

***Form T1: Continuing Medical Education for
Rural General Practitioners***

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Agency	Continuing Medical Education for Rural General Practitioners
Form T1	Hospital Claim Form

Reporting Requirements

The Continuing Medical Education (CME) Program for Rural General Practitioners was introduced from 1 July 1996.

The T1 form was previously called the Hospital Claim Form (page 17, *Continuing Medical Education Program for Rural General Practitioners Information Kit*). The Hospital Claim Form is now available on the AIMS system as the T1 form. Public hospitals eligible to participate in the CME Program should complete Form T1 when submitting claims for a subsidy in accordance with the program guidelines.

Hospitals are responsible for reviewing the claims, determining their consistency with the program principles, assessing the level of subsidy to be provided, and verifying to the Department the extent of the subsidy to be provided in each instance.

Return of Forms

Public hospitals eligible to participate in the CME Program should submit the claim form to the Department in electronic format via the AIMS OnLine Entry System *within 30 days following the end of the quarter*. If the form is not forwarded by this date, payment may not be forthcoming.

Note: There will be no follow up by central office regarding this form.

Components of the Subsidy

General practitioners are eligible to claim for the components of the subsidy in which they incurred direct costs. Should other funds, such as Commonwealth grants, be received to support any components of CME, then the GP is ineligible for that component of the subsidy.

GP Conference Attendance

Formal conference workshops are included in this category. However, informal pre- and post- conference workshops are not eligible for payment.

GP Accommodation

Accommodation at registered commercial premises attracts a subsidy. Private accommodation does not attract this component of the subsidy.

GP Out of Pocket Expenses

This component covers incidentals including telephone calls and meals. In order to attract the out-of-pocket expenses component, at least one other component of the scheme must be accessed and approved.

GP Travel

Car travel is measured from the general practitioner's usual place of residence to the location of CME via the most direct, practicable route.

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Return air travel is subsidised at the cheapest economy air fare via the most direct route (this is often included in course outlines). Stopovers and additional journeys do not attract the subsidy. Should a general practitioner fly first or business class, the assessor should determine the rate of the economy air fare and include this amount in the total amount claimable.

Locum Costs

General practitioner's are eligible to claim for the direct cost of engaging a locum provided this is directly related to attending CME. The locum must be employed via a recognised locum service and not normally or regularly practising in the GP practice or catchment area.

General practitioner's are ineligible to claim for locum costs should funds or services be accessed from other schemes.

Locum costs can only be claimed for the days in which the conference was attended.

Locum Accommodation and Travel

General practitioner locums are eligible for travel and accommodation subsidies with the same terms and conditions applying to general practitioners. Car travel will be measured from either the locum's usual place of residence or the previous place of residence, whichever is applicable.

Assistance

Further information for the completion of this form can be obtained from *the Continuing Medical Education Program for Rural General Practitioners Information Kit*.