit-based process. Participants typically take three-to-four years to complete their training and achieve fellowship.

The goal of the AGPT program is to improve access to safe, culturally responsive and high-quality primary care that meets the needs of Australian communities. To achieve this, the AGPT program has four core objectives, which underpin the outcomes outlined below.

Objectives	Outcomes
Deliver high-quality training of GPs and RGs	All Australians have greater access to affordable, high-quality, culturally responsive primary care.
	The level of unmet demand for primary care services is reduced nationally and regionally.
Increase the number of GP and RG trainees working and remaining in high need service settings and communities to reduce workforce maldistribution	More GPs and RGs are training and remaining in regional, rural and remote and other high need communities, ensuring these communities have greater access to primary and, where appropriate, advanced care, including culturally safe services.
	Australia has a well-trained, well-distributed, high-quality GP and RG workforce.
Enhance the cultural responsiveness of the GP and RG workforce	Australia has a culturally responsive GP and RG workforce providing all Aboriginal and Torres Strait Islander peoples with greater access to high-quality and safe primary care wherever they live.
	An increased number of Aboriginal and Torres Strait Islander peoples working as GPs and RGs.
Better aligned access to advanced skills training to ensure rural communities have access to a healthcare workforce with the right skills where they need them	More RGs and GPs are training in advanced skills and choosing to practice post-fellowship in regional, rural and remote locations in need of those advanced skills.

Further information can be found on the [AGPT program](#) webpage.

Available training places

In 2026:

- RACGP: 841 general pathway and 625 rural pathway places (includes at least 150 RG places)
- ACRRM: 320 rural pathway places (RG)

In 2027:

- RACGP: 902 general pathway places and 638 rural pathway places (includes at least 150 RG places)
- ACRRM: 340 rural pathway places (RG)

The allocation of places for 2028 and beyond will be determined in advance of the 2028 selection process, with the Guidelines updated to reflect the change.

Colleges may fill up to 10% more than the number of funded training places available each year. This allows for withdrawals between the period from when a registrar is offered a training place and the commencement in the program, and attrition during training.

The above numbers are not inclusive of the Australian Defence Force registrars.

Roles and responsibilities

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. This includes:

- Developing and managing the GP colleges' individual AGPT training policies that emphasise consultation and collaboration.
- Ensuring structured education is delivered to meet the needs of registrars to achieve fellowship.
- Registrar management, including career planning, selection, placements, pastoral care, appeals and support for progression.
- Supervisor and practice management and support, including accreditation of training sites and supervisors, supervisor training and continuing professional development and training quality assurance.
- Ensuring Aboriginal and Torres Strait Islander registrars are supported throughout training.
- Provision of funding to facilitate high-quality research to improve the quality, impact and efficiency of general practice education in Australia.
- Ensuring quality assurance and data information management is maintained to achieve high-quality data and information management.
- Facilitating the incentive payments and support to eligible supervisors, practices and registrars as per the NCP Framework (and supporting documents).

The AGPT is a section 3GA program, which provides a pathway to attaining specialist registration in general practice with the Medical Board of Australia (MBA). A section 3GA program is an approved program under section 3GA of the *Health Insurance Act 1973 (Act)* that allows Australian citizens and permanent residents to satisfy section 19AA of the Act, facilitating access to Medicare benefits while undertaking supervised training. The colleges are responsible for managing this 3GA program, while Services Australia is the agency responsible for processing approved section 3GA placements and who receive the approved placements directly from the GP colleges.

The department operates the central design, funding, oversight and ongoing management of the AGPT program. In administering and overseeing the AGPT program the role of the department includes:

- Developing high level policy for the delivery of GP training to grow and distribute the GP workforce according to community need.
- Providing funding for and overseeing 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*.
- Monitoring program performance in line with the AGPT [Performance and Outcomes Framework](#).
- Updating the Guidelines, in consultation with the GP colleges, support organisations and sector stakeholders.
- Continuing to engage with relevant AGPT program stakeholders.
- Providing secretariat support for the GPTAC and FNGPTC.

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, including opening and closing dates.
- Provision of information to training sites and health services about how and when to apply to host a registrar.
- 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.
- Coordinate marketing with other organisations such as General Practice Registrars Australia (GPRA) and General Practice Supervisors Australia (GPSA)
- Specific initiatives to market training in underfilled areas.

The department will support the GP colleges with marketing by maintaining up to date AGPT program information on the Department of Health, Disability and Ageing website.

Marketing and communication activities should use AGPT branding and acknowledge the government's investment in the AGPT program.

National Consistent Payments Framework

The NCP Framework provides financial support to eligible AGPT program participants:

- supervisors
- practices
- registrars.

Salary Support payments are provided to eligible practices, including Aboriginal and Torres Strait Islander health services, to subsidise the salaries of AGPT registrars training in these facilities. Salary Support payments are also delivered through the NCP Framework.

The grant includes Flexible Funding to build capacity and support training in areas of workforce need and recognise the additional costs of participating and delivering training in a rural or remote community.

The NCP Framework and NCP Guidelines are designed to promote accountability and enhance transparency and consistency in GP training payments. This benefits supervisors, practices and registrars by delivering consistent higher payments to eligible AGPT participants in regional, rural and remote areas.

The NCP Framework and Guidelines are available at [National Consistent Payments Framework](#). The GP colleges are required to maintain publicly available policies to support the eligibility requirements, Flexible Funding pool and access to support payments under the NCP Framework.

Medicare Provider Numbers

Section 19AA of the *Health Insurance Act 1973* (Act) places a requirement on Australian permanent resident and citizen doctors to hold specialist registration with the MBA before they can access Medicare for billing private patients. Doctors who do not hold specialist registration with the MBA and intend to access a Medicare rebate at their place of practice need to be registered on an approved section 3GA program. Participation in an approved section 3GA program satisfies the requirements of section 19AA of the Act and supports the issuance of a Medicare provider number. A section 3GA program placement is time and location specific.

Section 19AB of the Act requires International Medical Graduates (IMGs) to work in an area considered a Distribution Priority Area (DPA) (for GPs) or District of Workforce Shortage (for other medical specialists). The department administers section 19AB of the Act in line with the [Health Insurance \(Section 19AB Exemptions Guidelines\) Determination 2019](#). IMGs who are Australian permanent residents or citizens must satisfy both section 19AA and 19AB of the Act.

