MORE DOCTORS FOR RURAL AUSTRALIA PROGRAM (MDRAP) APPLICATION FORM

(Workforce Program Approved under Section 3GA of the Health Insurance Act 1973)

Effective Date: Friday, 5 February 2021

The 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 and agree to all obligations and expectations outlined in the MDRAP Guidelines and Criteria as stated on Health Workforce Queensland's website https://www.healthworkforce.com.au/page/workforce-support/general-practitioners/more-doctors-for-rural-australia-program/ before applying for the MDRAP.

- Allow up to 4 weeks from submitting a complete application to receive an outcome from Health Workforce Queensland. Health Workforce Queensland reserves the right to ask for further documentation throughout the process where necessary.

- Allow 28 working days for Medicare provider number processing following MDRAP approval. Processing times as defined by the Medicare

- Submit your application, including this page, with all supporting documentation MDRAP@healthworkforce.com.au. Incomplete applications will not be submitted for processing 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. Without this documentation the application will be considered incomplete and will not be submitted for processing.

This application form requires handwritten signatures and is therefore intended to be paper based.

Please scan and return with the compulsory documents to mdrap@healthworkforce.com.au

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🌐 healthworkforce.com.au
✉ admin@healthworkforce.com.au

MDRAP APPLICANT DETAILS

First Name   :

Middle Name   :

Surname   :

Preferred Name   :

Date of birth   :   Gender : ☐ Male   ☐ Female

Country of Primary Medical Qualification :   Year qualification obtained:

Current Residency Status : ☐ Temporary Resident   ☐ Permanent Resident   ☐ Australian Citizen

📎 ***Attach a copy of the following documents:**
  - **ID:** Current Passport or Australian Driver's License
  - **Residency:** Australian Visa or Australian Citizenship/ Australian Birth Certificate

MDRAP APPLICANT CONTACT DETAILS

Home Address

Unit/Street   :

Suburb   :   State: Post Code:

Date of Birth   :   Contact Number:

Email Address   :

Postal Address   ☐ Same as above

Unit/Street/PO Box :

Suburb   :   State: Post Code:

Placement Category

Application Category   : ☐ Without GP Experience* ☐ With GP Experience** ☐ Locum ☐ Junior Doctor***

*Attach MDRAP Supervision Plan Form.

You must have minimum 6-month GP experience to qualify for this category. CV must detail all your previous GP work experience or **Attach RACGP College assessment (if applicable). **Attach MDRAP Plan for Professional Development Form.**

*****Doctors in Postgraduate Year (PGY) 3-5

📎 **Attach CV** on **Health Workforce Queensland template**

Work experience must be in date order from graduation to present day. All gaps in employment must be explained in detail. Template available on our website.

AUSTRALIAN MEDICAL REGISTRATION

What AHPRA/Medical Board of Australia (MBA) registration type do you currently hold?

☐ General   ☐ Provisional * Level: ☐ Limited Area of Need * Level:

📎 **Attach copies of:**
  - *Supervision Plan for this MDRAP Location
  - current registration with AHPRA – with *Limited and *Provisional showing MDRAP practice location in registration.
  - *copy of and evidence of submission of Plan for Professional Development and re-entry to practice to AHPRA

ENTRY TO FELLOWSHIP PATHWAY OBJECTIVES

The More Doctors for Rural Australia Program (MDRAP) is designed to assist and support non-vocationally recognized (non-VR) doctors and junior doctors (PGY 3-5) to gain valuable general practice experience in rural and remote communities before joining a college fellowship pathway.

Please indicate which pathway you intend to apply for:

☐ AGPT   ☐ RACGP PEP   ☐ RVTS   ☐ ACRRM (Independent Pathway)   ☐ ACRRM (Rural Generalist)

PREVIOUS OMPS PROGRAM HISTORY

*Are you currently on an OMPs Program?

☐ No   ☐ Yes (if yes, please select below)

☐ AHOMPs   ☐ ROMPS   ☐ MOMPs   ☐ OMOMPs

If any of the above are selected, please complete a ROMPS form as part of this application.

📎 If you answered **Yes, attach** the ROMPS application for new location(s) (see explanatory notes)

Please Note: Health Workforce Queensland does not administer these programs and ROMPS Application Form will be submitted to Medicare on your behalf.

HAVE YOU PARTICIPATED IN A 3GA PROGRAM?

Have you been or are you currently on a 3GA program?   ☐ Yes ☐ No

If yes, please select program/s below:

☐ RLRP   ☐ SAPP   ☐ AGPT   ☐ RVTS   ☐ MDRAP (go to *MDRAP Member* below) ☐ RACGP (Practice Experience Pathway)

☐ QCRP (Queensland Country Relieving Program)   ☐ AMDS (accredited After-Hours Clinic)

☐ ACRRM (Independent Pathway)   ☐ ACRRM (Rural Generalist)

Other: _____

📎 ***If you answered Yes, attach Letter** issued by Department of Health confirming 3GA History. (See explanatory notes)

MDRAP MEMBER

Are you an MDRAP Member?   ☐ Yes ☐ No

State of MDRAP Placement: ☐ ACT   ☐ NSW   ☐ NT   ☐ QLD   ☐ TAS   ☐ VIC   ☐ WA

Program Start Date: _____   **MDRAP Category approved:** _____

Have you completed MDRAP Foundation Modules?   ☐ Yes ☐ No

PREVIOUS FELLOWSHIP EXAM HISTORY

Have you completed any fellowship exams?   ☐ Yes ☐ No

📎 ***If Yes, attach** transcript of exam attempts and outcome. (See explanatory notes)

Have you enrolled to sit any upcoming GP fellowship exams?   ☐ Yes ☐ No

📎 ***If Yes, attach** confirmation of upcoming exam enrolment.

