

# **West Vic Division**

# **GP Recruitment Kit**



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## WESTVIC DIVISION OF GENERAL PRACTICE

### INFORMATION PACKAGE REQUIRED FOR THE RECRUITMENT OF POTENTIAL GP'S TO PRACTICES

#### INTRODUCTION

The purpose of this document is to provide information and tools to assist the local recruitment team to recruit and retain general practitioners in our rural communities.

It is important to understand that practice in a rural area is not attractive to most doctors. Our current GP workforce is 75 GPs, of whom 29 are overseas trained. Recruiting an overseas trained doctor is a complex time consuming process and is the main activity of the Division's workforce program. The information provided has been developed with OTDs who have made a successful transition to working in Australia.

We have also applied lessons from unsuccessful or difficult recruitment experiences. As an organisation committed to quality our aim is to ensure that we can keep improving on our recruitment and retention activity. This document is a means of disseminating our current knowledge.

There are 26 steps to recruiting and retaining GP and their families that can be discussed under four headings

1. Partners in recruiting and retention
2. Promoting the vacancy
3. Practice Visit
4. Settling Of The New Candidate And Their Family

## PARTNERS IN RECRUITMENT AND RETENTION

Recruitment and retention of rural general practitioners is not only the core business of the recruiting practice but also the local hospital and the community. Other stakeholders include local government, the rural medical family network, Rural workforce Agency Victoria and of course the West Vic Division of General Practice. The team is essential for successful recruitment as the process is becoming more competitive, complex and demanding and one organisation can not complete all the tasks. Together a team can overcome all the barriers to get an incumbent to a rural area

It is easy to make assumptions about roles, responsibilities and resources that will be provided for recruitment by the various stakeholders and this can lead to confusion, duplication of effort and conflict. Maintaining communication between the hospital and the practice is essential to recruiting. Having a documented and agreed plan of action will assist in this area.

Two essential components are required

- Team planning and
- Professional communication.

Tools to assist in identifying roles and planning action are included in this document.

### Roles of Team

#### RWAV

- Manage Vic OTD recruitment scheme (VORRS) – includes assessment of clinical skills & recommendations to Medical Board.
- Listing vacancies on RWAV website Rural Locum Relief Program
- Continuing Prof. Development grants (GPs)

#### West Vic Division of General Practice

- Navigate the Paper trail
- Provider number / HIC
- District of workforce shortage
- Advertising with RWAV to ensure assessment
- Passing on CVs to practices
- Orientation to practice
- Settling doctor into practice/community
- Peer support
- The hospital may provide assistance such as housing and are responsible in facilitating and managing VMO issues.

#### Small Rural Health Services

- provide assistance in the form of accommodation or car
- facilitate and manage VMO matters
- provide health services

#### Rural Medical Family Network

#### Local Government

- promotion of community including cultural events and rural lifestyle
- Rural Medical Infrastructure Funding

## GENERAL PRACTICE RECRUITMENT CONTINUUM

Activities	Action by	Communication Flag
1. Identifying / listing the vacancy	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
2. Defining the vacancy (initial discussion around the package and reviewing position description, identifying skill requirement)	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
3. Agreement of how recruitment process will be managed internally i.e. who has the authority to advertise	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
4. Media strategy / Advertising strategy Recruitment agencies?	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
5. Promotional strategy Position, environment, town	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
6. Practice / Hospital Profile	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
7. Information Package : <ul style="list-style-type: none"> <li>Practice information</li> <li>Web Page Addresses</li> <li>Tourism Brochures</li> <li>Divisional Support</li> </ul>	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
8. Process of accepting applications, screening of applicants, documented procedures	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
9. First Contact / CV Assessment	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
10. Matching	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
11. Identifying cultural/ age/family needs	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
12. Identification of incentives and authority or approval to offer including accommodation	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
13. Practice/Hospital Visit	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
14. Interview process , selection of candidate	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
15. REFERENCE CHECK	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
16. Doing the Deal / terms & conditions/ contract of employment	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
17. Offer - Obtaining written acceptance and a commencement date.	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
18. Meet and Greet	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	

Activities	Action by	Communication Flag
19. Orientation to practice <ul style="list-style-type: none"> <li>• Practice values and culture</li> <li>• Australian system (hospital and general practice)</li> <li>• Medical Indemnity</li> <li>• Referral</li> <li>• Prescribing</li> <li>• Billing</li> <li>• Supervision and mentoring</li> <li>• Educational opportunities</li> <li>• Practice demographics</li> <li>• Practice orientation</li> </ul>	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
20. Orientation to the hospital <ul style="list-style-type: none"> <li>• VMO rights</li> <li>• Admission and transfer process</li> <li>• Prescribing</li> <li>• Service within the hospital visiting and in-house</li> <li>• Orientation to staff and facilities and state regulations</li> </ul>	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
21. Orientation to the community <ul style="list-style-type: none"> <li>• Australian culture (Personal space, language)</li> <li>• Other health professionals/services</li> <li>• Age care</li> </ul>	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
22. GP Peer Support Program	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
23. Family and Spouse Support <ul style="list-style-type: none"> <li>• School</li> <li>• Spouse employment opportunities</li> <li>• Religious and cultural needs</li> </ul>	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
24. CME support - Funded educational subsidies	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
25. Managing the paper trail to retain <ul style="list-style-type: none"> <li>• Medical registration</li> <li>• Visa requirements</li> <li>• Provider number</li> <li>• 19AB exemption</li> <li>• Support to Fellowship and specialist medical registration</li> </ul>	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	
26. Follow - up 1 month, 3 months and 6 months	<input type="checkbox"/> Prac <input type="checkbox"/> Hosp <input type="checkbox"/> Div	

