Vocationally registered GPs

Vocationally registered (VR) GPs are on the RACGP or ACRRM Fellows list, or the Vocational Register with Medicare. Being a vocationally registered GP gives access to special Medicare item numbers and higher Medicare rebates, which equates to a higher income. GPs with vocational registration are required to fulfil the Royal Australian College of General Practitioners (RACGP) QI&CPD criteria or the Australian College of Rural and Remote Medicine’s (ACRRM) professional development program in order to retain vocational registration. This involves a combination of educational activities and assessment/audit of practice.

Background

The Government introduced vocational registration in 1989 to recognise general practice as a discipline in its own right, to improve professional standards, and to reward high quality practice. Between 1989 and 1995, medical practitioners already practising in general practice who met the eligibility criteria could apply to be grandfathered on to the Vocational Register. To be eligible, GPs had to have five years experience in general practice. The grandfathering period for the Vocational Register ended in November 1996.

VR medical practitioners are now the norm in general practice. In July 2010, a national registration system managed by the Australian Health Practitioner Regulation Agency (AHPRA) commenced. This recognised general practice as a medical specialty accessible through Fellowship of the RACGP (FRACGP) or ACRRM (FACRRM), or on the General Practice Vocational Register.

The Vocational Register effectively created two classes of GPs: those who are vocationally registered (VR GPs, who have access to higher A1 Medicare rebates) and those that are not (non-VR GPs, who only have access to lower value A2 Medicare rebates).

Non-VR GPs currently have the option to become vocationally registered by undertaking, with either the RACGP or ACRRM, a pathway to Fellowship for non-VR GPs that takes into account their commitment to the profession, their past experience and their involvement in continuing professional development. Candidates must also pass the Fellowship examination.

Meeting the Standards

All GPs, including registrars, must provide evidence of current vocational registration. There are a number of exceptions in regard to vocational registration, as outlined in 3.2.1B below.
3.2.1B/ Our practice demonstrates that all our doctors are recognised GPs, with the exception of:

- doctors enrolled in a recognised general practice training program
- other specialists practising within their specialty
- trainees undertaking a placement to gain experience in general practice as part of another specialist training program
- where recruitment of recognised GPs has been unsuccessful, our practice demonstrates that doctors have the qualifications and training necessary to meet the needs of our patients.

QPA will require evidence of vocational registration. If the GP is not vocationally registered, then evidence must be provided in support of the above applicable exceptions.

Providing evidence

If the GP is listed as being a ‘specialist’ in general practice on the AHPRA register, this confirms that he or she is vocationally registered. Alternatively, GPs might provide a letter from Medicare confirming the date they were included on the vocational register, or a certificate or statement confirming the doctor is a fellow of the RACGP or ACRRM, indicating that the doctor is, indeed, vocationally registered. For any non-VR doctors, including GP Registrars, evidence of the training program in which they are enrolled is required, confirming that they are continuing their training and are working towards becoming vocationally registered in the future. Often, where practices have tried unsuccessfully to recruit vocationally registered doctors, Medicare will give the practice permission to employ non-VR GPs in recognition of the practice being in an ‘area of need’. Paperwork from Medicare will confirm this situation, and that the non-VR doctors employed do have the applicable qualifications and training necessary to meet the needs of patients.