Doctors in Australia on a temporary resident visa are not required to separately satisfy section 19AA of the Act as the granting of a section 19AB exemption allows the temporary resident doctor to satisfy section 19AA.

Services Australia is responsible for applying the section 19AB class exemption to the doctor's Medicare provider number once the approved section 3GA placement is received by the approving body.

Temporary resident doctors who obtain Australian permanent residency must notify Services Australia immediately as they are required to separately satisfy section 19AA of the Act by being enrolled in a 3GA training program or by holding specialist registration with the MBA.

Workforce planning and prioritisation

Increasing the number of GPs and RGs training and remaining in regional, rural and remote communities is a key objective of the AGPT program and aligns with the government's focus on increasing the provision of primary care services in high need communities. The distribution policy for the AGPT program retains the Modified Monash Model (MMM) classification system to improve primary healthcare access for all Australians. This includes

the requirement for at least 50 per cent of AGPT program training (excluding hospital units) to be undertaken in regional, rural and remote locations (Modified Monash [MM] 2-7).

The [GP Supply and Demand Model](#) is being utilised by the department as a quantitative tool to support AGPT workforce planning, prioritisation and future DPA assessment, due to its strong methodological foundation, broad stakeholder recognition and public transparency. Consistent with this the [Working Better for Medicare Review](#) recommended assessing workforce need using a broader set of inputs.

The model integrates demand and supply modules to forecast workforce needs and identify regional gaps.

Demand modules:

- Population and households: models population change to 2050 at the individual level
- Health conditions: projects the prevalence of selected chronic conditions to 2050
- Health service utilisation: links projected health conditions to Medicare service demand

Supply modules:

- Training pipeline and migration: models GP inflows from training pathways and international migration
- Workforce simulation: uses 2023 MBS data to model GP supply by location and demographic characteristics
- Policy settings: enables scenario testing, including variations in training numbers and duration

Outputs from these modules are combined to identify regional workforce gaps and enable ranking of GP catchments by level of need, providing a transparent, adaptable, and evidence-based foundation for workforce planning and DPA determination.

Each GP college is required to submit an allocation plan to the department by the end of November each year, which will outline the planned intake distribution for the following year. Allocations for each region may be higher (up to 10%) than the number of funded training places available each year. This allows for withdrawals between the period from when a registrar is offered a training place and the commencement in the program and attrition during training (known as 'over allocation').

The department will review the allocation plans to ensure they broadly align to expectations in accordance with the individual GP college grant agreements as well as the whole of program regional allocation outcomes.

Strengthening Medicare

The government is committed to continuing to strengthen Medicare through bulk billing. The Bulk Billing Practice Incentive Program (BBPIP) provides an additional incentive payment when GPs and their practice bulk bill all Medicare eligible patients for all eligible services. More information about the BBPIP program can be found in the [BBPIP Program Guidelines](#).

Where available, AGPT placements in accredited bulk billing medical practices (participating in the BBPIP) must be prioritised within regions. This will help develop the primary care workforce required to support patients to access the services they need. GP colleges are to

support unaccredited bulk billing medical practices (participating in the BBPIP) to achieve training accreditation.

A key objective of the AGPT program is to deliver high-quality training and increase the number of GP and RG trainees working and remaining in high need communities and settings. This requires a balanced approach to ensure the distribution of training placements supports quality training outcomes, registrar choice and regional distribution that accounts for community need.

Entry into the AGPT program

Eligibility

Registrars entering the AGPT program must meet the GP college 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.
 - Applicants must obtain Australian permanent residency by the completion of training. If permanent residency is not obtained, a registrar will not be eligible for fellowship and may be withdrawn from the program.
 - The GP colleges must seek an exemption from the department to fellow registrars who have not obtained Australian permanent residency upon completion of the program.
- 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.
- Have not achieved GP fellowship.
- Have not previously been enrolled in the Australian General Practice Training program and have been withdrawn involuntarily or been unable to achieve Fellowship within any exam cap.

Note: Since 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. 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.

At a minimum, the GP colleges must:

- Ensure selection processes include criteria that reflects future workforce and community need and processes that are representative of the Australian community.
- 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 23 November 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.
- Ensure applicants are aware that they can only accept a fellowship training position with one GP college.

The GP colleges and the department have agreed on the future alignment of selection reporting timeframes.

- Allocation plan 23 November
- Selection report (final outcomes – current year) 15 April
- Selection report (preliminary outcomes – next year) 7 November

Selection fees

The GP colleges must continue to charge a selection fee, which should allow for income no greater than cost recovery for selection activities.

The department must approve any changes to selection fees. Before providing a proposal to the department to vary the selection fee, a college must consult with the other GP college and seek alignment of fees.

The GP colleges must provide any proposals to vary selection fees before the end of October for the following selection intake. The proposal should include details and outcomes of consultation undertaken and reasons for the change. The department will provide advice on requests within 2 weeks, and upon any approval, both GP colleges will be notified of any changes.

Training policies

Training policy 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 potential applicants, registrars, supervisors, training sites 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. Changes that may have significant impact on any program participant or stakeholders must be approved by the department before implementation.

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 in the [glossary](#)).
- Acceptance of standard definitions for extenuating and unforeseen circumstances and for the commencement of training (see definitions in the [glossary](#)).
- Legacy arrangements for policies 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 information on 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.
- A wellbeing and safety policy that is integral to the workplace and training.
- Leave and extensions policies that balance the personal needs of registrars with the requirements to progress through the AGPT program.
- A clear articulation of transfer arrangements between the GP colleges.
- A publicly available and evidence-based policy outlining management of the Flexible Fund, to be approved by the department.

For further AGPT resources for each GP college, including training policies, please refer to their websites: www.acrrm.org.au and www.racgp.org.au. Mapping of these requirements to the relevant policy for each College is provided at [Appendix C](#).

Consistent placement policy

AGPT registrar placement must support a consistent approach to placement management. To achieve this, the GP colleges must develop and implement a shared training placement policy, to be approved by the department before the end of the 2026 training year. The placement policy must be transparent and shared on the GP colleges' websites.

Consistent with the department's annual distribution targets (refer to [Workforce planning and prioritisation](#)) and in line with the AGPT [Performance and Outcomes Framework](#), the training placement policy should aim to:

- Deliver placements that offer high quality training experiences.
- Ensure registrars identifying as Aboriginal and Torres Strait Islander have their preferences to remain close to or away from their supported community.