## PRACTICE RECRUITMENT STRATEGY

Practice Name \_\_\_\_\_

What	Action	Cost	who	By when
Identifying / Listing the vacancy ? VORRS position, ? District of Workforce Shortage ? Procedural requirement				
Defining the package (Car, House, phone, incentives)				
Agreement of how recruitment process will be managed internally i.e. who has the authority to advertise				
Process of accepting applications, screening of applicants, documented procedures				
Media strategy/Advertising strategy Recruitment agencies?				
Promotional strategy Position, environment, town				

What	Action	Cost	who	By when
Practice Profile / Town profile				
First Contact / CV Assessment				
Identifying cultural/ age/family needs				
Matching				
Practice / Hospital / Community Visit See attached document				
Interview process and selection of candidate.				
REFERENCE CHECK				

What	Action	Cost	who	By when
Doing the Deal/ terms & conditions/ contract of employment				
Induction / Orientation to practice hospital Australian Health System and the community				
For OTDs orientation to <ul style="list-style-type: none"> <li>• Australian Culture ( eg personal space, language, farmer stoicism )</li> <li>• Australian system ( hospital and general practice</li> <li>• Referral</li> <li>• Prescribing</li> <li>• Admission /transfer processes</li> </ul>				
Follow – up/ review of appointment				
Ongoing retention management and strategies				



## PROMOTING THE VACANCY

Medical workforce is in high demand not only in rural areas but across the country and overseas. The medical workforce is mobile and global. Workforce distribution is also an issue with larger centres being able to recruit staff ahead of smaller remote health services. Larger centres are now experiencing this new environment where once employers would advertise and select the most appropriate candidate from a field, now employees are choosing the employer and agencies are having to "sell" themselves. For rural areas this means that we are not only "selling" a professional position but a rural lifestyle to the whole family.

For successful recruitment the incumbent GP and their family need to be provided with the appropriate information to make an informed decision to work and live in our rural area. See what type of information is already on our website [www.westvicdiv.asn.au](http://www.westvicdiv.asn.au)

Following are topics and details that can be included in the information and a proforma that can be completed and forwarded to the Division to be placed on our website and the RWAV website.

### Location:

- 1 Describe the town and its location.  
e.g. Thornbush is a thriving rural town with a relaxed lifestyle, but with all amenities available.
2. Population 9000.
- 3 250 Km from Melbourne (an easy 3 hour drive)  
There is a good road network and we have regular service to major centres.
- 4 Schools
- 5 Businesses
6. Nearest major shopping centre
7. Climate
  - appearance
  - rainfall
  - temperature
8. Highlights of our town.  
e.g.: Easy access to a large dam for skiing, only three hours from Melbourne, universities with dependable transport. Community spirit, large selection of sporting facilities.

### Practice:

- 1 Number of partners.
2. Accommodation
3. Facilities
4. Type of work performed
5. Hours of work
6. After hours
7. Leave allocations
8. Study opportunities
9. Expected income

### Hospital:

1. Number of beds
2. Facilities

3. Operating theatres.
  - Obstetrics
  - Anaesthetics      Hospital will discuss accreditation for this.
- 4 Visiting specialists.
- 5 Ambulance services
- 6 Aged care/ frail care
- 7 District nurses
8. Palliative care
9. Ancillary services (allied health services such as physiotherapy, speech etc).

**Conditions of joining:**

1. Period of assistance
- 2 Option to become a partner
3. Option to purchase share of property
4. Initial remuneration as assistant
- 5 Income derived from hospital work
- 6 Contracts will be available for signing for both a period of assistance, as well as on joining as a partner. These are subject to negotiation.
7. Conditions on leaving

**Assistance Guidelines**

We should understand that the practice in a rural area is not attractive to most Doctors. There will need to be real incentives to successfully attract a Doctor. The quality of applicant will be determined by the size of the carrot.

At the same time, there is an incentive to the incumbents. By attracting a Doctor there will be an immediate impact on the incumbent's quality of life, which probably more than compensates for the expense of sacrificing a few dollars.

Some incentives are very helpful and worth much more than their monetary value. Many OTDs experience large expenditures before they commence practice, such as

- Flight costs for whole family
- relocation costs, ( bringing furniture out to Australia)
- school fees , uniforms
- purchasing white goods and vehicle
- and may have experienced a length of time without earning income

Incoming Doctors are very anxious about their financial security. This is reflected in a very high value placed on suitable housing and a vehicle. They often do not have the required credit rating to obtain finance. Commencing a regular income is a vital step in feeling settled

The incentives of a car and accommodation are critical in successfully attracting Doctors.

