



Australian Government
Department of Health

Rural Procedural Grants Program

Guidelines

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Contents

- 1. Program Aim 3
- 2. Program Outcomes 3
- 3. Key Principles of the Program 3
- 4. Program Background 3
- 5. Components..... 3
- 6. Component 1 – Procedural GPs Practising in Surgery, Anaesthetics and/or Obstetrics . 4
 - Purpose and Value of Grant..... 4
 - Eligibility..... 4
 - Ineligibility 4
- 7. Component 2 – GPs Practising Emergency Medicine 5
 - Purpose and Value of Grant..... 5
 - Eligibility..... 5
 - Ineligibility 6
- 8. Program Management & Administration 6
 - Eligible Activities 6
 - Payments to Support Recipients 7
 - False or Misleading Claims 7
 - Appeals..... 8
 - Program Funding 8
 - Program Roles and Responsibilities 9
 - Appendix A: Definitions of Key Terms 10

1. Program Aim

Improve rural and remote 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.

2. Program Outcomes

The expected Program outcomes are:

- Procedurally trained GPs are 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; and
- Ensuring safe and high quality procedural and emergency services are being delivered by established rural GPs.

3. Key Principles of the Program

The program supports procedural GPs in rural and remote areas within the Modified Monash Model 3-7 (MMM3-7) regions, who meet the eligibility requirements to attend relevant CPD activities, which are focused on skills maintenance and enhancement. Eligible activities must meet relevant criteria and must contain a component of physical face to face training and/or assessment of the relevant skill(s). Support is provided in the form of grant payments which are a contribution towards the cost of attending the activity, including course and travel expenses and locum relief.

4. Program Background

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.

It is a demand driven, entitlement program. It was first implemented in 2004 as part of the Strengthening Medicare Package, with the policy objective of supporting rural health care service delivery and workforce retention.

In 2017, the Nous Group completed a review of this program and the General Practitioner Procedural Training Support Program. Following stakeholder feedback and Government's consideration of the review findings, these updated Guidelines reflect decisions agreed by Government to reform the program, including:

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

5. Components

The RPGP has two components:

1. Rural procedural GPs practising in surgery, anaesthetics and/or obstetrics (see Section 6); and
2. Rural GPs practising emergency medicine (including mental health services) (see Section 7).

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

6. Component 1 – Procedural GPs Practising in Surgery, Anaesthetics and/or Obstetrics

Purpose and Value of Grant

This component is designed to assist eligible GPs with the cost of attending CPD activities to maintain and/or enhance their procedural skills in surgery, anaesthetics and/or obstetrics.

A grant of \$2,000 per day for a maximum of **10 days** per financial year is available. GPs are eligible to access the payment multiple times per financial year up to this maximum.

The grant is not expected to cover the entire cost of the CPD activity and associated expenses. It is a contribution towards expenses related to attending the CPD activity.

For the purposes of this component, the definition of a procedural GP is as per the key terms at Appendix A.

Eligibility

Applicants must meet the following eligibility criteria:

- Hold vocational recognition as a general practitioner (VR GP) or be enrolled in a Fellowship pathway with either ACRRM or RACGP;
- Principal clinical practice is physically located in a MM 3-7 region;
- Hold unsupervised clinical privileges in an eligible discipline (surgery, anaesthetics and/or obstetrics) at a hospital located in MM3-7; and
- Participate in a regular roster or general on-call roster.

GP registrars must have pre-existing qualifications in one or more disciplines. Pre-existing qualifications may include a recognised qualification in the procedural components of Anaesthetics, Obstetrics, or Surgery (such as a DRANZCOG certificate).

Ineligibility

Ineligible doctors under this component include:

- GPs who undertake only minor procedural work in their rooms;
- GPs who are not already a procedural GP;
- Non-VR GPs; and
- GPs who do not have unsupervised clinical privileges.

GP Locums

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

Rural locums will be deemed eligible for the program if they are VR GPs or GP registrars, have already obtained the relevant procedural 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.

7. Component 2 – GPs Practising Emergency Medicine

Purpose and Value of Grant

This component is designed to assist eligible GPs with the cost of attending CPD activities to maintain and/or enhance their emergency medicine skills.

GPs must be eligible under the emergency medicine component of the program in order to be eligible for the emergency mental health training support grant. The grant is not expected to cover the entire cost of the CPD activity and associated expenses. It is a contribution towards expenses related to attending the activity.

Emergency Medicine

A grant of \$2,000 per day for a maximum of **3 days** per financial year is available. GPs are eligible to access the payment multiple times per financial year up to this maximum.

Emergency Mental Health Services

A grant of \$2,000 per day for an **additional 3 days** per financial year to support CPD in mental health, if the GP is also responsible for providing care in respect of emergency mental health services/crisis intervention in patients presenting with acute mental health issues.

Eligibility

Applicants must meet the following eligibility criteria:

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

For the purposes of this component, the definition of emergency medicine is as per the key terms at Appendix A.

