

# WORKFORCE INCENTIVE PROGRAM – DOCTOR STREAM FLEXIBLE PAYMENT SYSTEM

### **APPLICATION FORM**

Note: includes approved GP training and Central Payment System top-ups

**Effective Date: 1 January 2020** 

Please note this application form requires handwritten signatures and therefore is intended to be paper based.

The Printable PDF version is the recommended document for medical practitioners to download, print,

complete and submit.

# PART 1 – INFORMATION REGARDING THE FPS FOR THE WIP – DOCTOR STREAM

The Workforce Incentive Program (WIP) – Doctor Stream aims to encourage medical practitioners to practise in regional, rural and remote communities and promote careers in rural medicine through the provision of financial incentives.

There are two payment systems used for the WIP – Doctor Stream:

- The **Central Payment System** (CPS) applies to medical practitioners who bill the Medicare Benefits Schedule (MBS) for eligible services at or above \$6,000 per quarter. These medical practitioners will have their eligibility automatically assessed each quarter and will be advised and paid by Services Australia when a payment is due.
- The **Flexible Payment System** (FPS) applies to medical practitioners who provide eligible non-Medicare services and/or undertake training on approved pathways that is not reflected in MBS records.

This application form relates only to the FPS. This may include practitioners who have already received a CPS payment and are applying for a top-up payment or who have completed a mix of CPS and FPS quarters. Applications for payments under the FPS are assessed by Rural Workforce Agencies (RWAs) in each state and the Northern Territory. RWAs are responsible for administering the FPS based on the WIP Guidelines. Submission of an FPS application acknowledges that the applicant has read and understood the WIP Guidelines. The Australian Government is not liable for payments in relation to applications made on the basis of incorrect advice provided by RWAs. FPS Payments are processed by Services Australia, who will notify the medical practitioner in writing of the payment amount.

To apply for a payment under the FPS, complete and submit this application form to the RWA in the state or Northern Territory in which you provided the majority of eligible services. If you have any questions regarding your eligibility or how to fill out any part of this form, please contact your RWA (See the <u>Submitting an application</u> section for contact details).

**Medical practitioners participating in Health Care Homes** – For medical practitioners who require assessment under the FPS for other eligible non-Medicare services, this application process will capture Health Care Homes activity, i.e. you do not need to complete a *WIP* – *Doctor Stream: Health Care Homes review form*.

Medical practitioners who DO NOT require assessment under the FPS for other eligible non-Medicare services and believe their WIP – Doctor Stream payment has been affected by their participation in Health Care Homes should complete a WIP – Doctor Stream: Health Care Homes review form, available on the Department of Health website.

## **Eligibility**

To be eligible for the WIP - Doctor Stream, medical practitioners must:

- provide a minimum amount of eligible primary care services in eligible locations and/or undertake eligible general practice (GP) training under an approved training pathway; and
- meet the required number of active quarters for payment; and
- have an eligible current Medicare provider number; and
- have provided current bank account details to Services Australia specifically for the WIP Doctor Stream (or have previously provided these details for the General Practice Rural Incentives Program).

Medical practitioners accessing WIP – Doctor Stream for incentive payments are assessed based on:

- the amount of eligible services provided within a payment quarter period;
- the Modified Monash (MM) classification of the location in which eligible services are provided; and
- duration of active service within the program.

Payments are determined by activity within quarters.

Quarter One – July, August, September Quarter Two – October, November, December Quarter Three – January, February, March Quarter Four – April, May, June

For more information about eligibility, please refer to the WIP Guidelines available at www.health.gov.au/workforceincentiveprogram.

#### WIP - Doctor Stream Sessions

Activity in each quarter is captured in 'sessions'. A session under the FPS refers to an accumulated period of at least three hours in which a medical practitioner provides eligible services (regardless of whether the MBS was billed) and/or undertakes eligible training (see the <u>FPS Provisions</u> section for more information). Sessions can be accumulated over the course of a day and a maximum of TWO sessions can be claimed per day. Sessions can only be claimed for the day the services were provided.

NOTE: PLEASE RECORD <u>ALL</u> TIME SPENT PROVIDING ELIGIBLE SERVICES OR TRAINING OVER THE RELEVANT QUARTERS, REGARDLESS OF WHETHER THE SERVICES WERE MBS BILLED OR YOU HAVE RECEIVED A PAYMENT UNDER THE CPS.

SESSIONS MUST BE IN RELATION TO DIRECT CLINICAL ENGAGEMENT WITH A PATIENT(S).

An <u>active quarter</u> is where a medical practitioner completes at least 21 sessions within MM 3-7 locations in the quarter. This is the minimum quarterly activity threshold for the FPS. A quarter must meet this threshold to count toward a potential payment.

Medical practitioners who complete 104 or more eligible sessions within a quarter meet the threshold condition for maximum payment. This is the maximum quarterly activity threshold for the FPS.