The local shire could be approached for rental assistance e.g. \$180.00 per week and the local health services may provide a car.

These incentives should be ongoing for a year.

It is also essential that the practice extends an offer to secure the accommodation so that the basic needs of the incoming person can be met.

Consider medical indemnity insurance for one of more years.

Document assistance offered to the GP and their family. Consider:-

#### **Incentives Offered**

1. By shire
2. By hospital
3. By practice

#### **Help Available To Spouse And Children:**

1. Job seeking
2. School placements
3. Study support by RWAV

#### **Suggested Terms of Engagement**

These are of course dependent on individual practices circumstances, but we have found the following to be good guidelines if you intend to be successful in attracting an applicant.

- 1 60 – 65% of earnings as a salary for the initial period as assistance.
- 2 The period of assistance not to exceed six months. 3-6 months is a ball park figure.
3. The assistant needs to have the option of becoming partner.
4. The alternative should be a long term assistant position at 70% of earnings.
- 5 It is accepted that PIP payments accrue to practices, and that assistants are excluded from these.
6. The value of the joining fee must be realistic. The appropriate percentage of the value of chattels should be charged. This amount should reflect the realistic second hand value only. This is commonly over estimated.  
A typical “buying in” amount could be \$10,000.00 for a 25% share with three other Doctors, to \$20,000.00 for a 50% share with a single partner. Only rarely should it be a higher fee for this.
7. The opposite, and fair, stipulation is a similar agreement as to the value of any Payout on termination of the partnership.



## PRACTICE PROFILES

### ***Description of District***

**Resources:** Tourist Centre  
Local Council

- ▣ Population \_\_\_\_\_
- ▣ Distance from major centres

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- ▣ Description of town

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- ▣ Facilities, Schools, Service Clubs, Sports, Industry, National Parks,

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- ▣ Wineries, shops, local newspaper

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- ▣ Festivals

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- ▣ Climate

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- ▣ House prices & include local paper ad of a good house with an estimate of price

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**Practice History**

☐ When formed

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☐ Partnership / Associateship

☐ Who owns the building/equipment

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☐ Describe facilities

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☐ Undergraduate education

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**Profile of Doctors**

☐ Age, When they joined, where they have worked and trained. Medical interests, procedures

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☐ Family details, spouse occupation, children, schools, sports, where they live.

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☐ Doctors recreational interests, holidays

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☐ Photos

☐ Positive statement from each doctor re: the benefits of being a rural GP in this town

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□ Comment from spouse re: country life

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□ Most challenging consult in the past 12 months

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□ Sessions per week, afternoon off, consulting times

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□ After hours cover, on call roster, obstetrics, anaesthetics

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***Profile of other practice staff***

□ Names, Special skills, how long they have worked there.

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***Range of Services***

□ Visiting specialists

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□ Pathology & X-ray

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□ Ambulance

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□ The Division can provide a town profile listing local health & welfare services and community infrastructure

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- Description of Hospital - include a copy of the hospital's latest annual report, proposed enhancements.

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- Visiting allied health workers - physio, etc

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- Referral centres

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- Community Health Centre

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- Counselling Centre

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***Practice building & Equipment***

- Include a diagram of the practice layout
- List of equipment e.g.: Doppler, Spirometer, ECG
- Medical records system
- Computers

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***Medical Education***

- Is there a policy on study leave 1/52?
- Journal clubs
- Satellite education facilities
- Clinical Meetings

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**Conditions of service**

▢ Sessions per week

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▢ Consulting hours

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▢ Annual leave

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▢ Long service Leave

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▢ Sabbaticals

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▢ Sick Leave

**Confidential Information**

▢ Business structure

▢ Partnerships/ trusts

▢ Name of accountant

▢ Car leases

**Photographs**

Need photos of:

▢ Practice - outside and in - waiting room, procedural room, consulting room

▢ Staff

▢ Hospital

▢ Community Health Centre



## PRACTICE VISIT

If a general practitioner is willing to visit an area then the local recruitment team should use this to “sell” the position and the area. Many incumbents will consider a variety of positions so it is vital that the visit is planned well and that all team members have consistent messages.

The best way to sell the practice is during the practice visit, ensuring the prospective candidate is made to feel welcomed by all staff. Considered effort should be made to highlight the positive aspects of rural practice, and especially your practice. However, be realistic about any negative aspects or potential issues. If possible, arrange an overnight stay for the visiting doctor (and family) and an evening meal with some (or all) of the practice GPs and their families.

**Be Prepared** Have prepared an employment and income package, considering – what is on offer by the practice, what financial payment can the new doctor expect to receive, what incentives are on offer (from either the practice or the local hospital) This includes such items as guaranteed minimum income (e.g. for the first 6 months) and rental assistance. Know this information prior to the practice visit – such practice discussions will ensure that the practice can support another GP with a suitable level of remuneration and support. All this information needs to be clearly documented and accurate. It is important that the visiting doctor has clear documentation that he/she can take away and refer to after the visit.

