



**Australian Government**

**Department of Health**

# **GENERAL PRACTICE RURAL INCENTIVES PROGRAM**

## **FLEXIBLE PAYMENT SYSTEM**

### **REGISTRAR TRAINING CONFIRMATION FORM**

#### **FOR APPLICATIONS FROM 1 JULY 2017**

*Please note this application form requires handwritten signatures and therefore is intended to be paper based. The Printable PDF version is the recommended document for medical practitioners to download, print, complete and submit.*

## **INFORMATION REGARDING FLEXIBLE PAYMENT SYSTEM**

GP Registrars (under the Australian General Practice Training [AGPT] program or the Australian College of Rural and Remote Medicine [ACRRM] Independent Pathway) that fall into any of the following categories need to apply for payments through the Flexible Payment System (FPS):

| <b>Location</b> | <b>Alternative Employment</b>   |
|-----------------|---|
| <b>MM1-2*</b>   | All AGPT and ACRRM Independent Pathway GP Registrars training in eligible MM1-2 locations regardless of their Medicare billing levels.                      |
| <b>MM3-7</b>    | GP Registrars on an approved pathway in an eligible training placement who are not billing the MBS sufficiently to reflect the services they have provided. |

*\*Note: MM1-2 locations only include selected AGPT or ACRRM Independent Pathway GP Registrar training placements.*

**For information about eligible FPS services and eligible GP Registrar training placements see Section B of the [GPRIP Program Guidelines](#).**

All AGPT GP Registrars requiring payment under the FPS (including 'Top-Up' payments) will need to have their session records confirmed and signed off by their Regional Training Organisation (RTO) on this Registrar Training Confirmation Form for submission with their FPS Application Form to the Rural Workforce Agency (RWA) in the state or the Northern Territory in which they undertook the majority of their training/services.

All ACRRM Independent Pathway Registrars requiring payment under the FPS (including 'Top-Up' payments) will need to have their session records confirmed and signed off by their approved Supervisor on this Registrar Training Confirmation Form for submission with their FPS Application Form to the RWA in the state or the Northern Territory in which they undertook the majority of their training/services.

### **CALCULATION OF PAYMENTS**

**Payments under the FPS are calculated based on the number of sessions provided during each active quarter.**

Payments are determined by activity within quarters. Please note the numbering of quarters changed as of 1 July 2015.

**Quarter One** – July, August, September

**Quarter Two** – October, November, December

**Quarter Three** – January, February, March

**Quarter Four** – April, May, June

A '**session**' under the FPS refers to a period of three hours minimum in which a medical practitioner provides eligible GPRIP services and/or undertakes eligible GP registrar training (regardless of whether the MBS was billed). A maximum of TWO sessions can be claimed per day.

An '**active quarter**' is where a medical practitioner completes at least 21 sessions within MM3-7 locations in the quarter. This is the minimum quarterly activity threshold for the FPS.

GP Registrars who are billing the MBS for some services and meet the threshold to trigger a CPS payment, but who also have other eligible non-Medicare services to claim under the FPS, can apply for an Alternative Employment Top-Up payment.

To apply under the FPS (including for a Top-Up), medical practitioners must include **all** time spent providing eligible GPRIP services and/or undertaking eligible training over the relevant quarters, regardless of whether services were MBS billed or whether a CPS payment has been received.

## **THE FPS APPLICATION PROCESS**

In order to receive payment under the FPS, you will need to:

1. Fill out the FPS Application Form available on the [Department of Health](#) website;
2. Calculate the number of sessions completed across the relevant qualifying quarters preceding a payment and record on [PART A](#) of this form;
3. If you have undertaken training in an eligible MM1-2 location fill out [PART B](#) of this form;
4. Provide this form to your RTO (AGPT Registrars) or Approved Supervisor (ACRRM Independent Pathway Registrars) for approval; and
5. Once approved send this form and the completed FPS Application Form to the RWA in the jurisdiction in which you undertook the majority of training/services.

Should you require any assistance filling out this form, please contact the relevant RWA using the contact details provided below.

## **RURAL WORKFORCE AGENCIES**

| <b>State/Territory</b> | <b>Name of Organisation</b>                    | <b>Contact Email</b>            | <b>Contact Number</b> |
|------------------------|--|---------------------------------|-----------------------|
| Northern Territory     | Health Network Northern Territory LTD          | gprip@ntphn.org.au              | (08) 8982 1000        |
| South Australia        | Rural Doctors Workforce Agency South Australia | gpservices@ruraldoc.com.au      | (08) 8234 8277        |
| Western Australia      | Rural Health West                              | accounts@ruralhealthwest.com.au | (08) 6389 4500        |
| Tasmania               | HRPlus Tas                                     | admin@hrplustas.com.au          | (03) 6332 8600        |
| New South Wales        | New South Wales Rural Doctors Network          | gpgrants@nswrdn.com.au          | (02) 4924 8000        |
| Queensland             | Health Workforce Queensland                    | gprip@healthworkforce.com.au    | (07) 3105 7800        |
| Victoria               | Rural Workforce Agency Victoria                | rwav@rwav.com.au                | (03) 9349 7800        |

