



Workforce Incentives Program (WIP)-Rural Advanced Skills Frequently Asked Questions

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This document was developed to assist doctors, general practices and other stakeholders to understand eligibility and application requirements for doctors claiming the WIP-Rural Advanced Skills payment.

The document will be updated regularly to address issues raised by doctors and other stakeholders.

For additional information and context, readers should consult the WIP-Rural Advanced Skills Guidelines available from the [Department of Health, Disability and Ageing's website](#).

These FAQs will be updated on a regular basis.

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1 Overview

1.1 What is the WIP-Rural Advanced Skills payment?

The WIP-Rural Advanced Skills payment recognises that doctors working in rural areas often require additional skills to meet the health care needs of their communities.

The incentive provides an annual payment to doctors working in rural and remote communities (Modified Monash [MM] 3-7 locations) in recognition of their work in primary care and advanced skills being used in community and hospital settings.

The payment has two streams:

- **Stream 1: Emergency Medicine:** For doctors providing a minimum level of emergency care and/or emergency after hours services (in eligible locations).
- **Stream 2: Advanced Skills:** For doctors who hold recognised qualifications in advanced skills (such as obstetrics, anaesthetics, surgery, mental health and/or First Nations Health) and provide a minimum level of service using these skills.

Payments for both streams are based on the number of rosters worked in eligible locations, with payments in each stream valued at up to \$10,500 annually. Roster is defined at [Section 3.4](#).

Eligible doctors **can claim either or both payment streams** where they meet eligibility requirements and reach service thresholds for that stream. Doctors will need to submit a separate application for each payment stream.

1.2 How many doctors are expected to claim this payment?

Available data shows that more than 2,500 doctors may be eligible to claim the payment within each stream. This is based on the number of doctors with rural generalist skills and advice on likely take-up as part of consultation with the sector.

2 Eligibility

2.1 Are all doctors eligible to apply?

Eligible applicants include:

- vocationally registered General Practitioners (GP)
- vocationally registered Rural Generalists (RGs)
- Non-vocationally registered doctors that are on an approved GP/RG training pathway working in primary care. A list of approved training pathways is in [7. Appendix](#).

Applicants must be working in general practice and offering emergency care and/or advanced skills services in MM 3-7 locations.

2.2 What locations are eligible?

Doctors must be providing general practice services and delivering emergency medicine/ advanced skills services in MM 3-7 locations to access the WIP-Rural Advanced Skills payment.

Applicants can determine the MM designation of a particular location by using the [Health Workforce Locator](#) on the Department of Health, Disability and Ageing's [DoctorConnect website](#).

2.3 .3 What advanced skills are eligible?

The following advanced skills are eligible for payment through the WIP-Rural Advanced Skills payment:

Eligible advanced skills by WIP-Rural Advanced Skills Stream

Stream 1: Emergency Medicine	<ul style="list-style-type: none">• Emergency care in hospital, Medicare Urgent Care Clinic or Multi-Purpose Service.• Emergency after hours services in communities where there is no hospital, urgent care centre or multipurpose service within 50 km by road of the doctor's general practice and services are provided in person.
Stream 2: Advanced Skills	<ul style="list-style-type: none">• Adult Internal Medicine• Anaesthesia• First Nations Health (Aboriginal and Torres Strait Islander Health)• Mental Health• Obstetrics and Gynaecology• Paediatrics and Child Health• Palliative Care• Remote Medicine• Small Town Rural General Practice• Surgery.

See [Section 2.4](#) for the recognised qualifications and training related to the advanced skills listed above.

2.4 What qualifications or training do I need to have to be eligible?

The following qualifications or training are recognised for the purposes of this program. Others may be considered upon application to the Rural Workforce Agency.

Training/qualification requirements by advanced skill

Advanced Skill	Training/qualifications required
Adult internal medicine	<ul style="list-style-type: none">• Advanced Specialised Training in Adult Internal Medicine (ACRRM).• Additional Rural Skills Training in Adult Internal Medicine (RACGP).• Any Adult Internal Medicine training of 12 months or longer that is accredited by either ACRRM or RACGP.
Anaesthesia	<ul style="list-style-type: none">• Advanced Specialised Training in Anaesthesia (ACRRM).• Additional Rural Skills Training in Anaesthesia (RACGP).• Any Anaesthesia training of 12 months or longer that is accredited by either ACRRM or RACGP.• Credentialed to perform anaesthetic services by hospital in which services are delivered.