It is vital that you have a practice information kit available to provide to the visiting doctor. It is also suggested that the practice protocols should also be available in written format. This might include information on the practice “culture”. It is important that you use the practice visit as an opportunity to find out as much as you can about the doctor, their professional and personal requirements, expectations, and family requirements. Do their skill set and cultural background and requirements “fit” with your practice, the practice values and principles?

### **Follow Up –**

If, after the practice visit, you are very interested in attracting the doctor, follow up via phone or email within the next few days. Show your interest and offer to provide them with any additional information that they require. Maintain ongoing contact until a decision is made.

The following is a list of items that RWAV suggests you cover during the visit. This list is not exhaustive so do not hesitate to seek information on matters that may not be covered in this list. You are free to ask other questions. RWAV has provided this information for your assistance and advice only.



## PRACTICE VISIT PLANNING DOCUMENT

<u>Issues</u>	<u>Action (including relevant time frame)</u>
1. Advertising Vacancy How – Where - When	
2. Allocate time for you and your colleagues to spend with the visiting doctor. Ensure other doctors in the practice are available to at least meet and acknowledge the visiting doctor. The Practice Manager should also be available to meet and spend time with the visiting doctor.	
3. Practice tour - waiting room, consultation rooms, treatment room, work areas, staff facilities. Where will the “new” doctor be located?	
4. Practice equipment.	
5. Is the practice accredited? What PIP is available?	
6. Provide specific information regarding the vacancy: <ul style="list-style-type: none"> <li>• Is it full time or part time?</li> <li>• How many sessions per week?</li> <li>• What is the income (gross) and options (e.g. a guaranteed salary for a period of 3 – 6 months with a review after this period), fee for service, opportunity for, and/or expectation of, joining as an associate or partner?</li> </ul>	
7. What is the basic payment package on offer? Is it a gross wage or a percentage of earnings?	
8. What are the practice costs (percentage)? Will practice costs be deducted from either the GPs income or the percentage of takings? Will this amount be a set amount or a percentage of takings?	
9. Is the position procedural or for a generalist?	
10. Length of position. Is there a probation period? Is there an expectation that the “new” GP will become an associate or partner?	
11. What are the on call and after hour requirements (on call – how often and payment rates, requirement for weekend work).	
12. Terms and conditions of employment – formal written agreed contract of employment (not an offer and acceptance on a handshake alone!) including income, practice incentives, annual leave, sick leave, professional development leave, study leave, locum coverage, after hours, on call requirements, time off during the week etc. Paid leave versus unpaid leave. Both parties prior to commencement should sign a contract of employment.	

<b>Issues</b>	<b>Action (including relevant time frame)</b>
13. Are any incentives available (e.g. accommodation, car, insurance)?	
14. If required, seek taxation advice regarding issues such as Fringe Benefits Tax.	
15. Discuss the daily routine of the practice and also the routine outside the practice. Patients - how will the practice assist a new doctor to establish a patient base? Requirements for hospital visits - what are the requirements to obtain Visiting Medical Officer rights, credentialing. What services are provided by the practice to the hospital outpatient department, nursing home, and aged care hostel?	
16. Patient records – how are patient records maintained and accessed?	
17. What is the patient billing – bulk billing or private? Expectations.	
18. What are the general expectations of the practice? Practice values, culture.	
19. Is there an opportunity for you or another doctor within the practice to provide some level of supervision and/or support during the doctor’s first couple of weeks work?	
20. Mentor - is one of the GPs prepared to act as mentor until the new doctor settles into the practice and the community?	
21. Specific areas of expertise and/or special interests of the doctors at the practice. What options are available for additional learning and support?	
22. What specialist services or support is available (in the town, visiting, referrals)?	
23. What are the practice referral patterns?	
24. Practice demographics – morbidity, mortality. Include details on illnesses/issues impacting on the practice (e.g. drug and alcohol problems, aged care).	
25. What skill set is the practice seeking and does the visiting doctor have these skills?	
26. What are the special interests of the visiting doctor? Do these complement the practice? Is there facility to promote and accommodate any special interests?	
27. Insurance and indemnity – what assistance is available? Options.	

<u>Issues</u>	<u>Action (including relevant time frame)</u>
28. What other allied health supports are available within the practice or town (e.g. allied health staff)?	
29. Practice Orientation – provide detail on what is covered during the practice orientation.	
30. Also, filling a vacancy is not simply a case of recruiting a doctor – you may be recruiting the doctor and his or her family. Discuss what family support is available from within the practice. The doctor's spouse should be welcomed and supported until settled into the community by the spouses of the practice GPs and staff. What employment opportunities are available for the doctor's spouse? What schooling is available? Find out if there are any specific religious or cultural requirements of the doctor and his/her family.	
31. Referees – ensure the visiting doctor provides you with the names and current contact details of at least 2 referees (professional experience). Ensure the referees are current (at least one from the current position) and <b>ALWAYS CHECK THE REFEREES.</b>	
32. What future work, family, regulatory or education commitments does the doctor currently have that may interrupt practice time and disrupt the practice on either the short or long term?	
33. When can the doctor commence? Secure a start date and obtain a written commitment from the GP once the position is accepted.	
34. CME DHS Education Package	
35. Information Package : - Practice information - Web Page Addresses - Tourism Brochures - Divisional Support	
36. Other Issues	



## SETTLING OF THE NEW CANDIDATE AND THEIR FAMILY

### Orientation to Australian General Practice

OTD may not be able to commence promptly at the practice because of provider number or other documentation issues and may need some flexibility to settle the family. This time is an opportunity to orientate to Australian General Practice

Following is the RWAV Recruitment Support Package that details how new candidates can be assisted.



