FACTSHEET

Stronger Rural Health Strategy
The Australian Government’s Stronger Rural Health Strategy aims to build a sustainable, high quality health workforce that is distributed across the country according to community need particularly in rural and remote communities.

Through changes in Medicare benefits, General Practice (GP) training arrangements and financial incentives, vocationally recognised (VR) GPs and non-vocationally recognised (Non-VR) doctors will bill Medicare according to their level of qualification. This will create a strong incentive for doctors to attain specialist GP qualification and provide communities where non-VR doctors work, particularly regional, rural and remote locations, access to a specialist GP trained to the highest industry standards.

Changes to General Practice Training commencing 1 January 2019
The existing GP training programs are changing. From 1 January 2019 there will be two GP Fellowship Programs that lead to Fellowship and vocational recognition:

- the Australian College of Rural and Remote Medicine (ACRRM) Fellowship Program; and
- the Royal Australian College of General Practitioners (RACGP) Fellowship Program.

The Government will also support non-VR doctors to achieve Fellowship by providing a subsidy to the GP colleges to support their training needs under the Non-VR Fellowship Support Program.

Transition to New Arrangements
Transition of the Australian General Practice Training (AGPT) Program from the Commonwealth Department of Health to the GP Colleges will be staged between 2019 and 2021, with the RACGP and ACRRM assuming full responsibility for the program by 2022.

The AGPT Program and Remote Vocational Training Scheme (RVTS) will become sub-streams of the Colleges’ Fellowship Programs at that time. Trainees on the AGPT program, the RVTS and the ACRRM Independent Pathway (IP) will be able to continue to train as planned without any material impacts.

Trainees will be transitioned to the new Fellowship programs by their training administrator in due course.

The 3GA programs that currently provide non–VR doctors pursuing Fellowship (of either College) access to Medicare Benefits Schedule (MBS) GP Items outside the above-mentioned programs will cease by 30 June 2023. These doctors must attain Fellowship or join a college-led Fellowship Program to retain access to the highest value MBS GP items beyond this date. Practitioners may continue to use their Medicare Provider Numbers until that time (subject to continuing to meet the requirements of their enrolled program).
Access to MBS
To access the MBS, doctors need to be a specialist GP with vocational recognition or be participating in an approved placement under a program identified in section 3GA of the *Health Insurance Act 1973* (the Act).

The new approved programs under section 3GA of the Act are:
- The Australian College of Rural and Remote Medicine Fellowship Program;
- The Royal Australian College of General Practitioners Fellowship Program; and
- More Doctors for Rural Australia Program (MDRAP)

Fellowship Program Structure
The two Fellowship Programs offer flexibility to doctors through multiple training streams.

- The Australian College of Rural and Remote Medicine Fellowship Program
  - Australian General Practice Training (AGPT) Program
  - Remote Vocational Training Scheme (RVTS)
  - Independent Pathway (IP)
- The Royal Australian College of General Practitioners Fellowship Program
  - Australian General Practice Training (AGPT) Program
  - Remote Vocational Training Scheme (RVTS)
  - Practice Experience Pathway (PEP)

There are different eligibility and entrance requirements for each program. Further information is available on the two GP college websites.

**Australian General Practice Training (AGPT) Program**
This program is a fully Commonwealth funded initiative providing training for registrars towards fellowship and vocational recognition. Participants train for three to four years in urban, regional and rural locations throughout Australia. The Commonwealth funds 1,500 AGPT program training places per year across both GP College Fellowship programs.


**Remote Vocational Training Scheme (RVTS)**
The RVTS is a fully Commonwealth funded initiative that provides an alternative route to vocational recognition for doctors working in Aboriginal Community Controlled Health Services (ACCHS), single doctor towns or regional areas where the medical services would be substantially compromised by the departure of that doctor to undertake training. Participants train for three or four years through structured distance education and supervision to doctors while they continue to provide general medical services. The Commonwealth funds 32 commencing places per year, ten of which are situated in ACCHS.

For more information please visit [www.rvts.org.au](http://www.rvts.org.au/)

**Independent Pathway (IP)**
The IP is a structured but flexible training and education program administered by ACRRM. Successful completion of the program will result in the ACRRM Fellowship. Participants of the IP may be eligible for a subsidy under the Non-VR Fellowship Support Program

For more information please visit [www.acrrm.org.au/training-towards-fellowship](http://www.acrrm.org.au/training-towards-fellowship)
Practice Experience Pathway (PEP)

The PEP is a self-directed education program designed to support non-VR doctors on their pathway to RACGP Fellowship. The PEP will commence on 1 January 2019. Participants of the PEP may be eligible for a subsidy under the Non-VR Fellowship Support Program.

For more information please visit www.racgp.org.au/fellowship-pathways

Where can I get more information?

www.racgp.org.au/education/registrar/fellowship-pathways
www.acrrm.org.au/training-towards-fellowship