Medical practitioners who are billing the MBS for some services and meet the threshold to trigger a CPS payment, but who also have other eligible non-Medicare services to claim under the FPS, can apply through the FPS for a top-up payment. When applying for a top-up payment, medical practitioners will need to account for <u>all eligible activity</u>, including that for which a CPS payment may have been generated.

#### **FPS Provisions**

To be eligible, medical practitioners must provide **eligible non-Medicare services and/or undertake eligible training** (See the <u>Eligible GP Training Placements</u> section for more information) in eligible regional, rural and remote locations in Australia through the Alternative employment or Special Top-Up provisions outlined in the tables below.

All eligible services are required to be in relation to direct clinical engagement with a patient(s) and Special Top-Up services must be provided by the medical practitioner to the patient(s) physically within the eligible location category.

Location	Alternative Employment					
MM 3-7	Medical practitioners working for:					
	Aboriginal Medical Services (AMS); or					
	<ul> <li>the Royal Flying Doctor Service (RFDS) based in MM 3-7 for all eligible primary care services; or</li> </ul>					
	Participants on approved training pathways* in eligible GP training placements who are not billing the MBS sufficiently to reflect the services they have provided.					
MM 6-7	Commonwealth or State salaried medical practitioners providing primary care services.					
MM 1-2	Participants on approved training pathways undertaking approved advanced training in MM 1-2 locations regardless of their MBS billing levels**.					
	RFDS based in MM 1-2 are eligible to apply only for primary care services delivered in association with an overnight stay in MM 3-7 (either before or after).					

<sup>\*</sup>Refer to Eligible GP Training Placements section for approved pathways.

<sup>\*\*</sup>Note: MM 1 and MM 2 locations only include selected GP training placements. (See the <u>Eligible GP Training</u> Placements section for more information.)

Location	Special Top-Up Provisions (Only where the minimum quarterly threshold has been met for eligible clinical services in all quarters)
MM 6-7	Medical practitioners who undertake:      excessive travel time* to provide outreach services;      population health work in Aboriginal and Torres Strait Islander communities;     or      support to Aboriginal and Torres Strait Islander health workers and/or Aboriginal and Torres Strait Islander health practitioners.

<sup>\*</sup>Note: Excessive travel time is considered as three or more cumulative hours per week above an initial 3 hours per week threshold. Travel time must be from the practice location in MM 6-7 in which the medical practitioner is based, to the location in which they are providing outreach services in MM 6-7 (and back). Travel from locations in MM 3-5 to outreach locations in MM 6-7 may be considered where the base location is the nearest reasonable health service. Travel time must be claimed as sessions of a minimum of three hours and are included in the TWO sessions per day limit.

Excessive travel provisions apply to eligible primary care sessions provided by the RFDS in MM 6-7 locations however may be delivered from base locations in MM 3-5. RFDS practitioners based in MM 1-2 may also apply for excessive travel where eligible primary care sessions are claimed in association with an overnight stay (in MM 6-7).

#### **Eligible Locations**

Eligible locations are those in Australia within MM 3-7 classifications of the Modified Monash Model (MMM). Eligible services are based on the practice or outreach location, regardless of medical practitioner or patient address. In order to be eligible for Alternative Employment or Special Top-Up provisions, services or training must be in the relevant location category listed in the Alternative Employment and Special Top-Up Provisions tables. The MM classification of a location can be checked using the Health Workforce Locator on the DoctorConnect website.

#### **Eligible GP Training Placements**

Participants undertaking approved GP training placements are eligible to apply for payment under the FPS, where MBS records do not reflect their services/training. The following are approved training pathways for the purposes of the WIP – Doctor Stream:

- Australian General Practice Training (AGPT) Program;
- Australian College of Rural and Remote Medicine (ACRRM) Independent Pathway;
- Remote Vocational Training Scheme (RVTS); and
- Royal Australian College of General Practitioners (RACGP) Practice Experience Program (PEP).

Eligible training placements are those located in Australia within MM 3-7 classifications. Selected training placements in MM 1-2 locations may be eligible. Only AGPT GP Registrars on the rural pathway completing relevant training placements in MM 1-2 locations (Advanced Rural Skills Training or Advanced Specialised Training) are eligible for incentives if the training is authorised by their Regional Training Organisation (RTO). Eligibility for participants on other pathways will be considered on a case-by-case basis.

Eligible training placements do not include the compulsory hospital year required by the RACGP or core clinical training year required by the ACRRM. All other GP training undertaken in hospitals on approved pathways in MM 3-7 locations is eligible.

#### Application timeframes: When Should I Apply?

In the following application form you will need to cover a period of between four and eight active quarters to be eligible for a payment (active quarters may include exclusively MBS billed quarters and/or quarters that are a mix of MBS and non-MBS billed eligible activity. Eligible MBS billed activity need NOT have been conducted under Alternative Employment provisions). Please attach additional pages if required. If you would like to determine the period appropriate to your particular circumstances, please contact your RWA. All practitioners are encouraged to submit their applications as soon as practicable following completion of the required amount of quarters for payment.

