



**Australian Government**

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**Department of Health,  
Disability and Ageing**

# **Workforce Incentive Program**

## **Doctor Stream**

### **Guidelines**

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## Disclaimer

These Guidelines are for information purposes and provide the basis upon which Workforce Incentive Program (WIP) – Doctor Stream payments are made. While it is intended that the Australian Government will make payments as set out in the Guidelines, payments are made at its sole discretion. The Government may alter arrangements for the WIP at any time and without notice. The Government does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, reliance on, or interpretation of the information provided in the Guidelines.

It is the responsibility of eligible medical practitioners to ensure they are operating under the current version of the Guidelines. Any loss of payment or any other loss as a result of failing to operate under the current version of the Guidelines is the responsibility of the medical practitioner.

If a doctor is found to be non-compliant with the eligibility criteria and/or program requirements, the doctor may be withdrawn from the program and may be ineligible to receive any withheld payments.

## 1. General Information

This section provides general information about the WIP – Doctor Stream.

For specific information related to the Central Payment System (CPS) refer to [Section 3](#), or for the Flexible Payment System (FPS) refer to [Section 4](#).

### 1.1 Purpose of the WIP – Doctor Stream

The WIP – Doctor Stream provides targeted financial incentives that aim to:

- improve access to quality medical services for patients in rural and remote areas.
- encourage medical practitioners to practise in regional, rural and remote communities.
- support careers in rural medicine to retain medical practitioners in regional, rural and remote locations.

The WIP – Doctor Stream started on 1 January 2020 as part of the 2018-19 Stronger Rural Health Strategy Initiative. The WIP – Doctor Stream replaced the General Practice Rural Incentives Program (GPRIP). It continues to encourage medical practitioners to practise in regional, rural and remote communities and promote careers in rural medicine.

### 1.2 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 Rural Generalist/General Practitioner (GP) training under an approved training pathway and
- meet the required number of active quarters for payment (refer to [Section 2.3](#)) and
- have an eligible current Medicare provider number and
- have provided current bank account details to Services Australia specifically for the WIP – Doctor Stream in the required timeframe (refer to [Section 3.4](#)).

Information about eligible services is available under [Section 3.1](#) for the CPS and [Section 4.1](#) for the FPS. Information about eligible Rural Generalist/GP training is available under [Section 4.1.2](#).

### 1.3 Eligible locations

The WIP – Doctor Stream uses the Modified Monash Model (MMM) 2019 geographical classification system to calculate payments for services provided before 1 April 2025, and the Modified Monash Model 2023 to calculate payments for services provided from this date onwards. The MMM is a geographical classification system that uses population data to categorise the location of a medical practitioner or practice. The MMM classification system

more effectively targets financial incentives to medical practitioners working in areas that experience greater difficulty attracting and retaining staff.

Eligible locations under the WIP – Doctor Stream are those locations in Australia within MMM classifications 3 to 7. The MMM classification of a location can be checked using the Health Workforce Locator on the [DoctorConnect](#) website. To confirm a location's classification, select 'Start the locator now'; insert your practice address into the 'Enter a numerical street address' field; select the correct address from the drop-down options. The Health Workforce Locator will display all relevant information for the address selected.

For the WIP – Doctor Stream, eligible services are based on the practice, hospital or outreach location, regardless of the medical practitioner or patient address.

## 2. General payment information

### 2.1 Payment systems under the WIP – Doctor Stream

There are two payment systems used for the WIP – Doctor Stream, the CPS and the FPS.

#### **Central Payment System (CPS)**

Medical practitioners who provide eligible Medicare Benefits Schedule (MBS) services receive automated payments made by Services Australia through the CPS. Medical practitioners do not need to apply for this payment. Medical practitioners must use the correct Provider Number for the location where services are delivered to support the correct WIP - Doctor Stream payment.

More information about the CPS is available in [Section 3](#).

#### **Flexible Payment System (FPS)**

Medical practitioners need to apply under the FPS if they provide eligible non-MBS services and/or undertake Rural Generalist/GP training (under approved training) that is not reflected in the MBS records.

Medical practitioners must apply directly to the Rural Workforce Agency (RWA) in the state or territory in which they provide the majority of services. Applications should be submitted as soon as practicable following completion of the required number of active quarters for payment.

More information about the FPS and how to apply is available in [Section 4](#).

Medical practitioners who have received a CPS payment may apply for a 'top-up' payment under the FPS if they fit into the Alternative Employment Provisions and have not billed the MBS for all eligible services, or if they meet the eligibility requirements under the Special Top-Up Provisions (refer to [Section 4.1.4](#)).

## 2.2 Maximum incentive payment amounts

The following table shows the **maximum** annual payments available to Vocationally Registered (VR) medical practitioners and those on approved training pathways (3GA placement) across each MM category at each Year Level. The maximum payment amounts apply irrespective of whether a medical practitioner has provided both CPS and FPS services.

<b>Maximum payment available by year and MM location to VR medical practitioners and those on approved training pathways</b>					
<b>Location (MM)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5 plus</b>
<b>MM 3</b>	\$0	\$4,500	\$7,500	\$7,500	\$12,000
<b>MM 4</b>	\$0	\$8,000	\$13,000	\$13,000	\$18,000
<b>MM 5</b>	\$0	\$12,000	\$17,000	\$17,000	\$23,000
<b>MM 6</b>	\$16,000	\$16,000	\$25,000	\$25,000	\$35,000
<b>MM 7</b>	\$25,000	\$25,000	\$35,000	\$35,000	\$60,000

Approved training pathways (3GA placement) include:

- Australian General Practice Training Program (ACRRM or RACGP)
- Fellowship Support Program (RACGP)
- Independent Pathway (ACRRM)
- Practice Experience Program (RACGP)
- Remote Vocational Training Scheme (ACRRM or RACGP)
- Rural Generalist Training Scheme (ACRRM)

These 3GA placements are accredited by the Australian Medical Council (AMC) and allow non-vocationally recognised doctors to work towards their qualification on a training program to achieve Vocational Recognition and registration as a specialist General Practitioner (GP).