JUNIOR DOCTORS ONLY
DUTY STATEMENT

Are you a Junior Doctor?   ☐ Yes ☐ No

Name of hospital where you completed your internship? _____

What year did you complete your Internship? _____

📎 **Attach** a Duty Statement from the hospital on their letterhead detailing:
- Hospital rotations
- Post graduate year that the junior doctor is currently in (see explanatory notes)

APPLICANT DECLARATION

Please read and ensure you understand the following declaration before signing:

- 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 Health Workforce Queensland 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.
- I understand my personal information, provided in this application form and as subsequently requested during my continued placement on this recruitment program, being used confidentially to administer this Program, by the following Agencies (Australian Government Department of Health, Medicare Australia, the appropriate Rural Workforce Agency in the State or Territory of your placement and any other Rural Workforce Agency should you move or practice interstate.)
- I understand information about all my 3GA placements will shared with the Rural Workforce Agency, the Department of Health, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine to support 3GA eligibility decisions.
- I consent to the Rural Workforce Agency obtaining and releasing relevant 3GA placement information.

MDRAP Applicant
Name   : _____

MDRAP Applicant
Signature   : _____

Date   : _____

MDRAP PRACTICE - LOCATIONS / INFORMATION

Doctors on MDRAP **MUST** have a Primary Location.
All locations **MUST** meet eligibility criteria of **CURRENT DPA** and **MMM 2-7** as defined by the Department of Health.
Please list all practice locations that you will be working at and require a Medicare Provider Number.

📎 **Attach a copy of the following completed documents for each location.** (see explanatory notes)
- Medicare Application form
- Medicare Support Letter
- Evidence of Distribution Priority Area classification
- Evidence of Modified Monash Model classification

CONFIRMATION OF EMPLOYMENT

📎 ***Attach the following documents:**
- Signed Position Description detailing roles and responsibilities on practice letterhead (see explanatory notes)
- Signed Letter of Offer/Confirmation of Employment on practice letterhead (see explanatory notes)

PRIMARY PRACTICE LOCATION

Practice Name :	
Practice Address :	
Suburb :	**State:** _____ **Post Code:** _____
Hours per week :	**Preferred Start Date:** _____

Practice Accreditation : ☐ AGPAL ☐ GPA ☐ ACHS ☐ In Progress ☐ N/A

Teaching Accreditation : ☐ ACRRM ☐ RACGP ☐ RVTS ☐ AGPT – JCU GP Training ☐ AGPT – GPTQ ☐ N/A

Practice Eligibility : ☐ AMS   MMM: _____   **Current DPA:** ☐ Yes ☐ No

ADDITIONAL PRACTICE LOCATION

Practice Name :	
Practice Address :	
Suburb :	**State:** _____ **Post Code:** _____
Hours per week :	**Preferred Start Date:** _____

Practice Accreditation : ☐ AGPAL ☐ GPA ☐ ACHS ☐ In Progress ☐ N/A

Teaching Accreditation : ☐ ACRRM ☐ RACGP ☐ RVTS ☐ AGPT – JCU GP Training ☐ AGPT – GPTQ ☐ N/A

Practice Eligibility : ☐ AMS   MMM: _____   **Current DPA:** ☐ Yes ☐ No

ADDITIONAL PRACTICE LOCATION

Practice Name :	
Practice Address :	
Suburb :	**State:** _____ **Post Code:** _____
Hours per week :	**Preferred Start Date:** _____

Practice Accreditation : ☐ AGPAL ☐ GPA ☐ ACHS ☐ In Progress ☐ N/A

Teaching Accreditation : ☐ ACRRM ☐ RACGP ☐ RVTS ☐ AGPT – JCU GP Training ☐ AGPT – GPTQ ☐ N/A

Practice Eligibility : ☐ AMS   MMM: _____   **Current DPA:** ☐ Yes ☐ No

NUMBER OF MEDICAL STAFF IN PRIMARY & ADDITIONAL PRACTICE LOCATIONS

Profession	Number of Staff - **PRIMARY**	Number of Staff - **ADDITIONAL**
Non-VR General Practitioner		
VR General Practitioner		
Nurse		
Allied Health		
Practice Support Staff		

PRIMARY PRACTICE CONTACT

*Position Held   :   ☐ Practice Principal ☐ Practice Manager ☐ Other Practice   Staff: _____

Name   : _____

Practice Address as listed on Medicare Provider Number Application form

Street   : _____ Suburb: _____ State: QLD   Post Code: _____

Preferred
Contact
Number   : _____   Email Address: _____

*This section **MUST** list **practice staff only**.