#### Practitioners who have not received a CPS payment

All continuing participants, as well as new participants to the program billing predominantly in MM 6-7 locations (≥50%), will become eligible for a payment once they have completed four active quarters within an eight quarter period. These applications will only be assessed on a period of up to eight quarters prior to the quarter in which the application is received by the RWA. This means that medical practitioners are only allowed to claim retrospective payment/s dating back two years from the quarter their application is received by their RWA.

New participants to the program billing predominantly in MM 3-5 locations (>50%) will become eligible for a payment once they have completed eight active quarters within a 16 quarter period. These applications will only be assessed on a period of up to 16 quarters prior to the quarter in which the application is received by the RWA. This means that medical practitioners are only allowed to claim retrospective payment/s dating back four years from the quarter their application is received by their RWA.

#### Practitioners applying for a 'top-up' of their CPS payment

If a medical practitioner has billed Medicare enough to meet the threshold and receive a payment under the CPS but has done extra eligible work over that payment period that was not captured in Medicare billing, they will have <u>six months</u> from the date of the CPS payment advice letter to submit an FPS Application Form that captures **all** time spent providing all eligible services related to that payment period.

#### What Do I Need to Include with My Application?

All applications for Alternative Employment and Special Top-Up Provision incentive payments will require sufficient supporting documentation to confirm the information recorded on the application form. (See the <u>Supporting</u> <u>Documentation</u> section for more information.) A standard template showing the details required in a letter from a medical practitioner's employer/practice manager can be found at the end of this form.

#### Submitting an application

Please submit your application to the RWA in the state or territory where you provide the majority of eligible services.

State/Territory	Name	Contact Email	Contact Number
Northern Territory	Northern Territory Primary Health Network	gpwip@ntphn.org.au	(08) 8982 1000
South Australia	Rural Doctors Workforce Agency South Australia	WIP@ruraldoc.com.au	(08) 8234 8277
Western Australia	Rural Health West	accounts@ruralhealthwest.com.au	(08) 6389 4500
Tasmania	HRPlus Tas	admin@hrplustas.com.au	(03) 6332 8600
New South Wales	New South Wales Rural Doctors Network	gpgrants@nswrdn.com.au	(02) 4924 8000
Queensland	Health Workforce Queensland	wipds@healthworkforce.com.au	(07) 3105 7853
Victoria	Rural Workforce Agency Victoria	rwav@rwav.com.au	(03) 9349 7800

#### **Further information**

Further information on the WIP – Doctor Stream and FPS can be found in the WIP Guidelines.

For any queries or assistance related to the FPS, please contact the relevant RWA using the contact details above.

# PART 2 – PRE-APPLICATION CHECKLIST

□Have you provided your current bank account details to Services Australia for the WIP – Doctor Stream?
If not, practitioners can fill in bank details in the relevant section on page 11. Alternatively, medical practitioners can update their bank details securely with Services Australia via Health Professionals Online Services (HPOS) at <a href="mailto:servicesaustralia.gov.au/hpos">servicesaustralia.gov.au/hpos</a> or a bank account details form is available on the <a href="mailto:servicesaustralia.gov.au/hpos">Services Australia.gov.au/hpos</a> or a bank account details form is available on the <a href="mailto:servicesaustralia.gov.au/hpos">Services Australia.gov.au/hpos</a> or a bank account details form is available on the <a href="mailto:servicesaustralia.gov.au/hpos">Services Australia.gov.au/hpos</a> or a bank account details form is available on the <a href="mailto:servicesaustralia.gov.au/hpos">Services Australia.gov.au/hpos</a> or a bank account details form is available on the <a href="mailto:servicesaustralia.gov.au/hpos">Servicesaustralia.gov.au/hpos</a> or a bank account details form is available on the <a href="mailto:servicesaustralia.gov.au/hpos">Servicesaustralia.gov.au/hpos</a> or a bank account details form is available.
□ Do you fit into one of the <u>Alternate Employment or Special Top-Up</u> <u>Provision categories</u> ?
□Are aware of what period you are able to claim for?
Refer to the Application Timeframes section.
□Have you read and understood all the information in <u>Part 1</u> of the form?
□Have you read and understood the WIP Guidelines?
Please continue to next page.