- Prioritise rural placement for applicants with proven rural intent.
- Align to community workforce need (including vulnerable populations).
- Offer registrars the ability to train in their preferred place.
- Offer variety in training setting (e.g. aged care, palliative care).

The training placement policy should ensure applicants who have undertaken prevocational training in rural regions or medical school in rural campuses remain connected with their university and are supported to continue training in that region, if that is their preference.

The placement policy should factor how training will be prioritised in high priority settings, particularly those that service high needs and vulnerable populations. This includes training in:

- Aboriginal Community Controlled Health Service (ACCHS)/AMS settings
- Bulk billing medical practices (participating in the BBPIP)
- Medicare Urgent Care Clinics (UCCs).

This prioritisation will help develop the primary care workforce required to support patients to access the services they need. To enable this, the GP colleges must support more unaccredited ACCHSs/AMSs and bulk billing medical practices (participating in the BBPIP) to achieve the standards of practice and education to meet training accreditation. The GP colleges must also support training exposure in Medicare UCCs, where appropriate. This includes for completion of urgent care extended skills.

Any GP college specific placement processes that fall outside the shared training placement policy should be specified separately in the relevant GP college's individual placement policy, which should outline the mechanisms and regular touch points for ensuring placements are considered collaboratively.

System and processes for GP registrar placements

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 and issuing of an MPN.
- To notify Services Australia when a participant ends participation in a 3GA placement to allow Services Australia to perform the relevant maintenance of the Register of Approved Placements and ensure compliance with respect to access to the MBS.
- Assisting registrars in applying for their MPN in time for the start of their placements to allow for Services Australia timeframes and peak processing periods (December to March).
- Where a placement is eligible for a payment under the NCP Framework, the GP 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.

- 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 NCP Framework as per the NCP Guidelines and NCP Business Rules.
- Procedures for placements should capture college oversight of [Single Employer Model \(SEM\) trials](#) operating in each jurisdiction and role of colleges in collaborating at jurisdictional and regional level as well as providing up to date information on SEM to registrars and practices.

Practice and supervisor management

GP colleges must ensure that registrars train in safe, supported, effective and accredited training placements that meet their training needs. This includes:

- Supervisors are accredited and have adequate resources and support to enable effective supervision.
- Appropriate and timely feedback and support is provided to supervisors and training sites.
- Consideration is given to the total teaching load of the practice.
- Registrar feedback on placement quality is used as a tool to support quality improvement.
- Colleges must maintain a robust and transparent recruitment process for additional and replacement training sites and posts, which consider community need, capacity building and future supervision requirements.

Supervisors are supported at the regional level by Supervisor Liaison Officers (SLOs). SLOs are employed by the GP colleges and play an important role in supporting and advocating for supervisors. General Practice Supervision Australia (GPSA) facilitates the SLO advisory forum which brings together SLOs across both GP colleges, playing an essential role in strengthening supervision, supporting quality training experiences, and ensuring supervisors' perspectives are heard at a national level. Consistent with the terms of the grant agreements, the department expects that the GP colleges actively support SLO participation in ongoing engagement with GPSA, such as attending SLO advisory forums and through peer networks.

More information about accreditation of practices (training sites) by both GP colleges is provided under the [Accreditation](#) section.

Registrar support

GP colleges must have training policies outlining how they will support registrar wellbeing during training placements.

Registrar Liaison Officers (RLOs) are registrars who are employed by the GP colleges and play an important role in supporting and advocating for registrars. They act as a liaison between the registrar and their GP college, as well as representing GP registrar interests locally, statewide and nationally through the RLO advisory forum, facilitated by GPRA.

College policies should enable registrars to receive comprehensive professional and wellbeing support, including regional assistance from RLOs who provide career and training advice, administrative help, problem solving support, pastoral care and clinical guidance.

Consistent with the terms of the grant agreements, the department expects that the GP colleges actively support RLO participation in ongoing engagement with GPRA, such as attending RLO advisory forums and through peer networks.

Advanced Skills Training

Advanced skills training is an extended (typically 12 to 24 months) training term for registrars to build knowledge and skills in procedural, non-procedural or emergency medicine disciplines. Both GP colleges' curricula include advanced skills training across a range of disciplines, and it is a mandatory component of ACRRM and RACGP RG training. Each college has a different name for advanced skills training. ACRRM offers Advanced Specialised Training and RACGP offer Additional Rural Skills Training. Advanced skills training is used to encompass both of these terms in these Guidelines.

For the purposes of advanced skills training, determination of community need should be evidence-based, where possible, and informed by engagement with the relevant jurisdiction and local health settings. This determination should consider local demographics and gaps in services needed by communities.

Priority for advanced skills must align with community need and remain consistent with the department's distribution and prioritisation targets. Prioritisation of advanced skills training should be in line with the shared training placement policy and priorities outlined under the [Consistent placement policy](#) section.

Research

Academic posts

Academic posts (APs) 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 to complete their APs.
- Encouraging registrars to incorporate academic work into their long-term career.

The GP colleges must undertake an annual competitive application process to select candidates for APs. 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 and fellowed GPs. The GP colleges must promote APs broadly and, in particular, to registrars in rural and remote areas.

Each GP college is allocated a minimum number of posts through their grant agreements:

- RACGP is to provide a minimum of 27 APs in 2026 and 2027.
- ACRRM is to provide a minimum of 2 APs in 2026 and a minimum of 3 in 2027.

From 2028 the allocation of APs will be determined in advance of the 2028 selection intake, with the Guidelines updated to reflect the change.

To further encourage development of research skills and build academic GP careers, a limited number of APs can be replaced with PhD scholarships. Noting these would likely involve significant additional time and cost, this replacement does not need to be on a 1-1 basis and each GP college may use reasonable discretion. Any replacement arrangements should be outlined in the college Activity Work Plan (AWP) or performance report depending on timing. Registrars interested in undertaking a PhD should discuss this option with their college.

The GP colleges are required to support collaboration with local universities and enter into agreements 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. The department strongly encourages dual-college academic networks to ensure all registrars undertaking APs under the AGPT have access to peer support.

Collaborative engagement between GP colleges and universities is also encouraged in the delivery of support activities for registrars undertaking APs.

