VICTORIAN
RURAL GENERALIST
PROGRAM

Rural Generalist Consolidation Guidelines

Overview

The Victorian Department of Health (the department) funds the Rural Generalist Consolidation (RGC) program to contribute to development and retention of an adequately skilled Rural Generalist workforce in rural Victoria.

The RGC program enables rural medical practitioners who have completed, or are completing, advanced skills training with opportunities to maintain, further develop, refresh or update their advanced skills to transition to be confident and independent Rural Generalists. RGC is only available to individuals with a career pathway plan and demonstrable long term career intention and commitment to independent practice of their advanced skill in a rural community.

Rural health services are provided funding to be allocated, as approved in the trainees' Learning Plan, towards support for salary and other identified resource needs (e.g. supervision, courses, secondments), for Rural Generalist trainees (RG trainees) to consolidate their advanced skills.

Definitions

Both the Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP) have agreed on the following definition of a Rural Generalist as per the Collingrove Agreement:

'*A Rural Generalist is a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way by providing both comprehensive general practice and emergency care and required components of other medical specialist care in hospital and/or community settings as part of a rural healthcare team.*'

The following definitions apply to this document:

- **Clinical Lead:** Member of VRGP Coordination Unit who supports the trainees, in their relevant discipline, through Advanced Skills and Consolidation of Skills Training.
- **Funding Body:** Department of Health (the department).
- **Fund Holder:** A Health Service that has been allocated the funding for the Trainee. This will be the Primary Health Service unless approved by the department as an alternative arrangement.
- **Primary Health Service:** The health service where the trainee will be working longer term in an independent capacity and, where possible, will be providing much of the consolidation for the trainee. It is recommended that where possible the Primary Health Service is a small rural or sub-regional health service within the community of intended future practice for the trainee.
- **Regional Coordinator**: Member of VRGP Coordination Unit who case manages trainees and coordinates with colleges and training providers to facilitate trainee allocation to positions.
- **RG Trainee:** The applicant/participant in the RG Consolidation program. This includes all eligible participants as per the eligibility criteria below. Existing General Practitioners and Rural Generalists are included as RG trainees for the purpose of this guideline.

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- **Secondary Health Service:** The health service that provides consolidation of skills experiences to a trainee where this cannot be provided by the Primary Health Service. This may include larger or regional health services.
- **Supervisor:** Doctor providing most of the supervision during RG Consolidation placement
- **Training Advisor:** Employed by the training college to support the training needs of trainees throughout RG Consolidation
- **Training College:** The college that provides the training for RG registrars leading to fellowship, ACRRM or RACGP

Eligibility

Support under the RGC program is available to RG trainees who have undertaken advanced skills training within the preceding 24-months. RG trainees who require upskilling in an existing skill after significant time away from advanced skill practice are also eligible to apply. Where RG trainees have completed advanced skills training outside Victoria, their application will be considered on a case-by-case basis depending on availability of budget and their future VRGP pathway within a region.

Medical practitioners eligible for support are:

- Victorian Rural Generalist registrars on a recognised training pathway such as the:
  - Royal Australian College of General Practitioners – Rural Generalist Pathway (RACGP-RG): Australian General Practice Training Program (AGPT) or Remote Vocational Training Scheme (RVTS)
  - Australian College of Rural and Remote Medicine (ACRRM): Independent Pathway, AGPT or RVTS
- Fellowed General Practitioners who have completed an advanced skill as part of obtaining the Fellowship in Advanced Rural General Practice (FARGP) or from 2023 RACGP-RG.
- Fellowed Rural Generalists (FACRRM and FRAGP-RG) who have undertaken training in a second advanced or additional skill.
- Rural Generalists who have significantly de-skilled in a previously obtained advanced skill and require upskilling to return to advanced skill practice or have obtained a second (new) advanced skill and can demonstrate they will meet an identified community and workforce need (details specified upon application)

  Applications for this category will be considered on a case-by-case basis. As a guide, significant de-skilling would generally be considered to have been absent from advanced practice for a period of greater than 12 months and/or where a practitioner has been unable to utilise existing professional development programs such as the Commonwealth Rural Procedural Grants Program.