To be recognised and work independently as a specialist GP, participants need to gain:

- Fellowship of the Australian College of Rural and Remote Medicine (FACRRM); or
- Fellowship of the Royal Australian College of General Practitioners (FRACGP).

Approval of training placements by a GP college enables registrars to be placed on the Register of Approved Placements and access a Medicare Provider Number (MPN). The Register is maintained by Services Australia under section 3GA of the *Health Insurance Act 1973* (the Act).

The placement is recognised from the start date of the 3GA Placement, or the date Services Australia receives the application, whichever is later.

While working towards Fellowship of either FACRRM or FRACGP on a College-led training program, participants with an Approved Placement who have a MPN will be eligible for the highest value Medicare Benefits Schedule (MBS) GP items.

Medical practitioners in an approved 3GA training placement, who provide eligible MBS services and additional primary care services, may apply for a payment top-up or Alternative Employment payment through the Flexible Payment System with their Rural Workforce Agency.

Access requirements and eligibility criteria for these programs are available from the relevant College, as outlined in the [General Practice Fellowship Program Placement Guidelines](#).

From 1 January 2024, non-Vocationally Registered (non-VR) medical practitioners who are not on an approved training pathway listed above will receive 80% of the value of WIP - Doctor Stream incentive payments.

The following table shows the maximum annual payments available to non-VR medical practitioners across each MM category at each Year Level.

<b>Maximum payment available by year and MM location to non-VR medical practitioners not on an approved training pathway</b>					
<b>Location (MM)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5 plus</b>
MM 3	\$0	\$3,600	\$6,000	\$6,000	\$9,600
MM 4	\$0	\$6,400	\$10,400	\$10,400	\$14,400
MM 5	\$0	\$9,600	\$13,600	\$13,600	\$18,400
MM 6	\$12,800	\$12,800	\$20,000	\$20,000	\$28,000
MM 7	\$20,000	\$20,000	\$28,000	\$28,000	\$48,000

Payments are made directly to medical practitioners. To receive WIP – Doctor Stream payments, practitioners must have provided current bank account details to Services Australia through Health Professionals Online Services (HPOS) linked to their individual PRODA (Provider Digital Access) account specifically for the WIP – Doctor Stream in the required timeframe. Refer to [Section 3.4](#) for more information.

### 2.3 Active quarters

Payments under the WIP – Doctor Stream are determined by activity within Payment Quarters. There are four payment quarters under the WIP – Doctor Stream. Payment



quarters are the 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 1 – July, August, September

Quarter 2 – October, November, December

Quarter 3 – January, February, March

Quarter 4 – April, May, June.

An active quarter is a quarter in which a medical practitioner meets the minimum activity threshold under the CPS, or the FPS components of the WIP - Doctor Stream, or a combination of both CPS and FPS. Refer to [Section 3.2](#) for information about activity thresholds under the CPS and [Section 4.2](#) for information about activity thresholds under the FPS.

#### 2.3.1 Number of active quarters required for payment

New participants practising in MM 6-7 locations will be eligible for an initial payment at year level 1 after **completing four active quarters within an eight-quarter reference period** based on eligible activity in MM 6-7 locations.

All other new participants (e.g. those practising predominantly in MM 3-5 locations) will be eligible for an initial payment at year level 2 after **completing eight active quarters within a 16-quarter reference period**.

If a new participant is working across multiple MM 3-7 locations, they **may need to complete eight active quarters within a 16-quarter reference period** to be eligible for an initial payment at year level 2, if most of their eligible activity is considered to have occurred in MM 3-5 locations.

All continuing participants will be eligible for a payment on **completion of four active quarters within an eight-quarter reference period**.

#### 2.4 Year level

A participant's Year Level refers to the duration of their active service within the program. The Year Level of the participant and MMM classification of the locations in which they provide services determine the maximum incentive payment amount that they may receive (refer to [Section 2.2](#)).

New participants to the program who are practising predominantly in MM 3-5 locations will be eligible for an initial payment at Year Level 2 after completing eight active quarters within a 16-quarter period.

New participants who are practising predominantly in MM 6-7 locations will be eligible for an initial payment at Year Level 1 after completing four active quarters within an eight-quarter period.

Participants will advance to a higher year level after each payment for four active quarters, until they are at Year Level 5. Payments will then continue to be made at this year level.

### 2.5 Extended periods of inactivity

Participants can be inactive for a period of up to five years for any reason without loss of accrued year level status but will not receive incentive payments for any period of leave. Participants will recommence as a new participant in the program if they did not become eligible for a payment within 24 quarters (six years) from the end date of their last payment's reference period.

### 2.6 Leave

There is no provision under the WIP – Doctor Stream for participants who take leave. Incentive payments will not be made for a period of leave under any circumstances.

## 3. Central Payment System (CPS)

Medical practitioners are not required to submit an application to access WIP – Doctor Stream payments through the CPS. Automated payments are made by Services Australia after the medical practitioner achieves the required number of active quarters for an initial payment.

### 3.1 Eligibility

Medical practitioners who provide eligible MBS billed services in eligible locations may be eligible to receive payments under the CPS.

#### 3.1.1 Eligible primary care services

Eligible primary care services are listed as clinical services from the following sections of the Medicare Benefits Schedule:

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

Telehealth services within the above categories are generally eligible under the WIP – Doctor Stream with the exception of some specialist items. Eligible telehealth services are based on the medical practitioner's physical practice location, not the patient location.

### 3.1.3 Ineligible primary care services

Ineligible primary care services include the following categories:

- Optometry
- Dentistry
- Diagnostic imaging and pathology
- Bulk Billing Incentive items.