Advanced Skill	Training/qualifications required
First Nations Health	<ul style="list-style-type: none"> Advanced Specialised Training in Aboriginal and Torres Strait Islander Health (ACRRM). Additional Rural Skills Training in Aboriginal and Torres Strait Islander Health (RACGP). GPs and Rural Generalists with 12 months (full-time/1.0 FTE) or more prior experience (within the last five years) working in an Aboriginal Community Controlled Health Organisation or Aboriginal Medical Service (prior to commencement of assessment period). GPs and Rural Generalists with 12 months (full-time/1.0 FTE) or more experience (within the last five years) providing health services (AMS, community or hospital setting) in a community (as defined by Australian Bureau of Statistics Indigenous Areas) where at least 70% of the population are First Nations people (prior to commencement of assessment period). See Section 7.1 (List of Eligible Indigenous Areas) in the WIP Rural Advanced Skills Guidelines.
Mental Health	<ul style="list-style-type: none"> Advanced Specialised Training in Mental Health (ACRRM). Rural Additional Skills Training in Mental Health (RACGP). Any Mental Health training of 12 months or longer that is accredited by either ACRRM or RACGP. GPs and Rural Generalists with 12 months (full-time/1.0 FTE) or more prior experience (within the last five years) working in a Mental Health Setting (prior to commencement of assessment period).
Obstetrics and Gynaecology	<ul style="list-style-type: none"> Advanced Specialised Training in Obstetrics and Gynaecology (ACRRM). Additional Rural Skills Training in Obstetrics (RACGP). Any Obstetrics or Gynaecology training of 12 months or longer that is accredited by either ACRRM or RACGP. Credentialed to perform obstetrics or gynaecological services by hospital in which services are delivered.
Paediatrics and Child Health	<ul style="list-style-type: none"> Advanced Specialised Training in Paediatrics (ACRRM). Additional Rural Skills Training in Child Health (RACGP). Any Paediatrics or Child Health training of 12 months or longer that is accredited by either ACRRM or RACGP.
Palliative Care	<ul style="list-style-type: none"> Advanced Specialised Training in Palliative Care (ACRRM) Additional Rural Skills Training in Palliative Care (RACGP) Any Palliative Care training of 12 months or longer that is accredited by either ACRRM or RACGP.
Remote Medicine	<ul style="list-style-type: none"> Advanced Specialised Training in Remote Medicine (ACRRM). Any Remote Medicine training of 12 months or longer that is accredited by ACRRM.
Small Town Rural General Practice	<ul style="list-style-type: none"> Additional Rural Skills Training in Small Town Rural General Practice (RACGP) Any Small Town Rural General Practice training of 12 months or longer that is accredited by RACGP.
Surgery	<ul style="list-style-type: none"> Advanced Specialised Training in Surgery (ACRRM). Additional Rural Skills Training in Surgery (RACGP). Any Surgical training of 12 months or longer that is accredited by either ACRRM or RACGP. Credentialed to perform surgical services by hospital in which services are delivered.

2.5 I have completed advanced skills training in one of the eligible disciplines, but my training is not recognised through this incentive. Can I still apply?

Recognising the number of different training offerings available to doctors, the WIP-Rural Advanced Skills Guidelines have made provision for these circumstances. As noted in the Guidelines, any training of 12 months or longer in an eligible advanced skill discipline can be recognised through this program where that training has been accredited by either ACRRM or RACGP. To seek accreditation for your prior training, please contact ACRRM or RACGP.

2.6 What evidence/documentation do I need to provide to demonstrate my advanced skills?

Doctors claiming Stream 1: Emergency Medicine are not required to provide evidence that they hold advanced qualifications to be eligible for payment. Stream 1 applicants will need to provide verification from their employer, regional health authority (Local Hospital Network/District, Primary Health Network) to support service levels claimed in an application via a signed letter.

