



Australian Government

Department of Health, Disability and Ageing

WORKFORCE INCENTIVE PROGRAM – DOCTOR STREAM FLEXIBLE PAYMENT SYSTEM

APPLICATION FORM

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

Effective Date: 18 December 2025

*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.

From 1 January 2024, non-Vocationally Registered (non-VR) medical practitioners, who are not on an approved training pathway, will receive 80% of the value of WIP-Doctor Stream incentive payments that are paid to Vocationally Registered (VR) medical practitioners and those on an approved training pathway. For further information, please refer to Section 2.2 of the [WIP-Doctor Stream Guidelines](#).

This application form relates only to the FPS. This may include medical 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–Doctor Stream Guidelines. Submission of an FPS application acknowledges that the applicant has read and understood the WIP–Doctor Stream 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 [Submitting an application](#) section for contact details).

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; **and**
- have an eligible current Medicare provider number; **and**
- have provided current bank account details to Services Australia specifically for the WIP – Doctor Stream.

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

- activity levels within eligible locations;
- how long a medical practitioner has been part of the program and,
- a medical practitioner’s vocational registration status (starting from 1 January 2024).

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 – Doctor Stream 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 [FPS Provisions](#) 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 ALL 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 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. This is the minimum quarterly activity threshold for the FPS. A quarter must meet this threshold to count toward potential payment.

Medical practitioners who complete 104 or more eligible sessions within a quarter meet the threshold condition for maximum payment for that quarter. 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 (that does not reach the maximum annual payment amount), 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 all eligible activity, 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 [Eligible GP Training Placements](#) 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 1-2	- Participants on approved training pathways undertaking approved advanced training in MM 1-2 locations - 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).
MM 3-7	- Medical practitioners working for: - Aboriginal Medical Services (AMS); or - the Royal Flying Doctor Service (RFDS) based in MM 3-7 for all eligible primary care services; or - 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.
MM 6-7	Commonwealth or State salaried medical practitioners providing primary care services.

*Refer to [Approved Training Pathways](#) section for approved pathways.

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.

**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](#).

Approved Training Pathways

Participants undertaking approved Rural Generalist or 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 (3GA placement) for the purposes of the WIP – Doctor Stream:

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

These 3GA placements are accredited by the Australian Medical Council (AMC) and allow non-vocationally recognised medical practitioners 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 3GA of the *Health Insurance Act 1973* (the Act).

For the purpose of calculating a WIP – Doctor Stream payment, an approved training pathway is **only** applicable for the approved dates of a 3GA Placement.

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

If a non-Vocationally Registered medical practitioner has MBS billing in an Active quarter, unless there is a 3GA placement on file, the quarter is calculated as Non-Vocationally Registered.

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 the Rural Workforce Agency.

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.

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

For more information on Approved Training Pathways, refer to the [WIP- Doctor Stream Guidelines](#)

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 medical practitioners are encouraged to submit their applications as soon as practicable following completion of the required number of quarters for payment.

Medical 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 ($\geq 50\%$), 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.

Medical practitioners applying for a 'top-up' of their CPS payment

Medical practitioners who have received a payment under the CPS, but have done extra eligible work over that payment period not captured in Medicare billing, may be eligible for an FPS top up payment. This is **only if** the CPS payment received was less than the maximum annual payment amounts available.

Medical practitioners applying for a top up payment will have **six months** 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 [Supporting Documentation](#) 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	gpservices@ruraldoc.com.au	(08) 8234 8277
Western Australia	Rural Health West	wipds@ruralhw.com.au	(08) 6389 4500

State/Territory	Name	Contact Email	Contact Number
Tasmania	The People Project Tasmania	admin@thepeopleproject.com.au	(03) 6332 8600
New South Wales	Rural Doctors Network	wipras@rdnhealth.org	(02) 4924 8000
Queensland	Health Workforce Queensland	wipds@healthworkforce.com.au	(07) 3105 7853
Victoria	Rural Workforce Agency Victoria	grants@rwav.com.au	(03) 9349 7800

Further information

Further information on the WIP – Doctor Stream and FPS can be found in the [WIP - Doctor Stream 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

- ☐ Does Services Australia have your current bank account details specifically for the WIP – Doctor Stream?
 - New participant (first WIP – Doctor Stream payment)?
 - Add your bank account details specifically for the WIP - Doctor Stream.
 - Continuing participant?
 - Check or update your WIP – Doctor Stream bank account details
 - It is your responsibility to ensure your bank account details are correct and current. Bank details can be added or updated by:
 - your individual Health Professionals Online Services (HPOS) account (Please contact Services Australia on 132150 for assistance if necessary), or
 - complete and sign the bank details section on page 12 of this form.

Note: You must log into HPOS at least once every three months to receive your messages, notifications, payment advice and to avoid your HPOS account becoming inactive.

- ☐ Do you fit into one of the [Alternate Employment or Special Top-Up Provision categories](#)?
- ☐ 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 [Part 1](#) of the form?
- ☐ Have you read and understood the WIP–Doctor Stream Guidelines?

Please continue to next page.