# PART 3 – DEFINITIONS OF KEY TERMS

Key Term	Definition					
Aboriginal Medical Service	An Aboriginal Medical Service is a health service funded principally to provide services					
-	to Aboriginal and Torres Strait Islander individuals.					
Active Quarters	A payment quarter in which a medical practitioner's activity level is equal to or above the					
	minimum activity threshold, which under the FPS is 21 sessions per quarter or \$6,000 of					
	eligible Medicare billed services.					
Approved training pathway	The approved training pathways for the purposes of the WIP – Doctor Stream are:					
	<ul> <li>Australian General Practice Training (AGPT) Program;</li> </ul>					
	Australian College of Rural and Remote Medicine (ACRRM) Independent					
	Pathway;					
	Remote Vocational Training Scheme (RVTS); and					
	<ul> <li>Royal Australian College of General Practitioners (RACGP) Practice Experience</li> </ul>					
	Program (PEP).					
Eligible Primary Care Services	Eligible primary care services are listed as clinical services from the following sections of					
•	the MBS:					
	Category 1 – Professional attendances					
	Category 2 – Diagnostic procedures and investigations					
	Category 3 – Therapeutic procedures					
	Category 7 – Cleft lip and cleft palate					
	Eligible services do not include diagnostic imaging, pathology services, dentistry,					
	optometry or bulk billing items 10990, 10991 and 10992.					
	Telehealth services within the above categories are generally eligible under the					
	WIP – Doctor Steam with the exception of some specialist items. Eligible telehealth					
	services are based on the medical practitioner's physical practice location, not the					
	patient location.					
Eligible Non-Medicare Services	Eligible primary care services under the FPS are broadly equivalent to the eligible					
	primary care services outlined above but are not billed under the Medicare Benefits					
	Schedule (MBS).					
	Eligible 'Alternative Employment' and 'Special Top-Up Provisions' are the eligible non-					
	Medicare services that attract an incentive payment under the FPS. All eligible services					
	are required to be in relation to direct clinical engagement with a patient(s) and Special					
	Top-Up services must be provided by the medical practitioner to the patient(s) physically					
	within the eligible location category.					
	RFDS patient retrievals or transport are not eligible primary care activities.  Note that when applying through the FPS, medical practitioners must apply for all					
	time spent providing WIP – Doctor Stream eligible services, regardless of whether					
	the services were MBS billed.					
Eligible Training	Participants undertaking GP training on approved training pathways are eligible to apply					
Engible Training	for payment under the FPS, where MBS records do not fully reflect their					
	services/training. Eligible training placements are those located in Australia within					
	Modified Monash (MM) 3-7 classifications. Selected training placements in MM 1-2					
	locations may be eligible.					
Location	Except in the case of RFDS medical practitioners (or similar), for the purposes of this					
	Application Form, location means the town or locality within Australia where eligible					
	services were provided, or where the practice is located. For RFDS medical					
	practitioners, location means the town or locality where the medical practitioner provided					
	eligible services and/or stayed overnight(s) while providing those services.					
Modified Monash Model	The Modified Monash Model (MMM) is a classification system that categorises					
	metropolitan, regional, rural and remote areas according to both geographical					
	remoteness and population size. The system was developed to recognise the challenges					
	in attracting health workers to more remote and smaller communities. There are seven					
	MM classifications under the MMM. The WIP uses the MMM 2019.					
New Participant	New participants are medical practitioners who have not previously received incentives					
•	under the program, or have not received a payment for activity in the last 24 quarters (six					
	years).					

Payment Quarters	Payment Quarters are prescribed time periods below where eligible activity is used to determine if the quarter is active or inactive for a WIP – Doctor Stream payment.					
	Quarter One: July, August, September					
	Quarter Two: October, November, December					
	Quarter Three: January, February, March					
	Quarter Four: April, May, June					
Session	A session under the FPS refers to an accumulated period of at least three hours in which					
	a medical practitioner provides eligible services (regardless of whether the MBS was					
	billed) and/or undertakes eligible training. Sessions may be accumulated over the course					
	of a day and a maximum of two sessions can be claimed per day. Sessions can only be					
	claimed for the day the services were provided.					

# PART 4 - FLEXIBLE PAYMENT SYSTEM - APPLICATION

# **Personal and Contact Details**

Title (i.e. Dr)	
Given names	
Family name	
<b>Provider Number</b> (if applicable, list one currently in use)	
Primary Practice Name and Address where providing majority of services and/or undertaking majority of GP training	
Preferred Mailing Address If different from above	
Mobile phone number	
Email address	
	·

Please continue to next page.

#### **Current Bank Account Details**

Payments will be paid by Electronic Funds Transfer (EFT) into your nominated bank account. Payments cannot be made to credit card, loan or mortgage accounts. **Please sign and date in the table below** to indicate you have provided accurate current bank account details and that you consent for this information to be forwarded to Services Australia by the RWA in your state or Northern Territory in order to generate payment.

Alternatively, medical practitioners can update their bank details securely with Services Australia via Health Professionals Online Services (HPOS) at <a href="www.servicesaustralia.gov.au/hpos">www.servicesaustralia.gov.au/hpos</a> or a bank account details form is available on the <a href="Servicesaustralia">Servicesaustralia.gov.au/hpos</a> or a bank account details form is available on the <a href="Servicesaustralia">Servicesaustralia.gov.au/hpos</a> or a bank account details form is available on the <a href="Servicesaustralia">Servicesaustralia</a>.