Ineligibility

The following are not eligible for the RGC program:

- Medical practitioners who are not registered with the Victorian Rural Generalist Program
- RG trainees who do not have a career pathway plan with demonstrable long term career intention and commitment to independent practice of their advanced skill in a rural community.

Funding

The total RG Consolidation grant available per Trainee is up to a maximum of $45,000, with the actual funding based on the cost of learning and support activities identified in the Trainee's approved Learning Plan. RGC funding can only be used for activities identified in the approved Learning Plan. Funds may not be used to address workforce shortages in a health service. Fund Holders are not permitted to charge corporate overhead fees.

Management of the funds is the responsibility of the Fund Holder. There are several models available for distribution of funding, and assistance can be provided by the VRGP Clinical Lead and Regional Coordinator as required to establish the most suitable model. Examples of funding distribution models include:

- Funds managed entirely by the small rural health service or the regional health service
- Split funding between health services with a percentage provided to each as required by the identified training needs.

Where training and/or funding is distributed across multiple sites, formal arrangements (such as a contract or MOU) will need to be in place to ensure that funds are appropriately distributed. Any concerns about appropriate use or distribution of funds will be reported to and managed by the VRGP Statewide Team.

Funding is allocated to the Fund Holder and can be accessed for:

- Salary support for the RG trainees for RGC training time not already covered under an employment contract e.g. a service position in a health service roster.
- Payment for the Supervisor e.g. Supervising RGO to attend a delivery
  Note: Supervisors will not receive this funding if they are already being paid for their time spent providing supervision (e.g. by the Health Service, through Medicare or private billing).
- Payment for other training and activities that have been included in the Learning Plan.

To be considered for funding under the RGC program, VRGP requires a completed application which has been endorsed by the Regional Network. Please note, RGC funding is capped per region each year and applications will be prioritised.

The department may recall RGC payments where Learning Plan activities have not been delivered.

Funding prioritisation

The allocation of funding will be in order of the following three priority groupings until all funding is utilised. Total funding available is capped each year and not all applications for funding will be successful.

Priority Group A

- Non-fellowed RG trainees who are completing their qualification (e.g. finalise training requirements, exam preparation) who have a career pathway plan with demonstrable long-term career intention and commitment to independent practice of their advanced skill in a rural community within the VRGP region.

Priority Group B

- Non-fellowed RG Trainees who need additional upskilling within their discipline to meet a defined community need (eg Allergy Clinic, Eating Disorder Clinic) who have a career pathway plan with demonstrable long-term career intention and commitment to independent practice of their advanced skill in a rural community within the VRGP region.
- Non Fellowed RG Trainees who have completed all components of qualification and now need to transition to independent practice of their advanced skill in a more rural service environment aligned to their long-term career intention in a rural community within the VRGP region.

Priority Group C

- Fellowed and Non-fellowed RG trainees who require upskilling in an existing skill after significant time away from advanced skill practice and need to regain confidence to transition to independent practice of their advanced skill in a rural community within the VRGP region.
- Fellowed RG trainees who are completing their qualification, need additional upskilling within their discipline or have completed their qualification and need to transition to independent practice of their advanced skill in a more rural service environment aligned to their long-term career intention in a rural community within the VRGP region.

Application requirements

RGC applicants will be required to complete a Learning Plan which identifies the learning and support that they will need to transition to independent practice in their advanced skill in a rural service setting. RGC funding can only be used for activities identified in the approved Learning Plan.

Development of the Learning Plan includes identifying the community, and the associated health service, in which the applicant intends to practice their skill (Primary Health Service). It is anticipated that most of the support needed for the applicant will be learning to use their skill independently in the small health service context (Primary Health Service). Where further training or skill development cannot be obtained in the smaller health service, then it is appropriate for trainees to return to their initial site of training or another regional health service (Secondary Health Service) to undertake their Learning Plan activities.

Application process

Applications must include a completed Learning Plan and online application form. The table below outlines the steps to submit an RGC application.