### RWAV Recruitment Support Package

RWAV has a Recruitment Support Package (RSP) available for **eligible** Australian trained general practitioners and overseas trained doctors (GPs and other specialists) to work in rural Victorian practice.

A number of amendments have been made since the RSP was introduced in 2005. The latest version is the RWAV RSP Handbook – dated May 2006. The earlier edition of the RWAV RSP Handbook is no longer valid.

#### Eligible doctors are:

- Those recruited through any one of RWAV's recruitment programs:
  - Victorian Overseas Trained Doctors Rural Recruitment Scheme (VORRS or the Scheme) i.e. OTDs selected by the Clinical Practices Advisory Committee who have accepted and commenced in rural general practice
  - Rural Locum Relief Program (RLRP) doctors approved by RWAV's Rural Assessment Panel
    - RLRP doctors are eligible to receive the support funding for contract advice and practice orientation only as OTD RLRP doctors already have permanent residency/Australian citizenship and do not require immigration advice
    - RLRP doctors are eligible if their placement is:
      - Greater than 4 sessions per week, and
      - For at least the minimum period of 12 months
  - Strengthening Medicare Recruitment Program – including GPs and other Medical Specialists
- Doctors who have recently completed the Australian GP Training Program (obtained Fellowship RACGP and completed all AGPT/GPET training requirements) or doctors who have satisfactorily completed the Practice Based Assessment (PBA) pathway to Fellowship. Eligible doctors must remain in rural general practice for at least another twelve months after completion of their training. These doctors are not required to undertake an RWAV assessment. An RWAV Area Manager will make the recommendation regarding RSP eligibility.

- Temporary Resident Doctors (TRDs) recruited by RWAV, or a rural division of general practice/Victorian rural general practice working in partnership with RWAV.

In order to be eligible for a RSP the TRD must:

- Meet either the Scheme or RLRP minimum eligibility criteria (i.e. Scheme: Category 1 – 4; RLRP: AMC MCQ and 12 months Australian hospital experience and an additional 12 months post-graduate hospital experience (Australia or overseas) and overseas general practice experience comparable or equivalent to Australian GP experience as assessed by the RACGP) and have signed a contract of employment for at least twelve months and are seeking to apply for permanent residency.
- Undertake an RWAV assessment (structured interview and reference checks) and be supported by the Rural Assessment Panel to work in rural general practice.
- Agree to undertake any training recommended by the RAP panel.

In order to receive the RSP, eligible doctors must be recruited to work in rural practice (RRMA 3 – 7) in Victoria for a period of at least twelve months. Doctors who have a signed contract for less than 12 months are not eligible for the funding.

A Recruitment Support package of up to \$3,000 will be available once for each eligible doctor.

This package is additional to any training, education, locum, examination preparation and other supports offered to doctors in rural Victoria.

***Doctors who are not eligible for the RWAV Recruitment Package include:***

- Doctors already in rural general practice (pre 1 January 2005)
- Doctors undertaking a short-term locum or a holiday relief placement
- Registrars in the Australian GP Training Program undertaking GP placements outside of the Training Program through the RLRP (e.g. weekend work or short term locum placements)
- TRDs who are working in rural general practice for short-term, temporary placements (e.g. 6 - 12 months on a working holiday) and who plan on returning overseas
- Doctors who are recruited to rural general practice by another DoHA appointed SMC recruitment agency are not eligible for the RWAV Support Package. These doctors should ascertain what support is available from the recruitment agency that recruited them to rural Victoria. These doctors may, however, be eligible to other RWAV support (refer Section 4).

***There are 3 components to the Recruitment Support Package:***

1. Up to \$1,000 for employment contract advice
2. \$1,000 for equivalent of a full week of practice and community orientation
3. Up to \$1,000 for immigration advice and assistance from an Australian Registered Migration Agent

***All amounts are inclusive of GST.***

***Further detail regarding each of these incentives is provided below***

## **1. Contract Advice**

RWAV will fund up to \$1,000 for eligible doctors to obtain legal and financial advice from appropriately qualified advisors/organizations regarding a contract of employment with a rural general practice in Victoria.

This funding is only available if a contract of employment is signed – preferably prior to the doctor commencing in practice. Funding will, however, also be made available where the contract is signed within the first three months of the doctor commencing in practice.

*The funding will be paid on receipt by RWAV of an invoice from the legal/accounting firm or copy of the receipt of payment.*

It is expected that the contract advice will be obtained from an organization specializing in, or experienced in, general practice contracts of employment.