It is the medical practitioner's responsibility to ensure that bank account details are up to date at all times.

BANK ACCOUNT DETAILS	BANK ACCOUNT DETAILS					
Name of bank, building society or credit union						
Branch where the account is held						
BSB Number						
Account Number (this may not be the card number)						
Account held in the name(s)						
Signature and Date						

Please continue to next page.

# WIP - Doctor Stream Status and Provisions Details

Please indicate **YES or NO** for the following questions. If you are not sure of which eligibility category your work fits into, please contact your RWA.

Have you ever received a WIP – Doctor Stream (or General Practice Rural Incentives Program) payment?	
Are you applying for eligible primary care services provided while working for the RFDS or an AMS? (Alternative Employment Provision)	
Are you applying for eligible primary care services provided while working as a State salaried medical practitioner in MM 6-7? (Alternative Employment Provision)	
Are you applying for eligible training on an approved pathway in an MM 1-2 location? (Alternative Employment Provision)	
Are you undertaking GP training on an approved training pathway in an MM 3-7 location and your MBS billing did not fully reflect your services/training? (Alternative Employment Provision)	
Are you applying under the Special Top-up provisions for other eligible activity completed in MM 6-7 locations on top of your other clinical services? (Special Top-Up Provision)	

Please complete the activity record section on the following pages.

#### **ACTIVITY RECORD**

Please complete the activity record in the table on the following pages as required. Keep in mind you will need to cover a period of between four and eight quarters to be eligible for a payment. Please attach additional pages if required. If you would like to determine the period appropriate to your particular circumstances, please contact your RWA.

Please remember that 'sessions' are accumulated periods of at least three hours in an eligible location, in which a medical practitioner provides eligible services and/or undertakes eligible GP training:

#### Clinical Sessions

- Clinical services provided for the RFDS (GP Clinics only not patient retrievals or transport) or an AMS (MM 3-7).
  - Note RFDS GP Clinic sessions must be detailed by location and date.
- Commonwealth or state salaried medical practitioner providing primary care services (MM 6-7).
- Approved GP training in selected eligible MM 1-2 placements regardless of MBS billing levels (please include sessions in activity record and in Part 5).
- Approved GP training where MBS billing does not sufficiently reflect the services provided (MM 3-7).

#### **Travel Sessions**

Excessive travel time to provide outreach services (MM 6-7) – refer to the WIP Guidelines for details.

#### **Other Sessions**

- Provided population health services in Aboriginal and/or Torres Strait Islander communities (MM 6-7).
- Provided support to Aboriginal and Torres Strait Islander Health Workers or Aboriginal and Torres Strait Islander Health Practitioners (MM 6-7).

A maximum of TWO sessions can be claimed per day. To claim the 'Travel' or 'Other' sessions above, you must have undertaken at least 21 clinical sessions per quarter, across all quarters.

NOTE: PLEASE RECORD <u>ALL</u> TIME SPENT PROVIDING ELIGIBLE WIP – DOCTOR STREAM SERVICES OR TRAINING OVER THE RELEVANT QUARTERS, REGARDLESS OF WHETHER SERVICES WERE MBS BILLED OR YOU HAVE RECEIVED A PAYMENT UNDER THE CPS.

SESSIONS MUST BE IN RELATION TO DIRECT CLINICAL ENGAGEMENT WITH A PATIENT(S).

**Quarter One:** July, August, September **Quarter Two:** October, November, December **Quarter Three:** January, February, March

Quarter Four: April, May, June

Please note this form continues after the activity record tables.

After completing the activity record, please continue on page 19 (if you undertook GP training) or page 22.

# Please see below an example of a completed session record for Quarter 1 2019-20 (July to September 2019).

QUARTER NUMBER	1		FINANCIAL YEAR		<b>20</b> 19 / <b>20</b> 20		
Discount	FPS/	Date	Date		Number of sessions per week (eligible primary care services)		
Placement location/Address	CPS (within Quarter)		ceased (within Quarter)	Name of Employer/Practice	Clinical	Travel	Other (special top-up)
1 Main St, Greenville SA 5801	FPS	1/7/19	11/8/19	Greenville Medical Centre	10	0	0
1 Main St, Greenville SA 5801	FPS	26/8/19	1/9/19	Greenville Medical Centre	10	0	0
2 Yellow Creek Rd, Yellow Creek SA, 5802	FPS	2/9/19	6/9/19	Greenville Medical Centre (Outreach clinic)	8	2	0
20 Smith Ave, Orangetown, SA, 5999	CPS only	9/9/19	30/9/19	Orangetown Clínic	8	0	0
Number of above sessions related to GP training			0				
Total Number of Sessions for Quarter				106 (104 clínical + 2 travel)			

<u>Please note:</u> In the above example, the sessions at Orangetown Clinic do not fit into the alternative employment provisions and are CPS only activity which is billed to the MBS.