GP registrars must have successfully completed a 12-months Advanced Specialist Training (AST) post in Emergency Medicine and their relevant college (ACRRM or RACGP) 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.

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

Ineligibility

Ineligible doctors under component 2 include:

- Non-VR GPs;
- GPs seeking to attend activities to obtain initial credentialing in emergency medicine;
- GPs 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 at an attached outpatients clinic; and
- GPs 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 locums must obtain clinical privileges in at least one hospital/local health service in the region they are providing the locum services to be eligible for the program.

Rural locums will be deemed eligible for the program if they are VR GPs or GP registrars, have already obtained the relevant emergency medicine skills 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.

8. Program Management & Administration

The Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) are the Managing Organisations for this program.

Their responsibilities include:

- Maintaining and publishing applicant guidelines for the program;
- Assessing GPs' eligibility for the program;
- Maintaining a register of eligible GPs registered for the program;
- Assessing training programs eligible to be accessed under the program;
- Processing grant payments to eligible applicants;
- Ensuring appropriate use of Commonwealth funds, including through auditing and compliance activities; and
- Reporting on program outcomes to the Department of Health and liaising with the Department on guideline and policy interpretation matters.

Each College should convene an advisory committee or collaborate in a joint committee, which provides advice to the Managing Organisations on eligible training courses under this program.

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 (physical) face to face component to assess the practical skills of the relevant course;
- assessed by the GP Colleges as meeting the required academic, practical/clinical standards of CPD, training and education, as well as being of sufficient length (time/hours);
- must be related to the relevant program discipline which is being claimed under; and

- all courses, workshops, seminars, conferences or clinical attachments must be a minimum of six hours of procedural upskilling contact time (excludes breaks, etc.). Online courses should have a minimum of four hours of in-person 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 training for inclusion in the Program in line with the above criteria.

GPs are encouraged to contact either ACRRM or RACGP prior to registering for training to confirm whether the proposed educational/skills based activity is eligible training for the purposes of receiving a grant under this program.

Ineligible Activities

Activities will be considered ineligible for grants if:

- training is delivered wholly on line;
- training is completed outside Australia;
- training does not meet the required length of time (minimum six hours a day excluding breaks);
- the interactive and/or assessment components are online only;
- training has not been assessed as eligible by the relevant Managing Organisation; or
- the claimant has already received funding from the Australian Government, or a state and territory government, for the same activity.

Payments to Support Recipients

Eligible GPs will need to select the Managing Organisation they would like to access a grant payment from under this program. If registered for both components of the Program, the GP must indicate the grant for which they are claiming.

GPs must register with one Managing Organisation only. A Statutory Declaration may be required to verify that payments will be sought from one College.

Grant payments to GPs are made directly to a bank account nominated by the GP. The Managing Organisations will also send an electronic statement to the GP detailing each payment 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 program 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 the Managing Organisation identifies that an incorrect payment has been made as a result of false or misleading information provided by an applicant, the Managing Organisation will take appropriate action to investigate and recover the payment.

Appeals

GPs may appeal to the Managing Organisation on matters relating to their eligibility for the Program. The Managing Organisation is responsible for making the final decision and notifying the appellant of the outcome of this process. The Managing Organisation may seek advice from its advisory committee and/or the Department of Health in making its decision.

Program Funding

Funding to the Managing Organisations is provided via funding agreements offered by the Australian Government Department of Health.

Program Roles and Responsibilities

<p><i>Managing Organisation</i></p>	<ul style="list-style-type: none"> • Assessing GP eligibility for the Program. • Maintaining a register of eligible GPs registered for the Program. • Assessing training activities eligible to be accessed under the Program. • Making grant payments to GPs on completion of eligible training. • Liaising with and seeking advice from the Department of Health in relation to program guidelines or policy interpretations. • Establishing and maintaining an advisory committee, made up of College members, to provide advice relating to the operation of the Program. • Managing an appeals process.
<p><i>Support Recipient</i></p>	<ul style="list-style-type: none"> • Completing the application form and submitting it to the College. • Gathering and providing all evidence required for an accurate assessment of the application. • Providing evidence of completion of eligible training to the Managing Organisation. • Advising the relevant College of any change to their eligibility status and to provide updated documentary evidence as requested in order to confirm their ongoing eligibility for the program over time. • Participants that fail to advise of changes to eligibility status may be subject to fund recovery at the discretion of the Managing Organisation acting on behalf of the Department. • GPs may only register for the program with one College, they may change Colleges however they must inform the Managing Organisation of this in writing.
<p><i>Department of Health</i></p>	<ul style="list-style-type: none"> • Executing and administering funding agreements with the Managing Organisation. • Oversighting program policy consistent with government priorities. • Engaging with stakeholders regarding program policies. • Providing policy advice to Government and the Managing Organisation. • Evaluating the program against its outcomes.

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 RPGP 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 RPGP, 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.