Specialised academic post

A 'specialised academic post' is a post where some objectives of the term are predetermined. Specialised posts are designed to facilitate accessibility to different types of research opportunities. Current specialised APs include:

- Australian Indigenous Doctors' Association (AIDA) academic post – this post is for an Aboriginal and/or Torres Strait Islander registrar to undertake teaching and research aimed at improving the health and life outcomes of Aboriginal and Torres Strait Islander peoples.
- RACGP Australian Journal of General Practice (AJGP) academic post – this post includes a position at the AJGP as an editorial fellow.
- PhD academic post.

These terms count towards training in the same way as a standard academic post. The GP colleges assess specialised academic post applications for suitability. If deemed suitable, an application may be progressed for specialised academic post selection.

The GP colleges must make specific efforts to place a registrar in the AIDA academic post each year. 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.

Colleges should provide updates to the department on the APs awarded and areas of research as part of their performance reporting.

Education research grants

The aim of the Education Research Grants (ERG) under the AGPT program is to improve the quality, impact and/or efficiency of GP education in Australia. The ERG component should achieve the following outcomes:

- Development of research skills in medical educators, GP registrars, GP supervisors, medical educators and training sites.
- A culture of academic critique and use of evidence in general practice training.

- Collaboration between researchers, training sites and universities.
- Dissemination of GP education research and implementation of findings to improve general practice training programs.

This component of the program is also an opportunity to build capacity for research in partnering sector organisations.

The GP colleges facilitate research under the ERG program to improve the quality, impact or efficiency of general practice education in Australia. The primary intent is for research to address issues or questions in general practice education raised by those participating in the program. The resulting research should then feed back into program design and delivery.

The GP colleges are required to bring forward a joint set of research priorities to GPTAC for endorsement by the committee, ahead of the ERG selection process. Endorsement through GPTAC will ensure that ERGs are relevant and reflective of the sector's needs. At the final GPTAC meeting of each year, the colleges must provide an update on the progress of the research projects, including any publications.

Each GP college will use funds from the Research stream to provide the following:

- RACGP is to provide a minimum of 5 ERGs in 2026 and 2027.
- ACRRM is to provide a minimum of one ERG in 2026 and 2 in 2027.

From 2028 the allocation of ERGs will be determined in advance of the 2028 ERG selection process, with the Guidelines updated to reflect the change.

The GP colleges should collaborate to ensure maximum value and impact from research activities and the avoidance of duplication.

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. ERG 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.

ERGs may be granted for projects of variable size and length to support the endorsed research priorities and maximise research impact. A list of ERGs and amounts awarded should be provided to the department as part of the GP college performance reporting.

Aboriginal and Torres Strait Islander Culture, Training and Community

A key objective of the AGPT program is to enhance the cultural responsiveness of the GP and RG workforce. This underpins the achievement of the following outcomes:

- Australia has a culturally responsive GP workforce providing all Aboriginal and Torres Strait Islander peoples with greater access to high-quality and safe primary care wherever they live.
- An increased number of Aboriginal and Torres Strait Islander peoples working as GPs and RGs.

In support of this objective, the GP colleges must:

- Ensure they and any delivery partners hold and maintain a current Reconciliation Australia endorsed Reconciliation Action Plan.
- Support Aboriginal and Torres Strait Islander registrars to train on Country where this is their preference, where possible.
- Ensure Aboriginal and Torres Strait Islander registrars are supported in culturally appropriate ways and provided flexibility to fulfil their training and cultural obligations.
- Ensure placements in ACCHSs and AMSs are prioritised and well-supported to encourage achieving fellowship and retention post-fellowship.

The GP colleges must also maintain an Aboriginal and Torres Strait Islander-led third party arrangement to undertake a range of activities, as outlined below.

Joint Colleges Training Services

JCTS is a joint college entity funded by both GP colleges via grant funding from the department. Services provided by JCTS on behalf of the GP colleges include:

- Delivering support, tools and resources to all registrars to enable them to practise in a culturally safe manner. This includes ensuring:
 - All registrars and supervisors undertake training in Aboriginal and Torres Strait Islander health issues and cultural awareness.
 - Registrars are supported by Aboriginal and Torres Strait Islander cultural educators and cultural mentors with additional support provided to those practising in ACCHSs and AMSs.
 - Training workshops and direct observation of registrars in practice to support culturally safe care.
 - Customisation of training resources to ensure cultural relevance to the specific communities in which registrars are practising.
- Building capacity and supporting training innovation to increase opportunities for registrars to train in Aboriginal and Torres Strait Islander health settings.
- Delivering a five-year Aboriginal and Torres Strait Islander Cultural Safety and Cultural Education Strategy for GP training.
- Report to the department and First Nations General Practice Training Committee (FNGPTC) on the progress of the five-year strategy, providing an opportunity for FNGPTC to discuss how JCTS are delivering the five-year strategy, including:
 - Identify opportunities for new First Nations health training facilities.
 - Recommend priorities for capacity building in the First Nations health training sector.
 - Advise on activities funded under the strategy.

The GP colleges must notify the department in writing of any changes to the governance arrangements of the JCTS e.g. changes to the Board of Directors, Chair and General Manager.

Any arrangements entered into by the GP colleges for the delivery of activities under the Aboriginal and Torres Strait Islander Culture, Training and Community stream are bound by

the same requirements articulated in the [Expectation and requirements](#) section of the Guidelines.

JCTS deliverables and reporting

Reporting on JCTS activities should be provided directly to the Commonwealth by JCTS in a single report, approved by the JCTS Board and the GP colleges respectively. This includes the following reports.