The contract needs to include, but is not restricted to:

- Whether a person is an employee or an independent contractor and the terms and conditions of employment
- Amount and basis of payment e.g. fixed salary/fee or percentage of billings or combination
- Access to non-fee for service income such as practice incentive payments or immunisation service incentive payments
- Share and mix of patient load
- Obligations and payment for on-call and after hours service
- Arrangements for holidays and other time off and other conditions of employment (e.g. Workers Compensation, Insurance, access to training and supervision if required)
- Any agreed conditions for becoming a partner in the practice
- VMO activities

Further information regarding employment issues, contract basics, a checklist for contracting process, and information on employment contracts or independent contractors may be found in Appendix B of the RWAV “*Orientation Manual for OTDs working in Rural General Practice in Victoria*”.

Two organizations that may be appropriate to provide contract advice include Victorian Healthcare Industrial Association (VHIA) and the Australian Medical Association, Victoria (AMA-V).

*An option that RWAV may support is payment for the first 12 months membership of AMA-V (up to \$1,000). AMA-Victoria, as part of the doctor’s membership, would then provide contract advice.*

Contract advice must be obtained from an appropriate, suitably qualified and experienced advisor or organization.

## **2. Practice Orientation**

RWAV will fund \$1,000 to the practice employing the doctor to ensure that the doctor obtains a thorough orientation into the workings of the practice and with the local community.

RWAV will fund this if the practice provides employment to the recruited doctor for equivalent to a full week of time spent becoming oriented to the practice, community and medical services and systems applicable to that practice. This funding will go to the practice if the practice has provided salary to the doctor for that week. Otherwise it will go to the recruited doctor. The week of orientation may be conducted over the first two or three months in the new practice or be a full week. In order to receive this orientation funding the practice must include time for the recruited doctors away from patients.

Attached is RWAV's "Orientation Program Checklist" for the practice and the doctor.

*In order to receive the practice orientation funding, the checklist must be completed and signed by both parties (the GP employer or practice manager and the doctor) and returned to RWAV prior to payment being made.*

Broadly, the areas that should be covered in order to receive the orientation incentive funding include:

- Practice details, including:
  - Procedures
  - Policies and guidelines
  - Billing system and procedures
  - Medical records and record keeping
  - After hours and emergencies
  - Procedures and investigations
  - Referrals
  - Prescriptions
  - Drugs of addiction
  - Vaccines
  - Medical equipment and supplies
  - Practice administration
  - Legal requirements
  - Third party issues
  - Practice information; and
  - Support for non-English speaking patients
  
- The Australian Medical System, including:
  - Health Insurance Commission (HIC)
  - Pharmaceutical Benefits Scheme (PBS)
  - Medicare and Medicare Benefits Schedule (MBS)
  - Private health insurance
  - Australian Childhood Immunisation Record (ACIR)
  
- GP requirements, including:
  - Vocational Recognition (VR)
  - Rural Other Medical Practitioners (ROMPS), if applicable
  - Medical indemnity insurance
  - Medical registration
  - QA and Continuing Professional Development (CPD)
  
- Specialist colleges and medico-political organizations

- Doctor's Health
- Local services and introductions to key community members, including:
  - Hospitals
  - Pharmacies
  - Dentists
  - Schools
  - Churches
  - Community centre
  - Community service groups
  - Sporting and cultural resources

### **3. Immigration Assistance**

For eligible temporary resident doctors (TRDs), funding of up to \$1,000 is available for the doctor to obtain migration assistance (temporary visa, permanent residency visa) from an Australian Registered Migration Agent. This funding is not available for payment of visa or registration fees.

RWAV will make payment to an Australian Registered Migration Agent on receipt of an invoice. Alternatively, RWAV may reimburse the doctor subject to receiving a copy of the invoice from the Australian Registered Migration Agent and a copy of the receipt.

Funding for migration assistance will only occur if an Australian Registered Migration Agent provides the advice. Immigration advice and support (including completion of relevant paperwork) provided by a rural division of general practice staff member, practice staff or other non qualified people will not be eligible to receive the RWAV immigration funding.

**The \$1000 for each component is inclusive of GST**

### **4. Other Assistance**

A range of other assistance and support packages are available through RWAV. For information and detail regarding these, please contact an RWAV Area Manager or contact RWAV directly on (03) 9349 7800 or refer to the RWAV website – [www.rwav.com.au](http://www.rwav.com.au)

Assistance includes:

- Clinical attachment grants
- Individual clinical skills training grants
- RWAV Orientation Program
- RWAV Training programs including Rural Emergency Skills Training (REST), Women's Health and Koori Cross Cultural training
- Locum Grants and services
- Family and Personal Assistance Programs including Telephone Counselling Service, Rural Medical Family Network, Spouse Career Counselling Service, Meet and Greet Program and Cultural Resource Kit
- RWAV Rural Examination Preparation Program (REPP)

***Further detail and advice may be obtained from the  
RWAV Area Manager or RWAV Recruitment Staff on (03) 9349 7800***

***Rural Workforce Agency, Victoria 458 Swanston Street Carlton Vic 3053 T:(03) 9349 7800  
F:(03) 9349 4211 W: [www.rwav.com.au](http://www.rwav.com.au)***

## Practice and Community Orientation Checklist

RWAV would like to acknowledge the CHDGP and their "Checklist for new GPs in General Practice" and the Tasmanian RWA, "Orientation Manual Template Document". The RWAV Practice and Community Orientation Checklist is based on these documents.