Doctors applying for a Stream 2 payment must provide evidence as part of the online application form. They will need to:

- Attach documentation from ACRRM or RACGP confirming their advanced skill; OR
- Attach documentation from hospital confirming they have credentials to deliver advanced skills services from that location (anaesthetics, obstetrics and gynaecology, surgery applicants only); OR
- Attach documentation from an employer verifying that they have 12 months or more prior experience working in a Mental Health setting (Mental Health applicants only); OR
- Attach documentation from an employer verifying that they have 12 months or more prior experience working in an Aboriginal Medical Service, Aboriginal Community Controlled Health Organisation, or community where 70% or more of population are First Nations people (First Nations Health applicants only); AND
- Attach a signed declaration from the hospital/employer in which they deliver advanced services confirming the number of advanced skills rosters delivered during the assessment period.

Further details on how to provide evidence is included in the online application form.

2.7 Can I apply for both payment streams?

Yes.

Doctors are encouraged to apply for both streams where they meet the eligibility requirements. Doctors will need to submit a separate application for each payment stream.

2.8 Do I need to have received WIP-Doctor Stream payments to receive a WIP-Rural Advanced Skill payment?

No.

Doctors do not need to have received WIP-Doctor stream payments to be eligible for WIP-Rural Advanced Skill payments. However, doctors will need to record their preferred banking details for the WIP-Rural Advanced Skills stream in Services Australia's [Health Professional Online Services](#) (HPOS) system from 1 January 2024.

Doctors not currently using HPOS but expecting they will meet the eligibility and service thresholds for the WIP-Rural Advanced Skills stream are encouraged to contact Services Australia to arrange this before applying.

Applicants should note that Medicare Benefits Schedule (MBS) billing may be used to confirm provision of primary care in the assessment time period, as part of compliance checks within the WIP-Rural Advanced Skills program.

2.9 Where can services be provided?

Comprehensive general practice services may be delivered in a general practice, Aboriginal Medical Services, Aboriginal Community Controlled Health Services, or equivalent primary care facilities in MM3-7 locations.

Emergency care and advanced skilled services may be delivered in primary care or hospital settings in MM 3-7 locations.

2.10 If I am salaried by a state/territory government, am I eligible to apply for the WIP-Rural Advanced Skills payments?

Yes. To receive payment though, doctors must meet all eligibility requirements, including provision of both primary care and emergency medicine and/or advanced skill services.

2.11 Do I need to work in a rural community for a full year to receive a payment?

No. The WIP-Rural Advanced Skills payment is an annual payment, and the tiers recognise services provided throughout the year. A doctor does not need to be based in a rural community for a full year to receive payment.

2.12 Why are there no training qualification requirements for Stream 1 (Emergency Medicine)

All Rural Generalist and GP Fellows undertake training in emergency medicine as part of their fellowship requirements.

2.13 Our practice offers urgent walk-in services for patients, including on weekends. Am I eligible to claim the Stream 1 (Emergency Medicine)?

Doctors can claim the Stream 1 incentive when providing emergency rosters from a hospital, Medicare Urgent Care Clinic, Multi-Purpose Service, or when providing after hours rosters from remote locations (practices more than 50km by road from nearest hospital). Rosters provided from general practices and urgent care clinics not participating in the [Medicare Urgent Care Clinics Program](#) are not eligible for the incentive, even when offering urgent walk-in services.

2.14 I am a doctor who provides on-call after hours services through my general practice. Am I eligible for a Stream 1 payment?

The Government recognises that in many small communities there may be no hospital, and doctors providing on-call after hours emergency services play a vital role in ensuring members of their community are able to access urgent health care services where required.

As a result, Stream 1 payments for emergency care are available to doctors offering on-call after hours emergency care in communities where there is no hospital, Medicare Urgent Care Clinic or Multi-Purpose Service within 50km (by road) of their general practice. Doctors may be rostered to provide emergency after hours services and be available to deliver the service in person. If you are not available for face-to-face care (e.g. telehealth services only), or if provision of after hours care is more ad hoc (i.e. there is no expectation that you will be available to provide care or advice to nurses or other staff at the clinic) then you are not considered to be on call and are therefore not eligible to claim a WIP-Rural Advanced Skill payment. Evidence should be provided by a doctor/practice/employer/Local Hospital Network or Primary Health Network to this effect when applying.

