AGPT
Australian General Practice Training

Application for a General Practice Registrar placement

Please PRINT all responses

REGISTRAR DETAILS

Surname

First Name

Other Names

Mailing Address

State Postcode

Previous provider number (if any)

APPROVED TRAINING PRACTICE DETAILS

Please indicate the type of Training Program approved placement *(tick appropriate box)*:

- Basic Term (GPT1)……..... ☐
- Advanced Term (GPT2)……..... ☐
- Subsequent GP Experience (GPT 3)……..... ☐
- Primary Rural & Remote Training…….. ☐
- Special skills / Extended Skills with GP services..... ☐
- Academic Post (with GP Component)……..... ☐
- Advanced Rural Skills Post / Advanced Specialised Training with GP services ……..... ☐
- Elective training with GP services..……..... ☐
- Six month extension awaiting award of Fellowship…..... ☐

APPROVED PLACEMENT

ATTENTION: PLEASE TAKE NOTE OF THESE DATES AS IT IS THE RESPONSIBILITY OF THE REGISTRAR TO SUBMIT A NEW FORM SHOULD THEIR TRAINING TIME BE EXTENDED

Date From

Date To

Practice Name & Street Address

State Postcode

Telephone number

Fax number

Consortium (RTP) name

Consortium (RTP) code

Full time ☐ Part time ☐ Hours per week

Outer Metropolitan Program ☐

SUPERVISOR / MENTOR DETAILS

Name

Provider Number

Signature

Date

DECLARATION BY THE REGISTRAR:

I have read and understood the information overleaf regarding my access to the General Practitioner Medicare Benefits items listed in the Medicare Benefits Schedule (MBS), including the Group A1 attendance and relevant procedural items. I understand that access to these MBS items is limited to services provided at the approved training practice nominated in this application.

I authorise GPET Limited and my RTP to provide confirmation of my information to Medicare Australia.

Signature Date

This section is to be completed by a Senior or delegated Medical Educator in the responsible training organisation under the auspices of GPET

Name Signature Position

GPET Certification: I certify that the applicant is an enrolled GP Registrar in the Australian General Practice Training Program and that the details regarding the applicant's approved training placement in general practice on this application form are accurate and correct.

Signature Date GPET Position

GPET Ltd Stamp

Important information regarding Applications for General Practice Registrar Placement

For the purposes of the Medicare Benefits Schedule (MBS), a general practitioner can be a medical practitioner who is undertaking an approved general practice placement in a training program which leads to either the award of Fellowship with the Royal Australian College of General Practitioners (FRACGP) or the Australian College of Rural and Remote Medicine (FACRRM). A placement in the GPET program entitles you to access the general practitioner items listed in the MBS, including the Group A1 attendance and relevant procedural items during the period of your approved general practice training placement.

To gain recognition **TWO** forms MUST be completed:

1. 'Application for General Practice Registrar Placement' application form for each placement (GPET0067/2008-05-08). ALL details are to be completed, including the consortium (RTP) under which the placement position operated. Submit to your **REGIONAL TRAINING PROVIDER**.

2. 'Application for a Medicare Provider Number for a Medical Practitioner' for each placement. This form (Medicare Australia Form No. 266.101005) can be downloaded from the 'Health Care Providers' section of the Medicare Australia website at www.medicareaustralia.gov.au. **Submit directly to MEDICARE AUSTRALIA.**

Your recognition as a General Practitioner is limited to attendances provided at the approved practice for the time period specified in this form.

Applications must be submitted to General Practice Education and Training for approval of the placement **before** the commencement date on the form, **i.e. forms cannot be backdated**.

Medicare Australia has up to 14 days to register GPET placements. Where a section19AB exemption is also required please allow at least 6 weeks for processing as the Department of Health and Aging process section 19AB exemption applications in date of receipt order.

A separate form must be completed for each additional training practice location/address at which you require recognition.

It is your responsibility to ensure that a new 'Application for a General Practice Registrar Placement' form is completed each time you:

- Move to a new approved practice
- Remain in the nominated practice for longer than specified in this form
- Return to the nominated practice for a further period, or
- When the practice changes address.

Placements can only be approved for the current enrolment period.

You, and the practice to which you are attached, are advised to keep a record of the current placement dates to ensure an extension is sought well before the expiry date of the placement.

It's an offence if a medical practitioner provides a service which does not attract a Medicare benefit without first informing a patient or their carer that a Medicare benefit is not payable for that service.