### Practice:

#### Practice Procedures, Policies and Guidelines:

- Surgery hours
- Branch surgeries
- How to open and lock up surgery
- Security system code
- Practice management and structure
- Appointment system (including booking policy)
- Role of Practice staff
  - Practice Manager
  - Practice Nurse
  - Receptionist
- Practice Computer System
- Practice Policy and Procedure Manual
- Practice library
- Telephone policy
- Home visits
- Minor surgery and procedures undertaken in practice

#### Billing System

- Fees
- Item Numbers
- Multiple Procedures
- Auditing
- Billing for DVA and Social Security Card holders
- Billing to third parties (TAC, WorkCare, employment)
- Billing for medical reports
- Practice Incentive Payments
- Service Incentive Payments

#### Medical Records & Record Keeping

- Confidentiality
- Computerised records
- Filing
- Security and storage procedures
- Procedure for transfer of medical records
- Holding of records
- Accreditation requirements, eg. continuity of care, legibility etc.
- Recalls

- **After-hours and Emergencies:**
  - Roster
  - Local hospital VMO rights –including application process & credentialing
  - Ambulance procedures
  - Location and A&E status of major hospitals
  - Accessing medical records
  - Weekend surgeries
  - Billing after hours
  - Emergency retrievals and advice
  - Useful forms, useful references, and useful resource groups
  
- **Procedures & Investigations:**
  - Imaging
  - Pathology
  - Rules regarding pregnancy ultrasounds
  - Termination of pregnancy
  - Rules regarding multiple imaging/pathology
  - Billing procedures of local service providers
  - Results – how are these dealt with and followed up
  - Other services the practice offers e.g. spirometry, ECGs,
  
- **Referrals:**
  - Typed
  - Handwritten
  - Dictaphone
  - Availability of typist
  - Specialists (supply contact details for local providers & other specialists)
  - Hospitals – public and private system of referral
  - Allied Health Providers – local and other
  - Community Nursing Service
  - Palliative Care
  - Diabetes services
  - Dentists
  - Mental Health Services
  
- **Prescriptions:**
  - Pharmaceutical Benefits Scheme (PBS)
    - Private Scripts
    - Authority Scripts
  - Regulation 24
  - Restricted medications – Government applications
  - Local pharmacies – supply contact details & procedures. Arrange for doctor to meet the local pharmacist(s)
  - Requests for repeat prescriptions

- Drugs of Addiction:**
  - Prescribing
  - Storage
  - Access
  - Record-keeping
  
- Vaccines:**
  - Vaccination storage
  - Australian Immunisation Schedule – free vaccine
  - Practice policy for administration (nurses, flu clinics etc.)
  
- Medical Equipment & Supplies:**
  - Equipment in surgery
  - Ordering
  - Restocking
  - Doctor's bag - ordering and supply
  - Sterilisation requirements
  - Infection control
  - Cleaning procedures in the consulting and treatment rooms
  - Occupational health and safety
  
- Practice Administration:**
  - Practice meetings – clinical and non-clinical
  - Performance appraisals & contract reviews
  - Grievance procedure
  
- Legal Requirements:**
  - Guardianship
  - Medical power of attorney
  - Child Abuse
  - Sexual Assault
  - Pre-employment medicals
  - Diving
  - Commercial Vehicle licence
  - Medico-legal reports
  - Writing legal letters
  - Tax file number
  - Rules regarding personal relationships with patients
  - Health Services Commissioner
  - Complaints mechanisms (Medical Practitioners Board, H.S.C.)
  - Subpoenas & court attendances
  - Needle stick injuries – treatment, recording etc.

- Third Party Issues:**
  - Medical reports
  - Traffic Accident Commission
  - WorkCare
  - Insurers
  - Social Security
  - Medical certificates
  - Independent medical assessments
  - Entitlements (lost income, After Hours, On-call, etc)
  - Centrelink
  - Department of Veterans Affairs
  
- Practice Information:**
  - Patient Information Resources
  - Poison Information
  - Internal reference manual
  
- Non-English Speaking Patients:**
  - Translating Service
  - Printed resources available
  - Overseas visitors (billing, prescribing etc)
  
- Doctor's Health:**
  - Help Line
  - Victorian Doctors Health Program
  - Division initiatives
  
- Family Health Issues:**
  - Prescribing
  - Referring
  - Treating family members
  
- Local Services and introductions:**
  - Hospital – CEO and DON
  - Pharmacy
  - Dentist
  - Schools
  - Churches and religious centres
  - Community centre
  - Sporting facilities
  - Cultural resources and contacts

- Australian Medical System:**

  - Health Insurance Commission (HIC)
  - Prescribing (HIC Provider Number) & Pharmaceutical Benefits Scheme (PBS)
  - Medicare & Medicare Benefits Schedule
  - Department of Veterans Affairs
  - Private Health Cover
  - Ante Natal Shared Care
  - Hospitals
  - Private Clinics
  - Community Health Centres
  - Day Centres
  - Nursing Homes(s) and Aged Care
  - Aged Care Assessment Team
  - Respite Care
  - Enhanced Primary Care Medicare items
  - ACIR – Australian Childhood Immunisation Record
  