CPS only activity should be recorded on an FPS application as in the above example in order to ensure that the application assessment takes all eligible activity into account.

For CPS only activity you need only provide a single entry per quarter (as activity is confirmed using service history) unlike FPS activity which requires an entry for each discrete period of work (to enable identification of periods NOT worked).

Note that sessions entered for CPS only activity will be done on a 'date of service' basis, however the RWA will obtain the relevant service history from Services Australia to apply to the application which will be on a 'date of processing' basis.

Please complete the activity record on the following pages.

QUARTER NUMBER			FINANCIAL YEAR		20 /20		
Discoment	FPS / CPS only	Date	Date ceased (within Quarter)	Name of Employer/Practice	Number of sessions per week (eligible primary care services)		
Placement location/Address		(within			Clinical	Travel	Other (special top-up)
Number of above sessions related to GP training			ning				
Total Number of Sessions for Quarter							

QUARTER NUMBER			FINANCIAL YEAR		20 /20		
Blancount	FPS / CPS only	Date commenced (within Quarter)	Date ceased (within Quarter)	Name of Employer/Practice	Number of sessions per week (eligible primary care services)		
Placement location/Address					Clinical	Travel	Other (special top-up)
Number of above sessions related to GP training				1		1	
Total Number of Sessions for Quarter							

QUARTER NUMBER			FINANCIAL	YEAR	20 /20		
Placement location/Address	FPS/	Date .	Date .		Number of sessions per week (eligible primary care services)		
	CPS (within Quarter)	ceased (within Quarter)	Name of Employer/Practice	Clinical	Travel	Other (special top-up)	
Number of above sess	ions rel	ated to GP trair	ning				
Total Number of Sessi	ons for	Quarter					

QUARTER NUMBER			FINANCIAL	YEAR	20 /20		
Placement location/Address	FPS/	Date	Date ceased (within Quarter)	Nama	Number of sessions per week (eligible primary care services)		
	CPS only	(within Quarter)		Name of Employer/Practice	Clinical	Travel	Other (special top-up)
Number of above sess	ions rel	ated to GP train	ning		1		1
Total Number of Sessi	ons for	Quarter					

QUARTER NUMBER			FINANCIAL	YEAR	20 /20		
Placement location/Address	FPS/	Date .	Date .		Number of sessions per week (eligible primary care services)		
	CPS (within Quarter)	ceased (within Quarter)	Name of Employer/Practice	Clinical	Travel	Other (special top-up)	
Number of above sess	ions rel	ated to GP trair	ning				
Total Number of Sessi	ons for	Quarter					

QUARTER NUMBER			FINANCIAL	YEAR	20 /20		
Placement location/Address	FPS /	Date	Date ceased (within Quarter)		Number of sessions per week (eligible primary care services)		
	CPS only	(within Quarter)		Name of Employer/Practice	Clinical	Travel	Other (special top-up)
Number of above sess	ions rel	ated to GP train	ning				'
Total Number of Sessi	ons for	Quarter					

QUARTER NUMBER			FINANCIAL	YEAR	20 /20		
Placement location/Address	FPS/	Date	Date		Number of sessions per week (eligible primary care services)		
	CPS commenced (within Quarter)	ceased (within Quarter)	Name of Employer/Practice	Clinical	Travel	Other (special top-up)	
Number of above sess	ions rel	ated to GP train	ning		1	1	
Total Number of Sessi	ons for	Quarter					

QUARTER NUMBER			FINANCIAL	YEAR	20 /20		
	Placement   FPS /   commenced   cea   cea		Date		Number of sessions per week (eligible primary care services)		
location/Address		ceased Name of (within Employer/Practice Quarter)	Clinical	Travel	Other (special top-up)		
Number of above sess	ions rel	ated to GP train	ning				l
Total Number of Sessi	ons for	Quarter					

#### PART 5 – GP TRAINING CONFIRMATION

If you are undertaking eligible training on an approved training pathway which falls into one of the following <u>Alternative Employment Provisions</u>, you will need to complete this section to have sessions related to your GP training confirmed by your Regional Training Organisation (RTO) or supervisor.

Location	Alternative Employment
MM 1-2*	Participants on approved training pathways undertaking approved advanced training in MM 1-2 locations regardless of their MBS billing levels.
MM 3-7	Participants on approved training pathways in eligible training placements who are not billing the MBS sufficiently to reflect the services they have provided.

<sup>\*</sup> AGPT GP Registrars on the rural pathway completing relevant training placements in MM 1-2 locations (Advanced Rural Skills Training or Advanced Specialised Training) are eligible for incentives if the training is authorised by their RTO as being eligible. Eligibility of required training in MM 1-2 locations for participants on the ACRRM Independent Pathway, RVTS or PEP will be considered on a case-by-case basis in consultation with their approved supervisor, RWA and the Department of Health.

All AGPT GP registrars will need to have their session records (completed in Part 4) confirmed and signed off by their RTO in this section. Participants on the ACRRM Independent Pathway, RVTS or PEP will need to have their session records (completed in Part 4) confirmed and signed off by their approved supervisor.