### 3.2 Activity thresholds under the CPS

An active quarter is where a medical practitioner meets the minimum quarterly activity threshold. Under the CPS, this is at least \$6,000 of MBS billed services in MM 3-7 locations within a quarter.

Note: If a medical practitioner is not billing enough to meet the \$6,000 per quarter threshold, they may be eligible for the FPS if they are providing equivalent services and meet other eligibility criteria (refer to [Section 4](#)).

The maximum quarterly activity threshold for the CPS is \$30,000 of MBS billed services in MM 3-7 locations.

Medical practitioners can access information about their WIP – Doctor Stream activity through Services Australia, via the Health Professionals Online Services (HPOS) Workforce Incentive Program – Doctor Stream program tile (refer to [Section 5.2](#)).

### 3.3 Payment calculation

At the completion of the required number of active quarters (refer to 2.3.1 Number of active quarters required for payment), a payment value is calculated for four active quarters and then totalled into a single payment. For maximum annual incentive payments by MM classification and Year Level, refer to [Section 2.2](#)).

Quarter	Level of Service (per quarter)	Payment
Active	Billing \$30,000 or more	Maximum payment
Active	Billing between \$6,000 and \$30,000	Proportional payment
Inactive	Billing less than \$6,000	Ineligible for payment

Amounts in excess of the maximum quarterly threshold are not carried forward to other quarters.

Assessments of eligible MBS services for the WIP – Doctor Stream are calculated at the end of each quarter. WIP – Doctor Stream payments are based on the eligible services that have been processed by Services Australia during the quarter, regardless of the date of service.

**IMPORTANT NOTE: The timely submission of MBS billings for the purposes of the WIP - Doctor Stream is the responsibility of participants.**

The incentive amount for participants who practise in multiple MM classifications within an active quarter will be calculated starting with the most rural MM category and working backwards (i.e. MM 7 to MM 3). If 100% of the maximum threshold is reached in the more rural MM categories, the less rural MM categories will not be included.

### 3.4 Providing bank account details

When a medical practitioner achieves the required number of active quarters for their first payment, Services Australia will write to the practitioner advising of the payment and requesting bank details. Where a medical practitioner has an active PRODA (Provider Digital Access) account linked to HPOS (Health Professional Online Services) this letter will be sent via HPOS messages. Where a medical practitioner is not linked to HPOS, this letter will be issued via Australia Post. [Section 5.2](#) provides more information on PRODA/HPOS or visit the Services Australia [website](#).

Medical practitioners must provide bank details **within 60 calendar days** of the date of this letter, otherwise the payment will lapse, and they **will not be eligible** to receive that payment. Once a participant's payment has lapsed, they will only be notified of any new payments that are due. No subsequent letters will be sent regarding the lapsed payment.

Continuing participants who have previously received a payment will receive an automatic payment and a payment advice letter from Services Australia. Medical practitioners can update their bank details securely with Services Australia via HPOS (see [Section 5.2](#) for more information).

**IMPORTANT NOTE: it is the medical practitioner's responsibility to ensure that bank account details are up to date at all times to facilitate payments.**

## 4. Flexible Payment System (FPS)

Medical practitioners who provide eligible primary care services under the FPS must apply directly to the Rural Workforce Agency (RWA) in the state or territory in which they provide the majority of services. Applications should be submitted as soon as practicable following completion of the required number of active quarters for payment.

### 4.1 Eligibility

Medical practitioners providing eligible non-MBS services and/or undertaking approved training that is not reflected in MBS records are eligible to apply for the WIP – Doctor Stream incentive through the FPS.

#### 4.1.1 Eligible primary care services

Medical practitioners must be providing primary care services that are equivalent to eligible services listed under the CPS (See 3.1.1 Eligible primary care services for further details). Eligible services are required to be in relation to direct clinical engagement with a patient/patients. The types of employment eligible for payment through the FPS are listed below.

#### 4.1.2 Alternative employment not covered under the CPS

Below are the forms of employment that are eligible for assessment under the FPS.

Location	Alternative Employment
<b>MM 1-2</b>	<ul style="list-style-type: none"><li>• Participants on approved training pathways undertaking approved advanced training in MM 1-2 locations (See <a href="#">Section 4.1.6</a> below).</li><li>• Royal Flying Doctor Service (RFDS) medical practitioners based in MM 1-2 locations are eligible to apply only for primary care services delivered in association with an overnight stay in MM 3-7 locations (either before or after).</li></ul>
<b>MM 3-7</b>	<ul style="list-style-type: none"><li>• Medical practitioners working for:<ul style="list-style-type: none"><li>○ Aboriginal Medical Services or</li><li>○ the Royal Flying Doctor Service (RFDS) based in MM 3-7 locations for all eligible primary care services or</li></ul></li><li>• participants on approved training pathways in eligible Rural Generalist/ GP training placements who are not billing the MBS sufficiently to reflect the services they have provided (See <a href="#">Section 4.1.6</a> below).</li></ul>
<b>MM 6-7</b>	<ul style="list-style-type: none"><li>• Commonwealth or State salaried medical practitioners providing primary care services.</li></ul>

#### 4.1.3 Alternative employment top-ups

If a medical practitioner fits into one of the Alternative employment provisions but provides a mix of eligible MBS billed and non-billed services and has billed enough to trigger a CPS

automatic payment across the relevant period, the medical practitioner can apply through the FPS to see if they are eligible for an 'Alternative employment top-up'.

#### 4.1.4 Special top-up provisions

Medical practitioners working in remote and very remote communities are entitled to apply for a Special top-up payment under the circumstances covered in table below. All services are required to be in relation to direct clinical engagement with a patient/patients and must be provided by the medical practitioner to the patient(s) physically within the eligible location category.

In order to receive a Special top-up payment, the medical practitioner must already meet the requirements to receive a payment for the relevant reference period under either the CPS or FPS. Special top-up services must not already be covered under the alternative employment provisions and must be clearly differentiated on the FPS application form.