Milestone deliverable	Deliverable information	Due date
<p>5 year Aboriginal and Torres Strait Islander Cultural Safety and Cultural Education Strategy for GP Training</p>	<p>The 5-year Aboriginal and Torres Strait Islander Cultural Safety and Cultural Education Strategy for GP Training should outline at a high level the key objectives and goals to be achieved over the grant period and how JCTS will work towards achieving these. These should link to the AGPT Performance and Outcomes Framework.</p> <p>1. General</p> <p>Improve the quality and cultural safety of general practice training related to Aboriginal and Torres Strait Islander health. Maintain and strengthen partnerships with Aboriginal and Torres Strait Islander health services and communities.</p> <p>2. Training in First Nations health (theory and practice)</p> <p>Develop and deliver GP registrar training in Aboriginal and Torres Strait Islander health in accordance with the requirements outlined in GP college grant agreements. Ensure theoretical training is accessible in any setting, and registrars have opportunities to provide care to First Nations patients across diverse practice environments.</p> <p>3. Training in First Nations health settings</p> <p>To support the facilitation of GP registrar placements in accredited Aboriginal and Torres Strait Islander health facilities, including access to funding in accordance with the AGPT Salary Support Program Policy. Enhance access, capacity and sustainability of accredited training sites.</p> <p>4. Supporting First Nations doctors</p> <p>Provide culturally appropriate support and flexibility for Aboriginal and Torres Strait Islander registrars to meet training and cultural obligations. Advocate and support extended placements and continuity for Aboriginal and Torres Strait Islander doctors where possible.</p> <p>5. Cultural education and mentoring</p> <p>Deliver place-based cultural orientation and training for all GP registrars. Deliver place-based cultural orientation and training for all GP supervisors involved in registrar training. Ensure consistent access to Aboriginal and Torres Strait Islander cultural educators and mentors for registrars in relevant</p>	<p>By 31 July 2026</p>

Milestone deliverable	Deliverable information	Due date
	placements. Provide tailored resources that reflect the cultural context of specific communities.	
Activity Work Plan and Budget	<p>The AWP should align with the 5 year strategy and should demonstrate how JCTS will achieve the activity objectives. This reporting should include detail on:</p> <ul style="list-style-type: none"> • Key work activities and deliverables planned for the relevant financial year. • Established governance arrangements of JCTS, including process for Board appointment and current Constitution (noting where changes have been made). • Details regarding the availability of cultural educators and cultural mentors across each region. • Key risks and mitigations for this component of the AGPT program. • An annual budget with proposed spending against activity to be undertaken, identified by region. • How the JCTS will work and engage with the FNGPTC and other key stakeholders. 	To be delivered 30 June 2026 for the 2026-27 financial year, and then by 30 April each year thereafter for the following financial year period
Performance report (including income and expenditure report)	<p>The performance report should outline progress against activity outlined in the AWP. This reporting will encompass:</p> <ul style="list-style-type: none"> • The extent to which the objectives of the Aboriginal and Torres Strait Islander Culture, Training and Community funding stream (as described in the respective GP college 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 JCTS is addressing any issues, problems or delays previously identified, and how they plan to resolve any ongoing or future concerns, and an income and expenditure statement against the Activity Budget. 	By 31 August for the preceding financial year

Areas of shared college responsibility

Accreditation

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

- Accredited training placements provide culturally responsive, high-quality training and supervision that meet Fellowship training requirements.
- Continuous quality improvement activities are undertaken by supervisors and training sites to ensure education and training effectiveness is improved where needed including the provision of additional support where/when required.

- Training post-performance is monitored against quality standards and underperformance is managed effectively, including removal of accreditation where appropriate.
- They have legally robust procedures for removal of accreditation that affords natural justice to supervisors and training sites.
- Processes for accreditation of training sites 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 training sites. GP colleges must have mechanisms in place to monitor adverse patient events associated with registrars and supervisors during training.
- There are mechanisms for collecting registrar, practice and supervisor feedback and conducting evaluations. Results from these are considered in placement and accreditation decisions.
- Visits (virtual and/or on site) and random audits on training facilities occur to ensure safety protocols and procedures are in place.

The selection of training sites for accreditation or accreditation renewal should be informed by a transparent recruitment process. This process should align with prioritisation principles, including for ACCHSs/AMSs, bulk billing clinics (participating in BBPIP), and Medicare UCCs, and be informed by the agreed distribution approach (once developed). It should also consider community need, capacity building and future supervision requirements.

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

Both GP colleges are accredited against the AMC Standards and clearly explain the accreditation process and requirements for training registrars on the AGPT program on their respective websites. Further information for practices can be found via:

- [RACGP - Accreditation](#)
- [ACRRM - Accreditation](#)

Dual-college 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 and supervisors to submit a single application for accreditation (and reaccreditation).
- Enabling practices and supervisors to submit supporting information through a single process.
- A single site visit to the practices for the purpose of assessing the site's performance against both sets of training standards.
- Alignment of processes for site and supervisor accreditations/reaccreditations.
- Joint approaches to supervisor professional development frameworks and resources.

- Joint site visits will be delivered by negotiation on a case-by-case basis taking into account location, timing and assessed risk from the application.
- Avoiding process duplication, where applicable.

Cost sharing arrangements will be managed and articulated transparently by the GP colleges.

Accreditation cycle

The three-year accreditation cycle is to 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.

Reaccreditation processes for dually accredited training sites should follow the same principles outlined above. For dually accredited training sites, reaccreditation is to be undertaken by the GP college of the registrar enrolled in training at the time of the site reaccreditation, with accreditation costs borne by the accrediting college. 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.

The GP colleges will undertake dual accreditation approval processes using shared information and may seek additional information, where required. Accreditation outcomes and data must be shared between colleges. Where a college does not agree with another's reaccreditation outcome, the matter will be reviewed by the joint college accreditation committee, which may result in a site not being dually accredited.

Monitoring, quality improvement and information exchange

The GP colleges must 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 must 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 participants and through other monitoring processes when authorising NCP payments.

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.

When a new rural training site or advanced/additional skills 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.

Training sites that are accredited by both GP colleges will be advised of information sharing relevant to their accreditation. A data sharing agreement between the two GP colleges will underpin this work. A dual-college accreditation group has been established and will meet regularly to review and improve accreditation processes.

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.

Supervisor professional development

Each GP college is 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, Flexible Funds allocated under the GP college grant agreements are available to cover mandatory training arrangements for supervisors. This includes ensuring supervisors are aware of, and enabled to engage with, available supports and professional development courses through GPSA. GP colleges are expected to work with GPSA to ensure that appropriate resources are accredited for this purpose.

The GP college 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 college travel policy and guidelines (noting the ability to deliver some training online and utilising the regional network to minimise required travel).

[ACRRM Fellowship Supervisor Information](#)

[RACGP Fellowship Supervisor Information](#)

GP colleges must also collaborate to ensure that arrangements and requirements for supervisors accredited with both colleges are as streamlined as possible. A joint GP college approach, combined with the GPSA, for supervisor and practice accreditation, will ensure the appropriate level of support is provided to individual supervisors.