Participants undertaking training who are billing the MBS for some services and meet the threshold to trigger a Central Payment System (CPS) payment, but who also have other eligible non-Medicare services to claim under the FPS, can apply for an Alternative Employment Top-Up payment.

## **AGPT Regional Training Organisations**

Name of Organisation	Contact Email
Northern Territory General Practice Education (NTGPE)	registrar@ntgpe.org
General Practice Training Queensland (GPTQ)	gptq@gptq.qld.edu.au
Western Australian General Practice Education and Training Ltd (WAGPET)	trainingteam@wagpet.com.au
General Practice Training Tasmania (GPTT)	gprip@gptt.com.au
GPSynergy (Lower Eastern NSW, Western NSW, NE NSW)	GPRIPS@gpsynergy.com.au
Murray City Country Coast GP Training	gprip@mccc.com.au
Eastern Victoria GP Training	gippsland@evgptraining.com.au
General Medical Training (James Cook University)	gmt@jcu.edu.au
GPEx	admin@gpex.com.au

Please continue to the next page.

# **Session Record Confirmation**

Registrar Name:

Date of Approval:

Training Pathway:				
Provider Number:				
		_		
	SATION (AGPT) OR APPROVED SUPERVISOR WAY, RVTS or PEP) TO COMPLETE			
Name of Regional Training Organisation (if applicable):				
Completion and signing of this se accurate and reflected in records	ction indicates that all details recorded in Part 4 relating t held.	o GP training are true and		
Signature:				
Print Name (RTO Officer or Approved Supervisor):				

Please continue to the next page if you undertook eligible training in MM 1-2. Otherwise, continue to page 22.

#### MM 1-2 PLACEMENT ELIGIBILITY CONFIRMATION

If you have completed eligible training placements in MM 1-2, please complete this page. Sessions listed here should also be included in the activity record in Part 4.

QUARTER NUMBER(S)		FINANCIAL	FINANCIAL YEAR		
Placement location/Address	Date commenced (in Quarter)	Date ceased (in Quarter)	Name of Employer/Practice	Number of sessions per week	
Total Number of Sessions	for Quarter				

REGIONAL TRAINING ORGANISATION TO COMPLETE
Name of Regional Training Organisation (if applicable):
Signature:
Print Name:
Date of Approval:
Position/Job Title:
Copy Retained for Records: [Tick]
Reason for MM 1-2 Placement (include reference to the training pathway):
ACRRM Independent Pathway, RVTS or PEP participants who required training in an MM 1-2 location can have their approved supervisor complete this section of the form. Upon submission the RWA will consider the eligibility of this training in consultation with the Department of Health.

#### PART 6 – DOCUMENTATION AND DECLARATION

## **Supporting Documentation**

All FPS Applications must be submitted with supporting documentation for each location where Alternative Employment or Special top-up services are provided.

#### **Alternative Employment**

A letter from the medical practitioner's employer/practice manager must be submitted with ALL applications (except those relating solely to GP training). This letter must state the dates, hours and number of days that the medical practitioner practised over the relevant active quarters at each location. A standard template showing the details required is attached at the back of this form. The letter must attest that ALL sessions (except travel sessions) being claimed were solely eligible primary care services involving direct clinical engagement with a patient(s).

Only in circumstances where this is not possible will a Statutory Declaration accompanying session records be acceptable.

#### **Special Top-Up Provisions**

A letter from the medical practitioner's employer/practice manager must be submitted with the application stating the dates the medical practitioner practised over the relevant active quarters at each location, along with brief details of the type of activity considered as falling under the Special Top-Up provisions, including the travel time. (To be included, travel time must be over three cumulative hours per week from the practice location in which the medical practitioner is based, to the location in which they are providing outreach services in MM 6-7). Please see the standard template attached showing the details required.

Only in circumstances where this is not possible will a Statutory Declaration accompanying session records be acceptable.

#### **RFDS**

In order to include travel, an RFDS medical practitioner needs to provide a covering letter from the RFDS with the following information for the relevant quarters:

- 1. the location and overnight location associated with each eligible session;
- 2. the total number of eligible sessions per week (this must not exceed a maximum of two sessions per day, including travel time).

#### **GP Training**

All practitioners undertaking eligible GP training will need to have their session records confirmed and signed by their RTO (if on AGPT) or by their approved Supervisor (if on another approved pathway) in Part 5 of this application form. For sessions which have been confirmed by an RTO/Supervisor in Part 5, an employer letter is not required.

If practitioners have undertaken eligible training in an approved MM 1-2 training placement, then this must also be recorded and signed off by their RTO or approved supervisor in Part 5.

Please continue to the next page.