Note: All Special top-up services are included in the two session per day limit (refer [Section 4.2](#)). A participant's total payment (including top-ups) cannot exceed the maximum payment level based on year level and location.

Location	Special Top-Up Provisions
MM 6-7	Medical practitioners who undertake: <ul style="list-style-type: none"><li>• excessive travel time to provide outreach services (see <a href="#">Section 4.1.5</a>)</li><li>• population health work in Aboriginal and/or Torres Strait Islander communities or</li><li>• support to Aboriginal and Torres Strait Islander health workers and/or Aboriginal and Torres Strait Islander health practitioners.</li></ul>

#### 4.1.5 Excess travel time

Excessive travel time is considered as three or more cumulative hours per week above an initial three 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).

#### 4.1.6 Approved Training

Participants undertaking approved Rural Generalist or GP training placements are eligible to apply for payment under the FPS, as MBS records will 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 (ACRRM or RACGP)
- Fellowship Support Program (RACGP)
- Independent Pathway (ACRRM)
- Practice Experience Program (RACGP)
- Remote Vocational Training Scheme (ACRRM or RACGP)
- Rural Generalist Training Scheme (ACRRM).

Eligible training placements are those located in Australia within MM 3-7 classifications.

AGPT GP Registrars on the rural pathway completing Advanced Specialised Training (ACRRM) or Additional Rural Skills (RACGP) placements in MM 1-2 locations are eligible for incentives if the training is authorised by their relevant GP college. Eligibility for participants on other pathways will be considered on a case-by-case basis.

#### 4.1.7 Ineligible primary care services

The following services are not eligible for payment under the WIP – Doctor Stream:

- All directly funded Commonwealth Government positions in:
  - Detention Centres
  - Defence Facilities
  - Antarctica.
- Non-Advanced Specialised Training (ACRRM) or Additional Rural Skills (RACGP) hospital-based training.
- State salaried medical practitioners (including locums) providing primary care services in MM 1-5 locations are not eligible for FPS payments.
- Patient retrieval by the RFDS.

#### 4.2 Activity thresholds under the FPS

Activity under the FPS is captured in 'WIP – Doctor Stream sessions'. A session is an accumulated period of at least three hours of eligible primary care services and/or eligible training. A maximum of TWO sessions can be claimed per day.

An active quarter is where a medical practitioner meets the minimum quarterly activity threshold. **Under the FPS, this is at least 21 sessions within a quarter.**

The maximum quarterly activity threshold for the FPS is 104 sessions.

### 4.3 Payment calculation

Quarter	Level of Service (per quarter)	Payment
Active	104 sessions or more	Maximum payment
Active	Between 21 and 104 sessions	Proportional payment
Inactive	Less than 21 sessions	Ineligible for payment

At the completion of the required number of quarters (refer to [Section 2.3.1](#)), a payment value is calculated for four active quarters and then totalled into a single payment.

Amounts in excess of the maximum quarterly threshold are not carried forward to other quarters.

The incentive amount for participants who practise in multiple MM classifications within an active quarter will be calculated starting with the most rural MM category and working backwards (i.e. MM 7 to MM 3). If 100% of the maximum threshold is reached in the more rural MM categories, the less rural MM categories will not be included. See [Section 6](#) for calculation examples.

The relevant RWA will use an applicant's total WIP – Doctor Stream sessions (including MBS-claimed activities) to calculate a total WIP – Doctor Stream activity value and payment amount. This is provided to Services Australia for review before a payment is released to the medical practitioner's nominated bank account.

### 4.4 Application requirements

Information on how to apply for an incentive payment under the FPS is outlined below.

#### 4.4.1 Submitting an application

To apply for a payment through the FPS, a medical practitioner must apply directly to the RWA in the state or the Northern Territory in which they provided the majority of services.

Medical practitioners applying through the FPS must apply for **all** time spent providing WIP – Doctor Stream eligible services, regardless of whether the services were MBS billed. This is to ensure all eligible primary care activity has been counted to meet the minimum level of activity. Time spent providing eligible services will be quantified in 3hr+ WIP – Doctor Stream sessions on an FPS application form. Applications from participants undertaking approved training must ensure they complete the relevant section on the form to confirm their training sessions. Training must be signed off by the relevant GP college.

Applications for the FPS must be submitted to the relevant RWA in accordance with the requirements set out in these Guidelines, using the official forms available on the



Department of Health, Disability and Ageing [website](#). Applications submitted on older versions of the form will not be accepted.

#### 4.4.2 Supporting documentation

##### *Alternative employment and alternative employment top-ups*

A letter from the medical practitioner's employer/practice manager must be submitted with the application, stating the dates, hours and number of days that the medical practitioner practised over the relevant active quarters at each location and any eligible travel that they have undertaken. The letter must verify that the sessions being claimed relate to the provision of eligible primary care services.

A standard template showing the details required is attached to the FPS application form. Only in circumstances where this is not possible will a statutory declaration accompanying session records be acceptable.

##### *Special top-ups*

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 services provided and any travel required (refer to [Section 4.1.5](#) for further information on excessive travel). A standard template showing the details required is attached to the FPS application form.

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

##### *Royal Flying Doctor Service (RFDS) staff*

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

- the location and overnight location (where relevant) associated with each eligible session.
- the total number of eligible sessions per week (maximum of two sessions per day, including travel time).

*Please note:* Patient retrieval or patient transportation are not eligible.

##### *Participants on an approved training pathway*

All participants undergoing approved training will need to have session records confirmed and signed by their GP College (if on AGPT) or by their approved supervisor (if on another approved pathway) in the relevant section of the FPS application form.

Registrars undertaking eligible training in MM 1-2 locations will need to have these placements confirmed and signed off by their GP College in the relevant section of the FPS application form.