**AGPT REGIONAL TRAINING ORGANISATIONS**

| <b>Name of Organisation</b>   | <b>Contact Email</b>          |
|---|-------------------------------|
| Northern Territory General Practice Education (NTGPE)                   | registrar@ntgpe.org           |
| General Practice Training Queensland (GPTQ)                             | gptq@gptq.qld.edu.au          |
| Western Australian General Practice Education and Training Ltd (WAGPET) | trainingteam@wagpet.com.au    |
| General Practice Training Tasmania (GPTT)                               | gprip@gptt.com.au             |
| GPSynergy (Lower Eastern NSW, Western NSW, NE NSW)                      | GPRIPS@gpsynergy.com.au       |
| Murray City Country Coast GP Training                                   | gprip@mccc.com.au             |
| Eastern Victoria GP Training  | gippsland@evgptraining.com.au |
| General Medical Training (James Cook University)                        | gmt@jcu.edu.au                |
| GPEX  | admin@gpex.com.au             |

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**PART A - SESSION RECORD CONFIRMATION**

|                   |  |
|-------------------|--|
| Registrar Name:   |  |
| Training Pathway: |  |
| Provider Number:  |  |

**Quarter One** – July, August, September

**Quarter Two** – October, November, December

**Quarter Three** – January, February, March

**Quarter Four** – April, May, June

A ‘**session**’ refers to a period of three hours minimum in which a medical practitioner provides eligible GPRIP services and/or undertakes eligible GP registrar training. Include all time spent providing eligible GPRIP services and/or undertaking eligible training over the relevant quarters, regardless of whether services were MBS billed or whether a CPS payment has been received.

A maximum of TWO sessions can be claimed per day.

| QUARTER NUMBER                              |                | CALENDAR YEAR |                           |                             |
|---|----------------|---------------|---------------------------|-----------------------------|
| Placement location/Address                  | Date commenced | Date ceased   | Name of Employer/Practice | Number of sessions per week |
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| <b>Total Number of Sessions for Quarter</b> |                |               |                           |                             |

| QUARTER NUMBER                              |                | CALENDAR YEAR |                           |                             |
|---|----------------|---------------|---------------------------|-----------------------------|
| Placement location/Address                  | Date commenced | Date ceased   | Name of Employer/Practice | Number of sessions per week |
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| <b>Total Number of Sessions for Quarter</b> |                |               |                           |                             |

| QUARTER NUMBER                              |                | CALENDAR YEAR |                           |                             |
|---|----------------|---------------|---------------------------|-----------------------------|
| Placement location/Address                  | Date commenced | Date ceased   | Name of Employer/Practice | Number of sessions per week |
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| <b>Total Number of Sessions for Quarter</b> |                |               |                           |                             |

| QUARTER NUMBER                              |                | CALENDAR YEAR |                           |                             |
|---|----------------|---------------|---------------------------|-----------------------------|
| Placement location/Address                  | Date commenced | Date ceased   | Name of Employer/Practice | Number of sessions per week |
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| <b>Total Number of Sessions for Quarter</b> |                |               |                           |                             |

**REGIONAL TRAINING ORGANISATION (AGPT) OR APPROVED SUPERVISOR (ACRRM INDEPENDENT PATHWAY) TO COMPLETE**

**Name of Regional Training Organisation (if applicable):**

Completion and signing of this section indicates that all details recorded above are true and accurate and reflected in records held.

**Signature:**

**Print Name (RTO Officer or Approved Supervisor):**

**Date of Approval:**

**REGISTRAR TO COMPLETE**

I declare that all details recorded above are true and accurate.

**Signature:**

**Print Name:**

**Date:**

**PART B – MM1-2 PLACEMENT ELIGIBILITY CONFIRMATION**

| <b>QUARTER NUMBER</b>                       |                | <b>CALENDAR YEAR</b> |                           |                             |
|---|----------------|----------------------|---------------------------|-----------------------------|
| Placement location/Address                  | Date commenced | Date ceased          | Name of Employer/Practice | Number of sessions per week |
|   |                |                      |                           |                             |
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| <b>Total Number of Sessions for Quarter</b> |                |                      |                           |                             |

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| <p><b>REGIONAL TRAINING ORGANISATION TO COMPLETE</b></p> <p><b>Name of Regional Training Organisation (if applicable):</b></p> <p><b>Signature:</b></p> <p><b>Print Name:</b></p> <p><b>Date of Approval:</b></p> <p><b>Position/Job Title:</b></p> <p><b>Copy Retained for Records:</b> <input type="checkbox"/> [Tick]</p> <p><b>Reason for MM1-2 Placement (include reference to the training pathway):</b></p><br><br><p><i>ACRRM Independent Pathway Registrars who required training in an MM1-2 location can have their approved supervisor complete this section of the form. Upon submission the RWA will consider the eligibility of this training in consultation with the Department of Health.</i></p> |
|---|

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| <p><b>REGISTRAR TO COMPLETE</b></p> <p>I declare that all details recorded above are true and accurate.</p> <p><b>Signature:</b></p> <p><b>Print Name:</b></p> <p><b>Date:</b></p> |
|--|