2.15 I am a doctor who provides telehealth consultations (primary care and advanced skill) to communities in MM 3-7 locations? Am I eligible to claim the incentive?

Doctors must be available to provide face-to-face care to their patients during a rostered period to claim that roster for a WIP-Rural Advanced Skills incentive payment. A doctor who is providing on call emergency services to a hospital can use telehealth to respond to emergencies, but they must also

be available to respond in person where necessary to claim the incentive. Doctors providing telehealth-only services are not eligible to claim WIP-Rural Advanced Skills rosters.

2.16 I am a doctor working in an Aboriginal Community Controlled Health Organisation. How do I determine which rosters are primary care and which are First Nations advanced skill rosters?

Rosters delivered in an Aboriginal Community Controlled Health Organisation, Aboriginal Medical Service or community where at least 70% of the population (as listed in the Guidelines) can effectively be both primary care and advanced skill rosters. You can record them as either. You however cannot count the same roster as both primary care advanced skills simultaneously – you will need to designate it as one or the other.

When preparing your application, you may like to count your first 96 rosters (or 48 for part time doctors) during the assessment period as primary care. Any rosters after this point can be included towards your advanced skill roster count.

2.17 I have completed RACGP Additional Rural Skills Training in Small Town General Practice. What rosters can I count towards my advanced skills application?

As a doctor with RACGP Additional Rural Skills Training in Small Town General Practice and providing primary care rosters in general practice, you can count these rosters towards their primary care roster count only. Any emergency on-call rosters should be counted towards a Stream 1 application only. Rosters provided outside general practice settings (e.g. hospital, Multi-Purpose Service or residential aged care facility) can be counted towards the Advanced Skill (Stream 2).

3 Service Requirements

3.1 Do I need to work in general practice to receive this payment?

Yes.

This program is for GPs and RGs working in comprehensive general practice/primary care and emergency care as well as providing other medical specialist care in community and hospital settings. Non-vocationally registered GPs on an **approved training pathway** (see [7. Appendix](#)) are eligible to apply for this payment where they meet program and service requirements.

Applicants need to be providing comprehensive general practice services. This means providing services for which a Medicare primary care item can be claimed. Doctor's primary care requirements under the program differ depending on whether they are working full-time or part-time.

Further information on how to determine a doctor's full-time/part time status is provided at FAQ 3.2 immediately below.

3.2 How does the WIP-Rural Advanced Skills program define full-time and part-time arrangements?

Below is a table which outlines how the WIP-Rural Advanced Skills program defines full-time and part-time arrangements for the purposes of the program. The service levels reflect how many rosters per week a doctor works on average across all settings (primary care, hospital etc).

Service level	Employment status	Number of primary care rosters WIP-Rural Advanced Skills applicants must deliver in an assessment period
Below 0.6 FTE	Part-time	Minimum of 48 rosters
0.6 FTE and above	Full-time	Minimum of 96 rosters

Note:

FTE = Full Time Equivalent

One roster is 4 hours or longer in a 24-hour period.

96 primary care rosters are equivalent to 2 days per week (11 months per year).

Advanced skills rosters are based on one, two and four rosters per month (11 months per year). Doctors working 0.6 FTE and above, in total across all employment settings, are considered full-time. Payment values increase based on rurality and number of advanced skill services delivered. Minimum service thresholds for each payment level differ due to MM location due to different workforce profiles and community needs. Pro-rata payments are not available for doctors that have not reached minimum service thresholds for each payment level.

3.3 How many advanced skills services do I need to deliver to receive a payment?

Doctors must provide evidence of comprehensive general practice services as the initial step.

Once confirmed, if they provide additional services, doctors may be eligible for either or both Stream 1 Emergency Medicine and Stream 2 Advanced Skills payments. Payment values increase with rurality and the number of advanced skill rosters provided in a year.

Different MM locations have different workforce profiles and facilities. For the WIP-Rural Advanced Skills program, grouping of MM areas has been applied to simplify payment streams to reflect this. Payments are split by rurality into:

- MM3
- MM4-5
- MM6-7.