#### 4.4.3 Timeframes for FPS applications

##### *Alternative employment*

Applications will be assessed on a defined reference period as detailed in the following table:

Type of participant	MM location	Timeframe for submitting application
New participant	3-5	Applications assessed on the 16-quarter period prior to the quarter in which the application is received.
New participant	6-7	Applications assessed on the eight-quarter period prior to the quarter in which the application is received.
Continuing participants	3-7	Applications assessed on the eight-quarter period prior to the quarter in which the application is received.

For example, if a new participant practising in MM 3-5 locations applies in June 2024 (Quarter 4), the RWA will assess them on any unpaid quarters from January - March 2024 (Quarter 3) and the 15 preceding quarters. If they were practising predominantly in MM 6-7 locations, or were a continuing practitioner, they would only be assessed on unpaid quarters from January – March 2024 (Quarter 3) and the seven preceding quarters.

All participants are encouraged to submit their applications as soon as practicable following completion of the required number of active quarters for payment (refer to [Section 2.3.1](#)).

##### *Alternative employment top-ups and Special top-ups for medical practitioners receiving CPS payments*

Medical practitioners who have received a CPS payment but are applying under the FPS for a top-up payment for eligible non-MBS claimed services have 6 months to submit an FPS application form for a top-up payment. The 6 months commences from the date on the CPS payment advice sent by Services Australia. Beyond 6 months, a medical practitioner is no longer able to apply for FPS payment related to that CPS payment reference period.

#### 4.4.4 Assessment of applications

Each applicant must satisfy all eligibility requirements, and any application compliance requirements specified in these Guidelines in order to be considered for an incentive payment. Applications will be assessed by the RWA in accordance with these Guidelines and practitioners will be notified of the outcome.

## 5. Other information

### 5.1 Taxation

Payments under the WIP – Doctor Stream are not subject to Pay As You Go (PAYG) withholding tax. Recipients must declare incentive payments for tax purposes and are advised to seek advice from their financial adviser, accountant or the Australian Taxation Office (ATO) regarding their own tax arrangements.

### 5.2 Health Professional Online Services (HPOS)

HPOS is a fast and secure way for health professionals and administrators to do business online with Services Australia. It offers health professionals a single entry point to perform a range of business and administrative tasks including submitting claims online, managing medical practitioner details, retrieving statements/reports, and authorising and managing delegations.

For the WIP – Doctor Stream, medical practitioners will be able to view their service history (active and inactive quarters), payment history, and update bank details by selecting the WIP – Doctor Stream program tile. Medical practitioners can also view payment statements and receive notifications for their mail services in HPOS. For the WIP – Doctor Stream, any medical practitioner with HPOS access will automatically receive payment statements and letters to their HPOS mailbox. Any updates made online in HPOS will be visible and take effect immediately.

Medical practitioners will need to use their individual Provider Digital Access Account (PRODA) to access HPOS. PRODA is a secure online verification system that uses a username, password and verification code to login. It is a portable solution that requires no additional hardware or software and is available to anyone. If a medical practitioner does not already have a PRODA account, one can be created at [Services Australia Provider Digital Access \(PRODA\)](#). To access HPOS, visit [Services Australia HPOS](#).

### 5.3 Privacy and consent

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia on behalf of the Department of Health, Disability and Ageing for the purposes of the WIP – Doctor Stream.

Your personal information may be disclosed by the Australian Government Department of Health, Disability and Ageing to Department of Veterans' Affairs and other parties such as Primary Health Networks, to enable those departments to administer aspects of WIP – Doctor Stream, including for program monitoring, program compliance, for statistical and research purposes and to inform policy development.

More information about the way Services Australia manages personal information, including Services Australia privacy policy is available on its [website](#).

#### 5.4 Opting out of the WIP – Doctor Stream

If a medical practitioner no longer wants to receive WIP – Doctor Stream payments, they may opt out of the WIP – Doctor Stream at any time. If a medical practitioner opts out of the WIP – Doctor Stream, they will forfeit any active quarters and payments during the opting out period.

To opt out of the WIP – Doctor Stream a medical practitioner must contact Services Australia at [WIPDoctor@servicesaustralia.gov.au](mailto:WIPDoctor@servicesaustralia.gov.au) and provide their reason for opting out in writing. Services Australia will write to the medical practitioner confirming that they have chosen to opt out of the WIP – Doctor Stream.

The medical practitioner will forfeit all future payments unless they opt back in to the WIP – Doctor Stream. If a medical practitioner chooses to opt back in to the WIP – Doctor Stream by contacting Services Australia, they will only be eligible to achieve active quarters and receive future payments from the date of notification.

#### 5.5 Recovery of payments

If WIP – Doctor Stream payments have been made as a result of an administrative error or inappropriate claiming, Services Australia and/or the Department of Health, Disability and Ageing may seek to recover these payments. Supporting documentation should be retained by medical practitioners for at least 6 years following the relevant reference period.

#### 5.6 Audits

Services Australia and the Department of Health, Disability and Ageing conducts program audits to check medical practitioners are complying with WIP –Doctor Stream eligibility requirements and claims for payments.

Audits may include a review of MBS claims through the CPS or a review of FPS documents.

Copies of the evidence should be kept on practice files for a minimum period of 6 years.

### 6. Calculation examples

Calculations of the incentive payments in the example below utilise the maximum incentive amounts in the table at [Section 2.2](#). The example is indicative only and not meant to represent actual payment amounts.

#### 6.1 Vocationally Registered GP CPS Calculation

Dr Smith is a Vocationally Registered GP and continuing WIP – Doctor Stream participant. Dr Smith has just finished four quarters that will be assessed for a possible Year Level 4 payment. Below is a breakdown of his activity of eligible services across the four quarters and how his payment would be calculated.

