PART 2 ‒ PRACTICE APPLICATION FORM

With GP experience

The More Doctors for Rural Australia Program (MDRAP) is listed in the Health Insurance Regulations 2018 (the Regulations) as an approved program under 3GA of the Act. Rural Workforce Agencies (RWA) in each State and the Northern Territory have delegated authority as the Specified Body to administer the MDRAP on behalf of the Department of Health.

Before completing this application both the practice and applicant must:

* Be fully aware of all obligations and expectations outline in the MDRAP criteria as stated on the Rural Health West website [**www.ruralhealthwest.com.au/mdrap**](http://www.ruralhealthwest.com.au/mdrap) before applying.
* Allow up to 4 weeks from submitting a complete application to receive an outcome from your Rural Workforce Agency (RWA). RWAs reserve the right to ask for further documentation throughout the process where necessary.
* Allow up to 28 working days for processing of provider number applications following MDRAP approval.
* Submit your completed application with all supporting documentation as a whole to [**mdrap@ruralhealthwest.com.au**](mailto:mdrap@ruralhealthwest.com.au). Incomplete applications will not be processed and will only be held for 30 days.
* Type or write clearly in CAPITAL LETTERS.

This symbol indicates supporting documentation is required as evidence of the details you have stated in this application form.

|  |  |
| --- | --- |
| Name of practice staff completing this form |  |
| Position at practice |  |
| Email address |  |
| Telephone number |  |

Practice staff to Initial \_\_\_\_\_\_\_\_\_\_\_\_\_

This symbol indicates supporting documentation is required as evidence of the details you have stated in this application form.

|  |  |
| --- | --- |
| MDRAP Applicant’s details | |
| First name (as per AHPRA) |  |
| Last name (as per AHPRA) |  |
| AHPRA Registration Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Practice locations  Please note a doctor on the MDRAP must have a primary location. Doctors on the MDRAP cannot be used in a temporary locum capacity. | | | |
| Primary location | | | |
| Practice name |  | | Please attach a copy of the following documents for each location:  Evidence of District of Workforce shortage (if practice is not an Aboriginal Medical Service AMS)  Evidence of Monash Modified Model classification  *See explanatory notes on page 7* |
| Practice address |  | |
| Agreed number of working hours per week |  | Preferred Start Date        /       /  **Please note** your approval date may override this date |

|  |  |  |  |
| --- | --- | --- | --- |
| Additional location | | | |
| Practice name |  | | Please attach a copy of the following documents for each location:  Evidence of District of Workforce shortage (if practice is not an Aboriginal Medical Service AMS)  Evidence of Monash Modified Model classification  *See explanatory notes on page 7* |
| Practice address |  | |
| Agreed number of working hours per week |  | Preferred Start Date        /       /  **Please note** your approval date may override this date |
| Additional location | | | |
| Practice name |  | | Please attach a copy of the following documents for each location:  Evidence of District of Workforce shortage (if practice is not an Aboriginal Medical Service AMS)  Evidence of Monash Modified Model classification  *See explanatory notes on page 7* |
| Practice address |  | |
| Agreed number of working hours per week |  | Preferred Start Date        /       /  **Please note** your approval date may override this date |

|  |  |  |
| --- | --- | --- |
| Hospital/Health Service location | | |
| Name of Hospital/Health Service |  | Please attach a copy of the following documents for each location:  Evidence of District of Workforce shortage (if practice is not an Aboriginal Medical Service AMS)  Evidence of Monash Modified Model classification  *See explanatory notes on page 7* |
| Hospital/Health service address |  |
| VMO rights required in role | Admitting  Procedural  If procedural, please indicate type: |

|  |
| --- |
| Is the practice an accredited teaching practice for general practice training with a Regional Training Organisation?  Yes  WAGPET  No |
| After hours arrangements (eg 1 in 4 on-call roster) |

|  |  |  |  |
| --- | --- | --- | --- |
| Medical staff in all practice locations | | | |
| Name | Practice location | Hours per week | Vocational Recognition |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Medical staff in all practice locations | | | |
| Name | Practice location | Hours per week | Vocational Recognition |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |

|  |  |
| --- | --- |
| Practice contact  **Please note:** Rural Health West will communicate verbally and in writing with the nominated person only. | |
| Position held | Practice Manager  Practice Principal  Other |
| Title (eg Dr, Mr, Mrs) |  |
| First name |  |
| Last name |  |
| Address |  |
| Preferred contact number |  |
| Email address |  |

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| --- |
| Confirmation of employment |
| Please attach a copy of the following documents:  Signed Position Description detailing roles and responsibilities on practice letterhead *See explanatory notes on page 7*  Signed Letter of Offer on practice letterhead *See explanatory notes on page 7* |

Practice contact declaration

* I declare the information provided in this application and the additional supporting documentation provided is true and correct.
* I understand that failure to complete all relevant sections of this application form, including all supporting documentation may result in delaying the processing of this application or refusal of this application.
* I understand that Rural Health West reserves the right to request further documentation in order to progress this application.
* I have read the explanatory notes attached to this application form and understand the requirements and my obligations of the MDRAP.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominated Practice contact person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Nominated Practice contact signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Applicant signature Date

Explanatory Notes

**‘Other Medical Practitioner’ (OMPs)** programs are workforce programs that were designed to provide access to higher Medicare rebates for non-vocationally recognised doctors who provided services in approved locations and met other eligibility criteria specific to the particular program. There are four OMPs programs with differing eligibility and requirements. The OMPs programs ceased to new entrants on 1 January 2019. Existing OMPs program participants will be grandfathered until 30 June 2023 as long as they continue to meet program requirements. An OMPs application should be completed for each location to the Rural Workforce Agency as part of the MDRAP application (if eligible) [**http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-omps**](http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-omps)

**3GA program** ‒ All medical practitioners restricted by section 19AA of the Act who do not hold specialist qualifications are unable to access Medicare benefits unless they apply and participate on an approved training or workforce program under section 3GA of the Act.