PART 3 – DEFINITIONS OF KEY TERMS

Key Term	Definition
<i>Aboriginal Medical Service</i>	An Aboriginal Medical Service is a health service funded principally to provide services to Aboriginal and Torres Strait Islander individuals.
<i>Active Quarters</i>	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.
<i>Approved training pathway</i>	The approved training pathways for the purposes of the WIP – Doctor Stream are: • Australian General Practice Training (AGPT) Program (ACRRM or RACGP); • Fellowship Support Program (RACGP); • Independent Pathway (ACRRM); • Practice Experience Program (RACGP); • Remote Vocational Training Scheme (RVTS) (ACRRM or RACGP); and • Rural Generalist Training Scheme (RGTS) (ACRRM)
<i>Eligible Primary Care Services</i>	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 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. Eligible services do not include diagnostic imaging, pathology services, dentistry, optometry or bulk billing incentive items.
<i>Eligible Non-Medicare Services</i>	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.
<i>Eligible Training</i>	Participants undertaking GP training on approved training pathways are eligible to apply 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.
<i>Location</i>	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.
<i>Modified Monash Model</i>	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 MMM 2019.
<i>New Participant</i>	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).

Key Term	Definition
<i>Payment Quarters</i>	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
<i>Session</i>	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	
Provider Number (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

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

Payments cannot be made to an account used exclusively for funding from the National Disability Insurance Scheme. **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 HPOS at www.servicesaustralia.gov.au/hpos.

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

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 practitioners 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– Doctor Stream 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 ALL 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 2024-25 (July to September 2024).

QUARTER NUMBER	1		FINANCIAL YEAR		20 24 120 25		
Placement Address including state and postcode	FPS / CPS only	Date commenced (within Quarter)	Date ceased (within Quarter)	Name of Employer/Practice	Number of sessions per week (eligible primary care services)		
					Clinical	Travel	Other (special top-up)
1 Main St, Greenville SA 5801	FPS	1/7/24	11/8/24	Greenville Medical Centre	10	0	0
1 Main St, Greenville SA 5801	FPS	26/8/24	1/9/24	Greenville Medical Centre	10	0	0
2 Yellow Creek Rd, Yellow Creek SA, 5802	FPS	2/9/24	6/9/24	Greenville Medical Centre (Outreach clinic)	8	2	0
20 Smith Ave, Orangetown, SA, 5999	CPS only	9/9/24	30/9/24	Orangetown Clinic	8	0	0
Number of above sessions related to GP training				0			
Total Number of Sessions for Quarter				106 (104 clinical + 2 travel)			
Were you Vocationally Registered or on an Approved Training (3GA) placement at any time during this quarter?				Yes / No (please circle one)			

Please note: 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		
Placement Address including state and postcode	FPS / CPS only	Date commenced (within Quarter)	Date ceased (within Quarter)	Name of Employer/Practice	Number of sessions per week (eligible primary care services)		
					Clinical	Travel	Other (special top-up)
Number of above sessions related to GP training							
Total Number of Sessions for Quarter							
Were you Vocationally Registered or on an Approved Training (3GA) placement at any time during this quarter?				Yes / No (please circle one)			

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

QUARTER NUMBER				FINANCIAL YEAR	20 /20		
Placement Address including state and postcode	FPS / CPS only	Date commenced (within Quarter)	Date ceased (within Quarter)	Name of Employer/Practice	Number of sessions per week (eligible primary care services)		
					Clinical	Travel	Other (special top-up)
Were you Vocationally Registered or on an Approved Training (3GA) placement at any time during this quarter?				Yes / No (please circle one)			

QUARTER NUMBER				FINANCIAL YEAR	20 /20		
Placement Address including state and postcode	FPS / CPS only	Date commenced (within Quarter)	Date ceased (within Quarter)	Name of Employer/Practice	Number of sessions per week (eligible primary care services)		
					Clinical	Travel	Other (special top-up)
Number of above sessions related to GP training							
Total Number of Sessions for Quarter							
Were you Vocationally Registered or on an Approved Training (3GA) placement at any time during this quarter?				Yes / No (please circle one)			

QUARTER NUMBER				FINANCIAL YEAR	20 /20		
Placement Address including state and postcode	FPS / CPS only	Date commenced (within Quarter)	Date ceased (within Quarter)	Name of Employer/Practice	Number of sessions per week (eligible primary care services)		
					Clinical	Travel	Other (special top-up)
Number of above sessions related to GP training							
Total Number of Sessions for Quarter							
Were you Vocationally Registered or on an Approved Training (3GA) placement at any time during this quarter?				Yes / No (please circle one)			

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

QUARTER NUMBER				FINANCIAL YEAR	20 /20		
Placement Address including state and postcode	FPS / CPS only	Date commenced (within Quarter)	Date ceased (within Quarter)	Name of Employer/Practice	Number of sessions per week (eligible primary care services)		
					Clinical	Travel	Other (special top-up)
Were you Vocationally Registered or on an Approved Training (3GA) placement at any time during this quarter?				Yes / No (please circle one)			