Over the four quarters, Dr Smith bills in the following locations:

Quarter	MM 3	MM 4	MM 5	MM 6	MM 7
1	\$25,000				\$50,000
2	\$3,000	\$4,000			
3	\$40,000		\$20,000		
4				\$10,000	\$5,000

### Quarter 1

As the maximum threshold of \$30,000 has been met in the MM 7 location, this quarter is considered an active quarter at the maximum MM 7 rate. As Dr Smith has billed more than the maximum quarterly threshold (\$30,000) in an MM 7 location, Dr Smith will receive the maximum payment available this quarter (of \$8,750).

	MM 3	MM 7
Maximum annual payment available	\$7,500	\$35,000
Maximum quarterly payment available	\$1,875	\$8,750
Dr Smith's MBS billing this quarter	\$25,000	\$50,000
Proportion of maximum payment available	-	100%
Payment	-	\$8,750

### Quarter 2

The minimum threshold has been met as the eligible billing in MM 3 and MM 4 for the quarter totals above \$6,000. The maximum threshold has not been met, so Dr Smith is eligible for a proportional payment of \$610.

	MM 3	MM 4
Maximum annual payment available	\$7,500	\$13,000
Maximum quarterly payment available	\$1,875	\$3,250
Dr Smith's MBS billing this quarter	\$3,000	\$4,000
Proportion of maximum payment available	10%	13%
Payment	\$187.50	\$422.50

### Quarter 3

The maximum threshold has been met across the MM categories and the calculation is done by adding each proportion of the threshold, working back from the most remote category. This quarter would attract a payment of \$3,466.25.

	MM 3	MM 5
Maximum annual payment available	\$7,500	\$17,000
Maximum quarterly payment available	\$1,875	\$4,250
Dr Smith's MBS billing this quarter	\$40,000	\$20,000
Proportion of maximum payment available	33%	67%
Payment	\$618.75	\$2,847.50

### Quarter 4

The minimum threshold has been met as the eligible billing in MM 6 and MM 7 for the quarter totals above \$6,000. The maximum threshold has not been met so Dr Smith is eligible for a proportional payment of \$3,550.

	MM 6	MM 7
Maximum annual payment available	\$25,000	\$35,000
Maximum quarterly payment available	\$6,250	\$8,750
Dr Smith's MBS billing this quarter	\$10,000	\$5,000
Proportion of maximum payment available	33%	17%
Payment	\$2,062.50	\$1,487.50

Altogether, Dr Smith's Year Level 4 payment is the sum of the four quarters, rounded to the nearest dollar, which amounts to \$16,376.

### 6.2. Non-VR payment calculation

Dr Li is a non-VR doctor. She commences training on the AGPT program in May 2024. She has been receiving WIP-Doctor Stream payments for 5 years working across several different locations. Dr Li's last payment was for Quarter 4 (April – June) 2023.

Over the four quarters, Dr Li bills in the following:

Quarter	MM 3	MM 4	MM 5	MM 6	MM 7
<b>1</b> <b>(Jul-Sep 2023)</b>			\$16,750		
<b>2</b> <b>(Oct-Dec 2023)</b>		\$31,000		\$18,500	
<b>3</b> <b>(Jan-Mar 2024)</b>					\$19,200
<b>4</b> <b>(Apr-Jun 2024)</b>	\$19,800				

#### Quarter 1

Dr Li has met the minimum threshold of \$6,000 per quarter of MBS billings in the MM 5 location. She has not reached the maximum threshold of \$30,000. Therefore, the payment for Quarter 1 will be based on a proportion of her billings. While Dr Li is a non-VR doctor during this period, the 80% payment for non-VR doctors does not come into effect until January 2024. Dr Li will therefore receive a full payment for this quarter (reflected in maximum annual payment values in table below). Dr Li's final payment for this quarter is \$3,220.

	MM 5
<b>Maximum annual payment available</b>	\$23,000
<b>Maximum quarterly payment available</b>	\$5,750
<b>Dr Li's MBS billing this quarter</b>	\$16,750
<b>Proportion of maximum payment available</b>	56%
<b>Payment</b>	\$3,220

#### Quarter 2

Dr Li has reached the maximum threshold of \$30,000, spread across MM 6 and MM 4 locations. Dr Li's activity is first assessed from the MM 6 location as this is the most remote. The remainder of her payment will be calculated at the MM 4 level until she reaches the maximum quarterly service threshold of \$30,000.

Dr Li is a non-VR doctor during this period and the 80% payment for non-VR doctors does not come into effect until January 2024. Therefore, Dr Li will receive a full payment for this quarter (reflected in maximum annual payment values in table below).

Dr Li's final payment for this quarter is \$7,135.

	MM 4	MM 6
Maximum annual payment available	\$18,000	\$35,000
Maximum quarterly payment available	\$4,500	\$8,750
Dr Li's MBS billing this quarter	31,000	\$18,500
Proportion of maximum payment available	38%	62%
Payment	\$1,710	\$5,425

### Quarter 3

Dr Li has met the minimum threshold of \$6,000 per quarter of MBS billings in the MM7 location. She has not reached the maximum threshold of \$30,000. Therefore, the payment for Quarter 3 will be based on a proportion of her billings against the maximum threshold.

As Dr Li is a non-VR doctor, she is only eligible for 80% of the payment received by a VR GP (reflected in maximum annual payment values in table below).

Dr Li's final payment for this quarter is \$7,680.

	MM 7
Maximum annual payment available	\$48,000
Maximum quarterly payment available	\$12,000
Dr Li's MBS billing this quarter	\$19,200
Proportion of maximum payment available	64%
Payment	\$7,680

### Quarter 4

Dr Li has met the minimum threshold of \$6,000 per quarter of MBS billings in the MM 3 location. She has not reached the maximum threshold of \$30,000. Therefore, the payment for Quarter 4 will be based on a proportion of her billings.

As Dr Li commenced an approved training pathway during this quarter, she will receive 100% of this amount (reflected in maximum annual payment values in table below).