Expectations and requirements

Reporting

Annual Reporting Schedule

The GP colleges are required to submit milestone deliverables annually to the department. The below represents an annual snapshot of the reporting requirements.

Milestone	Deliverable Information	Annual due dates*
NCP quarterly compliance reporting	The GP colleges are required to provide quarterly NCP compliance reporting, including payments and unit data.	15 February, 15 May, 15 August and 15 November
College Minimum Data Set (MDS)	Each MDS submission will be considered a certification of the previous semester's data. Validation and Data Quality Reports The department will provide front-end Validation error reports and Data Quality reports following each MDS submission. The GP colleges must ensure any validation errors identified by the department are corrected within one week of receiving the report, and any Data Quality errors are corrected within 60 days of receiving the report. The GP colleges must also provide aggregate data, as outlined in the Dashboard specification, at the same time as each MDS submission.	15 March and 15 September
BBPIP Placement reporting	Point-in-time reporting on placements in medical practices participating in the BBPIP program for the current semester.	15 April and 7 November
Compliance • Child Safe • G8A	Child safe Statement of Compliance. The template for this will be provided in advance of the due date.	31 March
Selection Report (final year outcomes)	This is a point-in-time representation of the final outcomes for the current training year. The Selection Reports are to contain information as agreed in the Selection Report Template.	15 April
Budget	Budget for upcoming financial year, by funding stream.	30 April
Activity Work Plan	The AWP must set out the key work activities and deliverables to be undertaken over the upcoming financial year and demonstrate how the college will achieve the objectives specified in the agreements and the Performance and Outcomes Framework. It must be accompanied by an annual budget (as above) and may include other administrative controls intended to help manage any risks.	30 April

Milestone	Deliverable Information	Annual due dates*
<p>Performance Report</p>	<p>Performance Report for previous financial year.</p> <p>Each Performance Report is to contain information on the performance of the Activity during the reporting period, including:</p> <ul style="list-style-type: none"> • The extent to which the objectives of the Activity described in the grant agreement and the objectives of the Performance and Outcomes Framework 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 college 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 college intends to address them. • An income and expenditure statement against the Activity Budget, by funding stream. <p>The Performance Report template will contain data on GP college performance indicators for the preceding training year. Information on data sources for the performance indicators is available at Appendix D: College performance indicators. The template will be provided to the colleges approximately 8 weeks before the submission date for the performance report.</p> <p>The Performance Report should also contain specific information on:</p> <ul style="list-style-type: none"> • ERGs and APs • Strategies for prioritisation of training in identified practice settings under the agreed training placement policy, for example ACCHSs/AMSs and bulk billing medical practices, including capacity building in these settings. 	<p>31 August</p>
<p>Financial Acquittal Report</p>	<p>Financial Declaration and Audited Income and Expenditure Statement for the previous financial year period.</p>	<p>15 October</p>
<p>Selection Report (preliminary outcomes)</p>	<p>This is a point-in-time representation of the preliminary outcomes for the following training year. The Selection Reports are to contain information as agreed in the Selection Report Template.</p>	<p>07 November</p>
<p>Allocation Plan</p>	<p>The Allocation Plan must contain the proposed allocation of training places for each GP Training Region and be provided to the department in the November prior to the</p>	<p>23 November</p>

Milestone	Deliverable Information	Annual due dates*
	opening of the first selection intake for each training year. Allocations must be informed by the needs-based regional allocation approach as detailed in these Guidelines, once developed.	
Final Report	Final Report for the period of the Activity.	15 April 2031
Financial Acquittal Report	Financial Declaration and Audited Income and Expenditure Statement for the entire activity period.	15 April 2031

*Due dates may change towards the start and end of the agreement. Colleges should refer to their grant agreements.

College obligations

In addition to the mandatory reporting obligations GP colleges are required to provide or have the following information and documentation readily available:

- Handbooks, eligibility guides and selection materials – to be provided to the department at least two weeks prior to publication.
- Training policies as outlined under [Training policy requirements](#) – to be maintained and published.
 - This includes the shared training placement policy, to be approved by the department before the end of the 2026 training year.
- Up to date registers of the following to be provided to the department upon request:
 - assets and equipment
 - conflict of interests
 - complaints and appeals relating to the AGPT program
 - Intellectual Property
 - staffing related to AGPT program delivery.
- Information on the distribution of advanced skills units by specialisation – as agreed with the department.
- Reporting on rural and overall GP and RG retention outcomes 1-, 3- and 5-years post-fellowship, commencing with the 2027 following cohort – as agreed with the department.
- Information regarding any cost recovery arrangements with other training programs – to be provided to the department before implementing the arrangements.
- A copy of the relevant Aboriginal and Torres Strait Islander led third party arrangement, such as the joint venture agreement for the JCTS – to be provided to the department as soon as possible following the commencement of the grant agreement period and if any changes are made.
- Joint proposed research priorities – provided to the GPTAC annually for endorsement.

- Selection timeframes – notification to the department by 23 November for the following year.

Accreditation

GP colleges are required to support the departmental accreditation activities.

- GP colleges endeavour to support increases to ACCHSs/AMSs and bulk billing medical practices to achieve training accreditation activity on a year-by-year basis.
- GP colleges endeavour to increase training activity on a year-by-year basis.
- Dually accredited training sites will be required to complete only one accreditation application, which will be shared between the GP colleges.

Department approvals

The grant agreement requires the GP colleges to seek the department's written approval on the following items prior to actioning:

- Asset purchases over \$20,000.
- Any variations to the selection fee, with proposals provided to the department before the end of October for the following selection intake.
- Significant changes to training policies, including where there may be financial impost or potential disadvantage to any participant or stakeholder.
- Any change to the GP college's standards, curriculum or other training requirements that may result in any additional financial impost to the AGPT program, registrars, supervisors or training sites.
- Any exceptional circumstances exemptions for registrars to the minimum time spent in community practice outlined in the grant agreements.
- Any exemptions to award fellowship to a registrar who has not obtained Australian permanent residency upon completion of the program.
- Funding for salaries for registrars undertaking advanced skills training in targeted circumstances (for example, the provision of Salary Support under the NCP Framework for advanced skills training in Aboriginal and Torres Strait Islander health settings).
- Use of the grant funds or AGPT program resources to facilitate any other general practice training programs.
- Flexible Funds policy, including use of the Flexible Funds for any purpose other than direct payment to registrars, supervisors or practices (training sites) participating in the AGPT program.
- Changes to the data synchronisation information systems.
- Changes to the AWP or Budget previously submitted and approved.
- Retention of all or part of any surplus and uncommitted funds.
- Moving funds out of the below funding streams (must include strong justification in line with program outcomes with approval sought well in advance of commencement or as part of the annual Activity Budget):
 - Research
 - Aboriginal and Torres Strait Islander Culture, Training and Community

- Flexible Fund
- Noting AGPT program funds and resources are not used to facilitate any other general practice training programs without the Commonwealth's prior written consent and ensuring transparency in any resource sharing or cost recovery arrangements with other training programs.
- Any circumstance where administrative and overhead costs will exceed 10% of the total funding allocation.