Step	Action	Who
1	Discuss potential need for RGC with VRGP Regional Coordinator and Clinical Lead	Applicant
2	Advise VRGP Regional Coordinator of intention to apply for RGC	Applicant
3	Draft and discuss the Learning Plan with the Training College and VRGP Clinical Lead then finalise the Learning Plan	Applicant
4	Review and endorse the Learning Plan (due 30 Sep 2026 / 30 Mar 2027 for Sem 1 / Sem 2 2027 starts)	VRGP Clinical Lead
5	Agree the RGC Learning Plan activities with Health Services, Supervisors and Training Colleges then complete and sign the online application form	Applicant
6	Review and sign the application form and confirm funding arrangements and available budget	VRGP Regional Coordinator
7	Regional Networks endorse RGC allocation and RG trainee advised of outcome	VRGP Regional Coordinator and Regional Network
8	Review, refine if required, and sign the application form	VRGP Clinical Lead
9	Review and sign the application form	Primary Health Service Supervisor
10	Review and sign the application form	Primary Health Service Medical Workforce
11	Review and sign the application form (if required)	Secondary Health Service Supervisor
12	Review and sign the application form (if required) (due 30 Oct 2026 / 30 Apr 2027 for Sem 1 / Sem 2 2027 starts)	Secondary Health Service Medical Workforce

Learning Plan

Each trainee undertaking an RGC placement must have a Learning Plan in place that clearly states the learning outcomes to be achieved during the placement. The RGC Learning Plan can cover multiple health services and multiple activities as agreed by the Fund Holder and Trainee prior to the RGC placement commencing. An objective of the RGC program is to enable supported transition from practicing an advanced skill in a larger health service, to practicing independently in a smaller, more rural or alternate setting. It is therefore paramount that the RGC plan reflects and supports how this transition will occur.

RG Trainees are required to develop their Learning Plan with their VRGP Clinical Lead and Training College in accordance with the identified training needs. This may include how the RGC will be - integrated with training requirements.

Formal monitoring of the Trainee's progression according to the Learning Plan, is recommended to be undertaken by the trainee and their Supervisor at 3 monthly intervals for the duration of the RG Consolidation period. The Training College and VRGP Clinical Lead will be responsible for monitoring this progress. Any concerns identified during this process will be addressed and escalated as required.

RG Trainees who are already Fellows, can develop their Learning Plan with the assistance of the VRGP Clinical Leads and the College responsible for the advanced skill (eg ANZCA, RANZCOG, ACRRM or RACGP).

Duration

RGC funding of up to $45,000 is typically allocated for a 12-month period with up to $22,500 per semester. Should extended leave be required during this time, then this is to be negotiated with the Fund Holder. Applications for a 6 month or 12-month extension (to total 24-months) may be considered on a case-by-case basis and will need to be negotiated with the Fund Holder and Training College with input from VRGP Regional Coordinator and VRGP Statewide Team.

Consolidation over two years is an option for trainees and funding will be provided pro rata. The Learning Plan should reflect activities over the two years and be submitted with the application.

Application due dates

An advice session on the RGC program is provided in August of each year. RG trainees will be provided with a Learning Plan form and should start thinking about their needs.

Learning Plans must be completed and endorsed by the VRGP Clinical Lead by 30 September 2026. Trainees will be advised of the Regional Network decision on funding allocation. For approved applications, the online RGC form must be completed and signed by all parties by 26 October 2026 for those commencing RGC in Semester 1 2027.

For Semester 2 2027 commencements, Learning Plans must be endorsed by 30 March 2027 and online application forms submitted and signed by all parties by 30 April 2027.

Application form

Learning Plan: available from Clinical Leads and Regional Coordinators.

VRGP - Rural Generalist Consolidation application form

Further information

Please contact your Regional Coordinator for more information.

Region	Regional Coordinator	
Barwon South West	**Anna Dyson**	south.west@vicruralgeneralist.com.au
Gippsland	**Julie Rogalsky**	gippsland@vicruralgeneralist.com.au
Grampians	**Kim Lane**	grampians@vicruralgeneralist.com.au
Hume	**Joelene Mitchell**	hume2@vicruralgeneralist.com.au
Loddon-Mallee	**Kate Carlile**	loddon.mallee@vicruralgeneralist.com.au