PRACTICE CONTACT DECLARATION

- I declare the information provided in this application and the additional supporting documentation provided is true and correct where it relates to the practice locations and the employment information including supporting documents.

- 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 Health Workforce Queensland 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   **Nominated Practice**
Contact Person   : _____   **Contact Signature**   : _____

Date   : _____

SUPERVISOR DETAILS

(for Doctors WITHOUT GP experience only)

First Name :

Middle Name :

Surname :

Date of Birth :   **Preferred Contact Number:**

Email Address :

Primary Place of Practice :

Address :

Suburb :   State: Post Code:

📎 *Attach copies of the following documents:
 - Current MBA registration for Supervisor
 - Attach MDRAP Supervision Plan on Health Workforce Queensland template.

SUPERVISOR DECLARATION

(for MDRAP applications of Doctors WITHOUT GP experience only)

I declare the information provided in Supervisor Details as part of this application is true and correct.

Supervisor Name :   **Supervisor Signature :**

Date :

MDRAP Documents

Compulsory Documents

MDRAP Application Form
Signed and complete MDRAP application form

Applicant Details
ID: Current Passport or Australian Driver's License
Residency: Australian Visa or Australian Citizenship/ Australian Birth Certificate

Employment Experience
Attach CV on Health Workforce Queensland template
RACGP College Assessment (if applicable)

Confirmation of Employment
Signed Position Description detailing roles and responsibilities on practice letterhead (see explanatory notes)
Signed Letter of Offer/Confirmation of Employment on practice letterhead (see explanatory notes)

AHPRA Registration
Supervision Plan for this MDRAP Location – template available. Please email mdrap@healthworkforce.com.au
Current registration with MBA – Limited and Provisional showing MDRAP practice location on registration.
Copy of and evidence of submission of Plan for Professional Development and re-entry to practice to AHPRA

MDRAP Practice Location
Medicare Application Form
Medicare Support Letter
Evidence of Distribution of Priority Area classification
Evidence of Modified Monash Model classification

Additional Documents (if applicable)

Previous OMPS Program
*If you answered **Yes, attach** the ROMPS application for new location(s) (see explanatory notes)

Previous 3GA History
*If you answered **Yes, attach Letter** issued by Department of Health confirming 3GA History. (See explanatory notes).

Previous Fellowship Exam History
***If Yes, attach** transcript of exam attempts and outcome. (See explanatory notes).

Upcoming GP fellowship exam
***If Yes, attach** confirmation of upcoming exam enrolment

Junior Doctors
Attach a Duty Statement from the hospital on their letterhead detailing
- Hospital rotations
- Post Graduate year that the junior doctor is currently in.

Supervisor Details
Current MBA registration for Supervisor

Supervision Plan template completed and submitted with this application. Please email mdrap@healthworkforce.com.au if applying in the *Without GP Experience* category.

EXPLANATORY NOTES

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

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

Distribution Priority Area - A DPA is an area where the general population's need for medical services is deemed to be unmet. An area is a DPA if it has less access to medical services than the national average. The current DPA 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.

The DPA 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 Distribution Priority Area (DPA) is also on the DoctorConnect website at https://www.health.gov.au/health-workforce/health-workforce-classifications/distribution-priority-area

Exam Transcript – A transcript showing exam dates and outcomes. Please contact the colleges directly.

Exam Enrolment Confirmation- Acknowledgement by provider of Exam enrolment/registration. Please contact the colleges directly.

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.) Letter of offers should also be signed and dated by an authorized person.

Confirmation of Employment – Where an applicant is already employed in the practice and moving from another 3GA program. The letter needs to include details of employment i.e.: full time, part time, hours per week etc.

Medicare Provider Number Application - https://www.humanservices.gov.au/organisations/health-professionals/forms/hw019

Medicare support letter - letter of support from the practice on practice letterhead. It must include the following statement: *Practice Name* supports a Medicare Provider Number application for *Doctor Name* to access Medicare benefits at *Practice name, Practice full address* for the period of *Start date* on the MDRAP program.

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

'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. A ROMPs application should be completed for each location to the Rural Workforce Agency as part of the MDRAP application (if eligible) https://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-romps

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 Australian Health Practitioner Regulation Agency (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.

Position Description - A job 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.

HELPFUL WEBSITES

- Health Workforce Queensland - https://www.healthworkforce.com.au/page/workforce-support/general-practitioners/more-doctors-for-rural-australia-program/
- Australian Health Practitioner Regulation Agency (AHPRA) - https://www.ahpra.gov.au/
- Health Workforce Locator - https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator
- Royal Australian College of General Practitioners (RACGP) - https://www.racgp.org.au/home
- Australian College of Rural & Remote Medicine (ACRRM) - http://www.acrrm.org.au/
- Primary Health Networks (PHN) - http://www.health.gov.au/internet/main/publishing.nsf/content/primary_health_networks
- Australian Medical Council (AMC) - https://www.amc.org.au/
- Australian Medical Association (AMA) - https://ama.com.au/