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 department's requirements of:

- Participating in the department's change management process (e.g. data changes and system upgrades).
- Capturing a set of data elements relating to training under the college MDS (as per the General Practice Training MDS) to support the department's roles and responsibilities in national GP workforce planning and distribution.
- Protection of and quarantining of data, with access only granted to authorised personnel, in accordance with the colleges' obligations under the *Privacy Act 1988 (Cth)*, as amended from time to time.
- 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 Data Ingestion System.
- 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.
- 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.

Appendix A: Acronyms and abbreviations

Acronyms	Descriptions
ACCHS	Aboriginal Community Controlled Health Service
ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training
AIDA	Australian Indigenous Doctors' Association
AJGP	Australian Journal of General Practice
AMC	Australian Medical Council
AMS	Aboriginal Medical Service
AP	Academic Post
AWP	Activity Work Plan
BBPIP	Bulk Billing Practice Incentive Program
DPA	Distribution Priority Area
ERG	Education Research Grants
FNGPTC	First Nations General Practice Training Committee
FTE	Full Time Equivalent
GP	General Practitioner
GPRA	General Practice Registrars Australia
GPSA	General Practice Supervision Australia
GPTAC	General Practice Training Advisory Committee
IMG	International Medical Graduate
JCTS	Joint College Training Services Ltd
MBA	Medical Board Australia
MBS	Medicare Benefits Schedule
MDS	Minimum Data Set
MM	Modified Monash
MMM	Modified Monash Model
MPN	Medicare Provider Number
NCP	National Consistent Payments
RACGP	Royal Australian College of General Practitioners
RG	Rural Generalist
RLO	Registrar Liaison Officer
SEM	Single Employer Model

Acronyms	Descriptions
SLO	Supervisor Liaison Officer
UCC	Urgent Care Clinic

Appendix B: Glossary

The following terms are defined and have the meaning given below whenever they are used in the 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.
Bulk Billing Practice Incentive Program	<p>Practices participating in the BBPIP receive an additional 12.5% incentive payment on every \$1 of the MBS benefits paid from eligible services, split evenly (50/50) between the GP and the practice. Participating practices must bulk bill every eligible MBS service for all their Medicare eligible patients to receive the incentive payment. More information is available at Bulk billing incentives in general practice.</p>
3GA programs	<p>Section 3GA programs are programs specified in the Health Insurance Act Regulations 2018. Placement on 3GA program allows non-vocationally recognised doctors to gain a 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 RG Fellowship).</p> <p>The program should include a maximum of two start dates per year.</p>
Community need	<p>For the purposes of advanced skills training, determination of community need should be evidence based where possible and based on engagement with the relevant jurisdiction and local health settings. This determination should consider local demographics and where gaps exist in medical practitioners delivering services needed by community members.</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> <p>Examples of extenuating circumstances may include, but are not limited to:</p> <ul style="list-style-type: none"> • Ill health (other than minor illnesses) • An unpredictable deterioration of an existing medical condition that can no longer be managed in the current location

Term	Description
	<ul style="list-style-type: none"> • Bereavement • Acute personal/emotional circumstances • Hospitalisation • Illness of an immediate family member • A major change to a registrar’s personal circumstances • 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 (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).
Medical Board of Australia	<p>The MBA:</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 • approves accreditation standards and accredited courses of study.
Medicare Provider Number	A MPN 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 <i>Migration Act 1958</i> .
Register of Approved Placements	Register of Approved Placements is an electronic register maintained by Services Australia under section 3GA of the Act. Doctors placed on the Register satisfy the requirements of Section 19AA of the Act.
Regulations	<i>Health Insurance Regulations 2018</i> , made under the Act.
Services Australia	<p>Services Australia is responsible for delivering a range of welfare payments, health insurance payments, child support payments and other support services to eligible Australian citizens and permanent residents.</p> <p>Services Australia delivers social services through the government programs Centrelink, Medicare, the Pharmaceutical Benefits Scheme and the Child Support Agency.</p>
Training Site / Practice	The location where a registrar undertakes their training placement. The terms training site and training practice may be used interchangeably, depending on context. While often referring to a general practice clinic, training sites can also include a range of approved settings beyond traditional GP practices, such as hospitals, community health services, or other clinical environments.

Appendix C: 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 • Complaints policy • Academic misconduct policy • Special exemption applications (Censor in Chief)
Acceptance of standard definitions for extenuating and unforeseen circumstances, consistent with the definition provided in the glossary .	<p>Any ACRRM and RACGP policy that uses term extenuating and unforeseen circumstances.</p> <p>ACRRM:</p> <ul style="list-style-type: none"> • Leave from training policy • Performance and progression policy • Refund policy • Special consideration policy <p>RACGP:</p> <ul style="list-style-type: none"> • Rural pathway exemption • Special consideration policy • Training transfer policy
Definition of commencement of training, consistent with the definition provided in the glossary .	<p>ACRRM:</p> <ul style="list-style-type: none"> • Registrar progression <p>RACGP:</p> <ul style="list-style-type: none"> • Training program requirements policy
Legacy arrangements for policies 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)	<p>ACRRM:</p> <ul style="list-style-type: none"> • Leave from 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 • Training program requirements policy