Dr Li's final payment for this quarter is \$1,980.

	<b>MM 3</b>
<b>Maximum annual payment available</b>	\$12,000
<b>Maximum quarterly payment available</b>	\$3,000
<b>Dr Li's MBS billing this quarter</b>	\$19,800
<b>Proportion of maximum payment available</b>	66%
<b>Payment</b>	\$1,980

Altogether, Dr Li's Year Level 4 payment is the sum of the four quarters, rounded to the nearest dollar, which amounts to \$20,015.

## 7. Contact information WIP – Doctor Stream

**Services Australia** – for payment assessment and calculation enquiries:

Website: [www.servicesaustralia.gov.au/workforce-incentive-program-doctor-stream](http://www.servicesaustralia.gov.au/workforce-incentive-program-doctor-stream)

Phone: 1800 222 032

Email: [WIPDoctor@servicesaustralia.gov.au](mailto:WIPDoctor@servicesaustralia.gov.au)

**Department of Health, Disability and Ageing** - for eligibility enquiries:

Website: [www.health.gov.au/our-work/workforce-incentive-program/doctor-stream](http://www.health.gov.au/our-work/workforce-incentive-program/doctor-stream)

Email: [WIP@health.gov.au](mailto:WIP@health.gov.au)

**Rural Workforce Agencies** - for FPS enquiries:

[Northern Territory Primary Health Network](#)

Email: [gpwip@ntphn.org.au](mailto:gpwip@ntphn.org.au)

Phone: (08) 8982 1000

[Rural Doctors Workforce Agency South Australia](#)

Email: [gpservices@ruraldoc.com.au](mailto:gpservices@ruraldoc.com.au)

Phone: (08) 8234 8277

[Rural Health West](#)

Email: [wipds@ruralhw.com.au](mailto:wipds@ruralhw.com.au)

Phone: (08) 6389 4500

[The People Project Tasmania](#)

Email: [admin@thepeopleproject.com.au](mailto:admin@thepeopleproject.com.au)

Phone: (03) 6332 8600

[New South Wales Rural Doctors Network](#)

Email: [gpgrants@nswrdn.com.au](mailto:gpgrants@nswrdn.com.au)

Phone: (02) 4924 8000

[Health Workforce Queensland](#)

Email: [wipds@healthworkforce.com.au](mailto:wipds@healthworkforce.com.au)

Phone: (07) 3105 7853

[Rural Workforce Agency Victoria](#)

Email: [grants@rwav.com.au](mailto:grants@rwav.com.au)

Phone: (03) 9349 7800

## 8. Acronyms/Glossary of terms

### 8.1 List of acronyms

- Australian College of Rural and Remote Medicine (ACRRM)
- Australian General Practice Training (AGPT)
- Central Payment System (CPS)
- Department of Health, Disability and Ageing (Health)
- Department of Veterans' Affairs (DVA)
- Flexible Payment System (FPS)
- General Practitioner (GP)
- General Practice Rural Incentives Program (GPRIP)
- Health Professional Online Services (HPOS)
- Medicare Benefits Schedule (MBS)
- Modified Monash Model (MMM)
- Modified Monash (MM) 1-7
- Provider Digital Access (PRODA)
- Remote Vocational Training Scheme (RVTS)
- Royal Australian College of General Practitioners (RACGP)
- Royal Australian College of General Practitioners *Standards for general practices* (the RACGP Standards)
- Royal Flying Doctor Service (RFDS)
- Rural Workforce Agency (RWA)
- Vocationally Registered (VR)
- Workforce Incentive Program (WIP)

## 8.2 Glossary of Terms

The following terms have the meaning given below when they are used in the guidelines.

### General WIP terms

**Aboriginal and Torres Strait Islander health worker** is a First Nations person who:

- is employed in an Aboriginal and Torres Strait Islander identified position by the practice
- has undertaken a minimum Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care, and
- provides flexible, holistic and culturally sensitive health services to Aboriginal and Torres Strait Islander patients and the community to achieve better health outcomes and better access to health services for Aboriginal and Torres Strait Islander people.

More information is available from the Department of Health, Disability and Ageing's [website](#).

**Aboriginal and Torres Strait Islander health practitioner** is an Aboriginal and/or Torres Strait Islander person who is registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia and meets the Board's registration standards to practise in Australia. Registration requirements and professional standards for Aboriginal and Torres Strait Islander Health Practitioners are on the [Board's website](#).

**Aboriginal Community Controlled Health Service** is a primary health care service initiated and operated by the local First Nations community to deliver holistic, comprehensive and culturally appropriate health care to the community which controls it (through a locally elected Board of Management).

**Aboriginal Medical Service** is a health service funded principally to provide services to Aboriginal and Torres Strait Islander Individuals.

**Approved Training Pathway** – medical practitioners looking to obtain a recognised post-graduate qualification (fellowship) in a designated medical specialty must undertake an approved training program to work towards obtaining Fellowship. Depending on the chosen qualification, there are various training pathways which practitioners can undertake to achieve Fellowship with an accredited medical college.

**Delegate** is a person authorised by the Services Australia or the Department of Health, Disability and Ageing to administer the program.

**HPOS** is the [Health Professional Online Services](#). This is an online system where medical practitioners and practices can do business online with Services Australia. Most changes made through HPOS are effective immediately.

- For the WIP – Doctor Stream, medical practitioners can view service history, payment statements, update WIP – Doctor Stream bank details and receive notifications for mail services.

The **Medicare Benefits Schedule (MBS)** is a listing of the Medicare services subsidised by the Australian Government. The schedule is part of a wider Medicare Benefits Scheme managed by Health and administered by Services Australia.

**Medicare Provider Number** is a unique number that Services Australia issues to eligible health professionals who apply to participate in the Medicare Program.

**Medical practitioner** is a person who is registered under the *Health Practitioner Regulation National Law Act 2009* in the medical profession.