There are placements in various approved training and workforce programs, which satisfy the requirements of section 19AA of the Act. These allow doctors to access the Medicare benefits arrangements while undertaking vocational training to gain Fellowship of a recognised medical college. List of approved programs under section 3GA of the Act:

[**http://www.health.gov.au/internet/publications/publishing.nsf/Content/work-pubs-mtrp-16-toc~work-pubs-mtrp-16-chapter-6~work-pubs-mtrp-16-chapter-6-section-3ga-programs**](http://www.health.gov.au/internet/publications/publishing.nsf/Content/work-pubs-mtrp-16-toc~work-pubs-mtrp-16-chapter-6~work-pubs-mtrp-16-chapter-6-section-3ga-programs)

**3GA history Letter** ‒ Letter from the Department of Health confirming applicant’s 3GA history including length of time. Applicants can apply directly to the Department by emailing [**19AA@health.gov.au**](mailto:19AA@health.gov.au)

**Plan for Professional Development and re-entry to practice to AHPRA** ‒ GPs are required to submit a professional development plan for re-entry to practice to AHPRA. Evidence of submission will need to be supplied to the Rural Workforce Agency as part of the MDRAP application. Template ‒ Plan for professional development and re-entry to practice can be accessed on the AHPRA website  
[**https://www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ.aspx#re-entry**](https://www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ.aspx#re-entry).

**Hospital Duty Statement** ‒ Letter from the hospital (on hospital letterhead) that details the applicant’s clinical rotations and length of time that have been undertaken. More than one duty statement may be required if applicant has worked at multiple hospitals.

**District of Workforce Shortage** ‒ A DWS is an area where the general population’s need for medical services is deemed to be unmet. An area is a DWS if it has less access to medical services than the national average. The current DWS status of every location in Australia for the medical specialty of general practice is available through the locator map at [**http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator**](http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator).

The DWS status of a particular medical practice can be confirmed by typing the exact street location in the locator map. Further information regarding what is a District of Workforce Shortage (DWS) is also on the DoctorConnect website at [**http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/dwsFactsheet**](http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/dwsFactsheet)

**Modified Monash Model** ‒ The Modified Monash Model (MMM) is a category system that better categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and town size. Modified Monash (MM) category of every location in Australia is available through the locator map at [**http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator**](http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator).

**Position Description** ‒ A position description is a document that describes the general tasks, or related duties, and responsibilities of a position. The position description should detail the clinical responsibilities, safety and quality responsibilities, qualifications for the role as well as other clinical and general requirements.

**Letter of Offer** ‒ is a formal written document sent by an employer to a job candidate selected for employment. The letter of offer should be on company letterhead and detail the position title, location(s), commencement date, hours of work, employment term (permanent full time etc.). The letter of offer should also be signed and dated by an authorised person.

**Medicare provider number** and/or **prescriber number** for a medical practitioner.  
[**https://www.humanservices.gov.au/organisations/health-professionals/forms/hw019**](https://www.humanservices.gov.au/organisations/health-professionals/forms/hw019)

Helpful Websites

Australian College of Rural and Remote Medicine (ACRRM)  
[**http://www.acrrm.org.au**](http://www.acrrm.org.au)

Australian Medical Association (AMA)  
[**https://ama.com.au**](https://ama.com.au)

Australian Health Practitioner Regulation Agency (AHPRA)  
[**https://www.ahpra.gov.au**](https://www.ahpra.gov.au)

Australian Medical Council (AMC)  
[**https://www.amc.org.au**](https://www.amc.org.au)

Doctor Connect  
[**http://www.doctorconnect.gov.au**](http://www.doctorconnect.gov.au)

Primary Health Networks (PHN)  
[**http://www.health.gov.au/internet/main/publishing.nsf/content/primary\_health\_networks**](http://www.health.gov.au/internet/main/publishing.nsf/content/primary_health_networks)

Royal Australian College of General Practitioners (RACGP)  
[**https://www.racgp.org.au/home**](https://www.racgp.org.au/home)

Rural Health West  
[**www.ruralhealthwest.com.au**](http://www.ruralhealthwest.com.au)

Checklist

PART 2 ‒ PRACTICE APPLICATION FORM

With GP experience

|  |  |
| --- | --- |
|  | **Practice locations** *To be provided for each location the doctor will practice at*  A copy of documents which demonstrate evidence of District of Workforce Shortage (not required for Aboriginal Medical Services) **AND** Evidence of the practice’s Monash Modified Model classification |
|  | **Confirmation of employment**  Copy of signed position description detailing the role and responsibilities of the doctor on practice letterhead **AND** Copy of signed letter of offer on practice letterhead |