Requirement	GP college related 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"> • Training placement policy • Registrar performance and progression policy • Flexible funding policy • Complaints policy • Financial hardship policy • Training time policy • Withdrawal from training policy <p>RACGP:</p> <ul style="list-style-type: none"> • Registrar support and remediation policy • Flexible fund policy • Training program requirements • 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"> • Special considerations policy • Access to training policy • Bullying harassment and discrimination policy <p>RACGP:</p> <ul style="list-style-type: none"> • GP in training safety and wellbeing policy • Stress and 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
Clear articulation of the location of training placement obligations the registrar must meet, including information on how registrars can meet these obligations	<p>ACRRM:</p> <ul style="list-style-type: none"> • Placement policy • Training placements policy • Training program requirement policy <p>RACGP:</p> <ul style="list-style-type: none"> • Placement policy • Training program requirements policy • Remote supervision policy • AGPT training location commitments schedule
Registrar withdrawal policy that articulates the process and circumstances under which a registrar	<p>ACRRM:</p> <ul style="list-style-type: none"> • Withdrawal from training policy

Requirement	GP college related policy
will be withdrawn from training, including both involuntary and voluntary withdrawals.	RACGP: <ul style="list-style-type: none"> • Withdrawal policy
A clear remediation/learning intervention process, including a mechanism for early identification of registrars in difficulty.	ACRRM: (once agreed) <ul style="list-style-type: none"> • Remediation policy • Performance and progression policy RACGP: <ul style="list-style-type: none"> • Registrar support and remediation policy
Leave and extensions policies that balance the personal needs of registrars with the needs to progress through the AGPT program.	ACRRM: <ul style="list-style-type: none"> • Leave from training policy • Performance and progression policy • Training time policy RACGP: <ul style="list-style-type: none"> • Leave policy • Extensions of program time policy • Requirements for fellowship policy
Clear articulation of the timeframe for registrars to complete their training and attain fellowship, as per the definition outlined in the Glossary of these Guidelines.	ACRRM: (once agreed) <ul style="list-style-type: none"> • Leave from training policy • Performance and progression policy • Training time policy • Assessment eligibility policy • Eligibility for training policy RACGP: <ul style="list-style-type: none"> • Leave policy • Extensions of program time policy • Training program requirements policy • Requirements for fellowship policy • AGPT training location commitments schedule
Clear articulation of transfer arrangements between the GP colleges.	RACGP <ul style="list-style-type: none"> • Training transfer policy • AGPT registrar training Handbook
Eligibility for training that includes minimum requirements outlined in the Program participants and eligibility section of these Guidelines.	ACRRM: <ul style="list-style-type: none"> • Eligibility for training policy RACGP: <ul style="list-style-type: none"> • Training programs entry policy
A wellbeing and safety policy that is integral to the workplace and training	RACGP <ul style="list-style-type: none"> • GP in training safety and wellbeing policy

Requirement	GP college related policy
	<ul style="list-style-type: none"> • Stress and fatigue in General Practice • Accreditation policy
A publicly available and evidence-based policy outlining management of the Flexible Fund	<p>ACRRM</p> <ul style="list-style-type: none"> • Flexible funds guidelines • Flexible funds policy <p>RACGP</p> <ul style="list-style-type: none"> • Flexible funds policy

Appendix D: College performance indicators

Primary objective	KPI Description & Measure	Data source
<p>Deliver more high-quality training of GPs and RGs</p>	<p>KPI 1 Percentage of registrars achieving fellowship per college. Per calendar year.</p>	<ul style="list-style-type: none"> • Minimum Data Set (MDS) • Fellowship rate based on total exits from the program (fellows plus withdrawals [voluntary and involuntary]).
	<p>KPI 2 Percentage of general registrar satisfaction with training by MM per college. Per calendar year: Percentage of total registrars responding to the GP National Registrar Survey (NRS) that, by MM, indicated they were satisfied with:</p> <ol style="list-style-type: none"> a) The support provided by their supervisors. b) The training/teaching provided by their supervisors. c) The overall training and education quality provided by their college. 	<ul style="list-style-type: none"> • NRS
	<p>KPI 3 Collection, retention and timely provision of quality AGPT data for greater accountability and informing workforce planning outcomes per college. Percentage of:</p> <ol style="list-style-type: none"> a) Validation/data quality errors per MDS, National Consistent Payments (NCP) and dashboard data submissions. b) Validation errors not corrected within 7 days of the department reporting the errors to the college for MDS, NCP and dashboard data. c) Data quality errors not corrected within 60 days of the department reporting the errors to the college for MDS. d) Units changed after certification for MDS data. 	<ul style="list-style-type: none"> • MDS • Dashboard data • AGPT DQ database • NCP Compliance database

Primary objective	KPI Description & Measure	Data source
Increase the number of GP and RG trainees working and remaining in high need communities to reduce workforce maldistribution	KPI 4 Percentage of full-time equivalent (FTE) core general practitioner training weeks in MM 2-7 regions, excluding hospital units, per college. Per calendar year.	<ul style="list-style-type: none"> • MDS • Dashboard data • Total core GP training weeks in MM2-7 locations.
	KPI 5 The allocation of registrars (headcount) to training places per region, as per annual targets agreed to by the department, per college. Per calendar year.	<ul style="list-style-type: none"> • Selection and Allocation Reporting
	KPI 6 Percentage of registrars who have undertaken education aimed at understanding the health needs of rural communities e.g. online training or activity-based learning, per college. Per calendar year.	<ul style="list-style-type: none"> • NRS
Enhance the cultural responsiveness of the GP and RG workforce	KPI 7 Percentage of Aboriginal and Torres Strait Islander registrars achieving fellowship per college. Per calendar year.	<ul style="list-style-type: none"> • MDS • Average fellowship rate over a rolling 3-year period based on total Aboriginal and Torres Strait Islander registrar exits from the program (fellows plus withdrawals [voluntary and involuntary]).
	KPI 8 Percentage of FTE core general practitioner training weeks in Aboriginal Community Controlled Health Service/Aboriginal Medical Service settings per college. Per calendar year.	MDS Dashboard data Total core GP training FTE weeks in these settings.
	KPI 9 Enrolment intake of Aboriginal and Torres Strait Islander registrars per college. Per calendar year.	Selection Reporting Average over a rolling 3-year period.
Better align access to advanced skills training to ensure rural	KPI 10 Number of FTE weeks undertaking core general practitioner training, excluding hospital units, for rural generalists per college.	<ul style="list-style-type: none"> • MDS • Number of FTE weeks for each fellowed registrar.

Primary objective	KPI Description & Measure	Data source
communities have access to RGs and GPs with the right skills where they need them	Per calendar year.	

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All information in this publication is correct as at June 2026.

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