**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. The WIP uses the MMM 2019 for services provided before 1 April 2025, and the MMM 2023 for services provided from this date onwards.

#### WIP – Doctor Stream terms

An **active quarter** is a payment quarter under the WIP – Doctor Stream in which a medical practitioner's activity level is equal to, or above, the minimum activity threshold for the CPS, the FPS or a combination of the CPS and the FPS.

**Activity levels** are indicators under the WIP – Doctor Stream of the activity of the medical practitioner, based upon the MBS billing and/or sessions.

**Applicant** under the WIP – Doctor Stream is the medical practitioner applying to the relevant RWA for payment through the FPS.

**Approved training pathway** refers to the Australian General Practice Training (AGPT) Program, Australian College of Rural and Remote Medicine (ACCRM) Independent Pathway, the Rural Generalist Training Scheme, the Remote Vocational Training Scheme (RVTS) or the Royal Australian College of General Practitioners (RACGP) Practice Experience Program (PEP) or Fellowship Support Program (FSP).

**Approved training pathway 3GA placement** refers to the registration recorded by RACGP or ACCRM against a medical practitioner's Medicare Provider Number.

The **Central Payment System (CPS)** is the WIP – Doctor Stream payment system for medical practitioners who bill the MBS for eligible services. Payments are based on MBS records of eligible services provided in eligible locations in Australia. Payments are made automatically, and Services Australia will notify medical practitioners when this occurs.

**Eligible locations** under the WIP – Doctor Stream are those locations in Australia classified as MM 3-7. Eligible services are based on the practice or outreach location, regardless of medical practitioner or patient address.

**Eligible services** under the WIP – Doctor Stream are those services described in Part B, 3.1.1 Eligible primary care services and [Section 4.1.1](#).

The **Flexible Payment System (FPS)** is the WIP – Doctor Stream payment system for medical practitioners who provide eligible non-MBS services and/or undertake training (on an approved training pathway) that are not reflected in MBS records. To request a payment under the FPS, the medical practitioner must apply directly to the RWA in the state or the Northern Territory in which they provided the majority of services.

**Inactive quarters** are payment quarters under the WIP – Doctor Stream that fall below the minimum activity threshold. Inactive quarters are not eligible for payment.

A **lapsed payment** under the WIP – Doctor Stream is where a medical practitioner has completed the required number of active quarters to receive a payment but fails to provide correct bank details within 60 calendar days of a bank details request letter from Services Australia. After the allowed 60 calendar days, payment will lapse, and they **will not be eligible** to receive that payment.

**Leave** under the WIP – Doctor Stream is considered the number of quarters since the activity that counted toward a medical practitioner's last payment. Medical practitioners can be inactive for a period of up to five years for any reason without loss of accrued Year Level status but will not receive WIP – Doctor Stream payments for any period of leave. Those who have not received a payment for activity in the 24 quarters (6 years) immediately prior to becoming eligible for a new payment will lose their current Year Level status and recommence in the program as a new participant.

**New participants** under the WIP – Doctor Stream 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 (6 years). New participants providing a majority of services in MM 3-5 will receive their first payment after achieving eight active quarters within a 16-quarter period. New participants providing a majority of services in MM 6-7 will receive their first payment after achieving four active quarters within an eight-quarter period.

**Opt out** - Medical practitioners who no longer want to receive WIP – Doctor Stream payments may opt out of the program. By opting out, a medical practitioner is voluntarily choosing not to participate in the WIP – Doctor Stream.

**Payment quarters** under the WIP – Doctor Stream are the 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 1 – July, August, September

Quarter 2 – October, November, December

Quarter 3 – January, February, March

Quarter 4 – April, May, June.

**Practice location** is where a medical practitioner has been providing eligible primary care services under the WIP – Doctor Stream.

**Reference period** for a payment under the WIP – Doctor Stream refers to the period of time in which a practitioner achieves the required number of active quarters for payment. The start of the reference period would be the start date of the first active quarter for payment. The end of the reference period would be the end date of the last active quarter for payment. For continuing practitioners in all locations and new practitioners in MM 6-7 locations, the reference period is up to eight quarters in length. For new practitioners in MM 3-5 locations, the reference period is up to 16 quarters in length.

A **Rural Generalist** is a general practitioner who has specific expertise in providing medical care for rural and remote or isolated communities. A Rural Generalist understands and responds to the diverse needs of rural communities: this includes applying a population approach, providing safe primary, secondary and emergency care, culturally engaged Aboriginal and Torres Strait Islander peoples' health care as required, and providing specialised medical care in at least one additional discipline.

**Thresholds** under the WIP – Doctor Stream are the minimum amount of billing for a quarter to be considered active and to count toward a payment (\$6,000 or 21 sessions), and the amount of billing for a quarter to attract the maximum payment (\$30,000+ or 104+ sessions).

A **Vocationally Registered (VR)** medical practitioner is a medical practitioner who is listed on Australian Health Practitioner Regulation Agency's (Ahpra) Specialists Register as a 'Specialist'. The approved list of specialties, speciality fields and specialty titles for medical practitioners can be found on the [Medical Board of Australia's website](#).

For a general practitioner (GP), this means:

- having achieved fellowship with either the:
  - Royal Australian College of General Practitioners (RACGP), or
  - Australian College of Rural and Remote Medicine (ACCRM); and
- maintaining ongoing Specialist registration with Ahpra.

**Note:** VR GPs are eligible to access general practice items listed in the MBS.

A **WIP – Doctor Stream session** under the FPS refers to a period of 3 hours minimum in which a medical practitioner provides eligible WIP – Doctor Stream services (regardless of whether the MBS was billed) and/or undertakes eligible training. **A maximum of two sessions can be claimed per day.**

***Year Level*** refers to the duration of active service in eligible locations under the WIP – Doctor Stream. Year Level and MM category determine the maximum annual payment amount.