#### **Consent to Release Information**

To be able to complete the eligibility assessment process and calculate payments, RWAs may need to obtain MBS service and billing history for the medical practitioner, from Services Australia. RWAs also need to provide information to Services Australia and the Department of Health for the purposes of monitoring, reviewing and evaluating the program, and to ensure any future payments to you under the CPS and the FPS are correct.

RWAs will use personal information held by them only for the purposes of administering the FPS. They are bound by the Information Privacy Principles contained in the *Privacy Act 1988* to the extent that the content of those principles applies to the activities they are undertaking in administering the FPS, as if they were agencies as defined in that Act.

A condition of eligibility is that the RWA in your state or Northern Territory:

- (a) has access to your data as recorded by Services Australia in order to assess your eligibility for a payment and to calculate your payment level (if appropriate); and
- (b) is able to provide the information contained in your Application Form and the outcome of your application to the Australian Government Department of Health and Services Australia for the purposes of administering, monitoring and evaluating the WIP.

Note: If you choose to provide your bank account details on this form, you are permitting the relevant RWA to forward them to Services Australia to process your payment. Alternatively, you can update your bank details securely with Services Australia via Health Professionals Online Services (HPOS) at <a href="mailto:servicesaustralia.gov.au/hpos">servicesaustralia.gov.au/hpos</a> or you can supply your bank account details directly to Services Australia via the bank account details form available on the <a href="mailto:Servicesaustralia">Servicesaustralia.gov.au/hpos</a> or you can supply your bank account details form available on the <a href="mailto:Servicesaustralia">Servicesaustralia</a> website.

You may withdraw your consent to the collection, use and disclosure of your personal information at any time by contacting 1800 010 550. However, please be aware that if you withdraw your consent you may not be able to be provided with FPS related services or payments under the WIP.

## **Signed Declaration**

#### I declare that:

- The information that I have supplied in this application form is true and correct in every particular and a form for this activity period cannot be resubmitted unless requested. I understand that providing false or misleading information in this application is an offence under the *Criminal Code Act 1995*.
- I will advise the RWA in my state or Northern Territory within 14 days of any change in my personal details or circumstances (this cannot include changes to my Activity Record).
- I am aware that agreement to the release of information as specified above is a condition of eligibility for a payment under the FPS, and I hereby consent to the release of such information for the purposes as specified.
- I have read and understood the WIP Guidelines.

Signature	
	Date://

The Workforce Incentive Program is subject to change or termination at any time, depending on Government policy. Payments are made on a discretionary basis and medical practitioners do not have a legally enforceable entitlement to these payments.

Please complete the checklist on the following page.

# PART 7 – PRE-SUBMISSION CHECKLIST

	End of Application		
	□Have you signed the declaration on page 23?		
	See the <u>Supporting Documentation</u> section for further information.		
□Have you attached the supporting documentation required to justify your claim?			
	Part 5 only needs to be completed by practitioners claiming for eligible training. All other parts of the form should be completed in full. If you do not wish to provide your bank account details on this form, then you may use one of the alternative methods to provide your details to Services Australia.		
	Incomplete forms may delay determination of eligibility and a potential payment.		
☐ Have you completed all relevant parts of this form in full?			

See Standard Letter Template on the following page

#### [Date]

Dear Rural Workforce Agency,

I can confirm that Dr [First Name] [Last Name] has been employed at [Practice Name], located at [Practice Address], as a [Job Title] for the period of [\*Insert Application Period\* Day, Month, Year] to [Day, Month, Year].

[If relevant] Dr [Last Name] has been undertaking general practice training on an approved training pathway during this period.

During this time, Dr **[Last Name]** has provided approximately **[insert number]** hours over a period of **[insert number]** days of eligible primary care services from **[this location OR list relevant locations]**.

I confirm that the eligible primary care services that Dr **[Last Name]** has provided are broadly equivalent to services from the following Medicare Benefits Schedule categories (excluding diagnostic imaging, pathology services, dentistry, optometry and bulk billing items):

- Category 1 Professional attendances;
- Category 2 Diagnostic procedures and investigations;
- Category 3 Therapeutic procedures; and
- Category 7 Cleft lip and cleft palate.

I can confirm that all sessions being claimed for services provided at this practice (except travel sessions) are for eligible primary care services in relation to direct clinical engagement with a patient(s).

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\*\*\*Only include the section below if application includes a claim under the Special-Top Up provisions\*\*\*

[insert number] ho	he period from <b>[Day, Month, Year]</b> to <b>[Day, Month, Year]</b> , Dr <b>[Last Name]</b> undertook approximately ours per week additional activities in the following remote or very remote locations (Modified Monash ns], including (tick all that apply):
excessive tra	avel time of more than three cumulative hours to provide outreach services
population h	ealth work in Aboriginal and/or Torres Strait Islander communities
support to Alpractitioners	boriginal and Torres Strait Islander health workers or Aboriginal and Torres Strait Islander health
Yours sincerely,	

[Practice Manager or Employer Signature

**Full Name** 

**Job Title** 

Contact number (incl. area code)]