QUARTER NUMBER				FINANCIAL YEAR	20 /20		
Placement Address including state and postcode	FPS / CPS only	Date commenced (within Quarter)	Date ceased (within Quarter)	Name of Employer/Practice	Number of sessions per week (eligible primary care services)		
					Clinical	Travel	Other (special top-up)
Number of above sessions related to GP training							
Total Number of Sessions for Quarter							
Were you Vocationally Registered or on an Approved Training (3GA) placement at any time during this quarter?				Yes / No (please circle one)			

QUARTER NUMBER			FINANCIAL YEAR		20 /20		
Placement Address including state and postcode	FPS / CPS only	Date commenced (within Quarter)	Date ceased (within Quarter)	Name of Employer/Practice	Number of sessions per week (eligible primary care services)		
					Clinical	Travel	Other (special top-up)
Number of above sessions related to GP training							
Total Number of Sessions for Quarter							
Were you Vocationally Registered or on an Approved Training (3GA) placement at any time during this quarter?				Yes / No (please circle one)			

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

QUARTER NUMBER			FINANCIAL YEAR		20 /20		
Placement Address including state and postcode	FPS / CPS only	Date commenced (within Quarter)	Date ceased (within Quarter)	Name of Employer/Practice	Number of sessions per week (eligible primary care services)		
					Clinical	Travel	Other (special top-up)
Were you Vocationally Registered or on an Approved Training (3GA) placement at any time during this quarter?				Yes / No (please circle one)			

PART 5 – GP TRAINING CONFIRMATION

If you are undertaking eligible training placement(s) on an approved training pathway which falls into one of the following [Alternative Employment Provisions](#), you will need to complete this section to have sessions related to your GP training confirmed by your GP College (if on AGPT) or approved supervisor (if on another approved pathway).

Training placements are recognised from the start of a 3GA Placement or the date Services Australia received the application, whichever is later. For the purpose of calculating a WIP – Doctor Stream payment, an approved training pathway is only applicable for the approved dates of a 3GA Placement. If there is no 3GA Placement on record the quarter will be assessed as non-VR.

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.

All AGPT GP registrars will need to have their session records (completed in Part 4) confirmed and signed off by their GP College in this section. Participants on all other approved training pathways 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 GP COLLEGES

Name of Organisation	Contact Email	Contact Phone
Australian College of Rural and Remote Medicine (ACRRM)	acrrm@acrrm.org.au	1800 223 226
Royal Australian College of General Practitioners (RACGP)	racgp@racgp.org.au	1800 472 247

Please continue to the next page.

Session Record Confirmation

Registrar Name:	
Training Pathway:	
Provider Number:	

GP COLLEGE (AGPT) OR APPROVED SUPERVISOR (IF ON ANOTHER APPROVED PATHWAY) TO COMPLETE

Name of GP College (if applicable):

Completion and signing of this section indicates that all details recorded in Part 4 relating to GP training are true and accurate and reflected in records held.

Signature:

Print Name (GP College Officer or Approved Supervisor):

Date of Approval:

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 YEAR		
Placement Address including state and postcode	Date commenced (in Quarter)	Date ceased (in Quarter)	Name of Employer/Practice	Number of sessions per week
Total Number of Sessions for Quarter				

GP COLLEGE TO COMPLETE

Name of GP College (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):

Participants on other approved training pathways 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 and Aged Care.

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 medical practitioners undertaking eligible GP training will need to have their session records confirmed and signed by their GP College (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 a GP College/Supervisor in Part 5, an employer letter is not required.

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

Services Australia only recognise training placements with a 3GA Placement recorded on the medical practitioner's profile. The placement is recognised from the start of the 3GA Placement, or the date Services Australia received the application, whichever is later. For the purpose of calculating a WIP – Doctor Stream payment, an approved training pathway is only applicable for the approved dates of a 3GA Placement.

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 and Aged Care 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 Aged Care and Services Australia for the purposes of administering, monitoring and evaluating the WIP – Doctor Stream.

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 servicesaustralia.gov.au/hpos.

You may withdraw your consent to the collection, use and disclosure of your personal information at any time by contacting 1800 222 032. 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 – Doctor Stream.

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 – Doctor Stream 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

- ☐ Have you completed all relevant parts of this form in full?

Incomplete forms may delay determination of eligibility and a potential payment.

Part 5 only needs to be completed by medical 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.

- ☐ Have you attached the supporting documentation required to justify your claim?

See the [Supporting Documentation](#) section for further information.

- ☐ Have you signed the declaration on page 23?

End of Application

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 incentive 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).

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

Additionally, over the period from **[Day, Month, Year]** to **[Day, Month, Year]**, Dr **[Last Name]** undertook approximately **[insert number]** hours per week additional activities in the following remote or very remote locations (Modified Monash 6 or 7): **[list locations]**, including (tick all that apply):

- ☐ excessive travel time of more than three cumulative hours to provide outreach services
- ☐ population health work in Aboriginal and/or Torres Strait Islander communities
- ☐ support to Aboriginal and Torres Strait Islander health workers or Aboriginal and Torres Strait Islander health practitioners

Yours sincerely,

[Practice Manager or Employer Signature]

Full Name

Job Title

Contact number (incl. area code)