- GP Requirements:**

  - Vocational Recognition - RACGP Fellowship exam
  - Non-Vocational Registration – Rural Other Medical Practitioners (ROMPs) Program and application
  - Medical Defence – Medical Indemnity Insurance
  - Tax File number
  - Medical Board Registration (practice to record reminder dates for renewal for 8(1)(e) medical registration)
  - For Temporary Resident Doctors - record reminder for dates for re-application for sponsorship and visas
  
- Qualifications - Education & Training**

  - Continuing Professional Development (CPD) requirements (formerly CME) – RACGP and/or ACRRM if GP or other relevant Specialist College
  - Supervision
  - Mentoring
  - Training programs – teaching in the Practice
    - Registrars
    - Medical Students
  - Staff development
  - Rural Division of General Practice – contact and support
  
- Specialist Colleges and Medico-Political Organizations**

  - Australian Medical Association, Victoria - AMA-V
  - Rural Doctors Association of Victoria - RDAV
  - Royal Australian College of General Practitioners – RACGP
  - Australian College of Rural and Remote Medicine – ACRRM
  - Other Specialist Colleges

## Practice and Community Orientation Checklist

### Certification:

I certify that (insert name of "new" doctor) (Please print):

Dr \_\_\_\_\_

has received a thorough and complete practice and community orientation that has covered at least the information/details listed in the "Practice and Community Orientation Checklist".

Signed: (Practice Principal or Practice Manager):

\_\_\_\_\_

Signed: ("New" doctor):

\_\_\_\_\_

Date:

\_\_\_\_\_

### Payment Details:

Who is to receive the orientation payment? Please tick.

- Practice
- Doctor

If the practice, please provide full practice name, ABN number, and address.

\_\_\_\_\_

\_\_\_\_\_

If the "new" doctor, please provide the doctor's full name, address and ABN number.

\_\_\_\_\_

\_\_\_\_\_

**Please complete, sign, date and return this form to:**

Rural Workforce Agency Victoria  
Attention: Recruitment Section  
Suite 8, 458 Swanston Street  
Carlton Victoria 3053.

Please also retain a copy for your records.



## Orientation to Australian Culture

Australian Culture is different to many other cultures in terms of personal space, language, humour, and “rural bloke” stoicism i.e. “I feel a bit crook, as crook as a dog... a bit of a twinge in the chest”

Not only are OTDs commencing at a new practice they are also learning a new culture, humour, language and food. They will also be supporting their family through these processes. For some families there will be a significant grieving process for their home, pets, former lifestyle, ageing parents and extended family members. Some families will not necessarily be *coming* to Australia but rather *leaving* difficult circumstances in their country of origin. Hence they will not necessarily be grateful or enamored with Australia as we may expect.

Patience is also required as spouses grieve for the things they have left behind. The GP can easily settle into a work routine and the Australian lifestyle as they have the opportunity to meet and talk to a range of people. Spouses on the other hand, especially if they have left a professional career behind, can often take longer to find their niche. Their articulation of the differences between cultures (i.e. standard and size of housing, behaviour of children and schooling) can be heard as harsh criticisms by Australians. Ironically, their affirmation of safety or the quality of life (going for a family walk, letting children walk alone), can easily be dismissed by Australians who take these things for granted.

It is important to provide an environment that will allow the GP and his family to ask about Australian culture without giving offence or feeling stupid. There is also an opportunity to learn about other cultures and the opportunity to be reflective on our own.

It is important to ask about differences so that barriers can be addressed. An example being: that we take car travel over long distances in our stride. Lonely roads in the country may be daunting to OTDs. Some incumbents will be without a vehicle so to visit a practice they may require public transport which can be lonely and inconvenient. It is important to make the transition as smooth as possible to encourage the incumbents to come and work in our area. This will require thoughtful consideration too many things we take for granted.

## Religious and Cultural Needs

Many families from other countries will have religious and cultural needs. Do not presume that everyone will be strict with their religion but awareness of such needs, will assist in retention.

Consideration may need to be given to diet, customs, religious days, periods of fasting, festivals and traditional holidays. These may not be met in a small rural town, but time off may need to be granted to travel to larger centres to celebrate significant festivals.

The RWAV Cultural Resource Kit provides a brief overview of the main religions of the overseas trained doctors and a calendar of religious holidays. An electronic version with search options is available on RWAV website [www.rwav.com.au](http://www.rwav.com.au)

## Conflict Resolution

As recruitment of a rural GP has developed into a whole community approach it is very important to have a clear mechanism to handle disputes.

The practice will need to have policy and procedures on

- Patient complaint about GP
- Internal Complaints
  - Directed against GP
  - Directed against staff

Mechanisms to discuss management issues such issues relating to contract and remunerations need to be clearly documented. This will allow for a professional environment in which to discuss and address any areas of conflict. Where the practice manager is a spouse of GP partner it is vital that these processes are explained so that the incumbent has a means to discuss potentially sensitive professional matters without disrupting personal relationships.