Emergency care and/or advanced skills services roster thresholds of 11, 22 and 48 rosters per year for both streams recognise minimum service levels and that a doctor may also take (4 weeks) leave in a year. The following payment levels apply across both streams:

- Payment level A - 11 rosters (e.g., equivalent to 1 roster per month over a year)
- Payment level B - 22 rosters (e.g., equivalent to 2 rosters a month over a year)
- Payment level C - 48 rosters (e.g., equivalent to 1 day per week for a year).

A doctor may be eligible for up to three annual payments, recognising services delivered from 2023 to 2026 (or one per annum) under both streams. Pro-rata payments are not available under this program.

3.4 How do I demonstrate that I have delivered the required services to receive a payment?

Applicants must have a third party (usually a hospital manager/executive or general practice manager/principal) verify the number of rosters provided during the assessment period via a sign letter. Where an employer, hospital manager/executive, practice manager/principal is unavailable (e.g. if an applicant is a solo medical practitioner), applicants can request that their Primary Health Network or Rural Workforce Agency verify their activity.

As doctors may be working for different employers, providing primary care and advanced skills services, the online application form supports verification by two or more employers.

3.5 What is a roster?

For the purpose of WIP-Rural Advanced Skills payments,

- a 'roster' is a period of 4 hours or longer during a 24-hour period.

Applicants are only able to claim one roster for each activity type in a 24-hour period. For example, if a doctor works an 8-hour shift in a general practice he/she is only able to claim one roster. However, if a doctor works for at least four hours during the day in general practice and then provides an emergency on-call roster overnight then that doctor can claim one primary care and one emergency medicine roster for that 24-hour period.

Applicants are unable to claim:

- 'half a roster' for days when less than 4 hours are worked
- more than one primary care roster in MM 3-7 per 24-hour period

- more than one emergency medicine roster per 24-hour period
- more than one advanced skill roster per 24-hour period
- more than one excessive travel time roster per week
- more than three rosters per 24-hour period where each roster is a different activity type.

3.6 Can periods of less than 4 hours be included towards service activity? How will these be assessed?

No. Periods of less than 4 hours worked in a 24-hour period cannot be counted as a roster.

3.7 Why are the thresholds set at 11, 22 and 48 rosters per year?

Emergency medicine/advanced skills thresholds are set based on (an average of) one, two and four services per month, and allow for four weeks of leave per year.

Similarly, the requirement for full-time doctors to provide 96 primary care rosters is based on doctors providing an average of two rosters per week over a year, an allowing for four weeks of leave per year. Part-time doctors are required to provide one primary care roster per week.

3.8 I have multiple eligible advanced skills. Can I combine these activities towards my service threshold?

Yes. Doctors with multiple advanced skills can combine these rosters to meet activity thresholds.

EXAMPLE: a doctor providing 19 surgical rosters and 14 anaesthetic rosters would have 33 rosters during the assessment period.

Applicants cannot combine emergency or emergency after hours rosters for Stream 1 with advanced skills payments from Stream 2 or vice versa.

3.9 I have non-procedural advanced skills. How will you assess my services?

Non-procedural advanced skills (e.g., First Nations Health, Mental Health) may be provided in primary care and community settings and sometimes in hospital settings. Doctors can claim rosters for non-procedural advanced skill services delivered in primary care settings where a roster has been established specifically to deliver advanced skills services (e.g. a doctor delivers a regular weekly Aboriginal and Torres Strait Islander Health Check and Chronic Disease Management clinic from their general practice).

Doctors are unable to claim non-procedural advanced skills rosters where mental health or First Nations Health services are delivered in the course of their regular primary care services. The exception to this is doctors working in Aboriginal Community Controlled Health Organisation, Aboriginal Medical Service or community where at least 70% of the population. In these instances, rosters delivered in these settings are effectively both primary care and advanced skill rosters and can be claimed as either. Doctors however cannot count the same roster as both primary care advanced skills simultaneously – you will need to designate it as one or the other.

Evidence - see [Section 2.5](#), will be needed to demonstrate that a doctor is using these advanced skills in an expanded scope of practice, as distinct from their comprehensive primary care services.

4 Payment values

4.1 What are the payment values for each WIP-Rural Advanced Skills payment stream?

Doctors must provide evidence of comprehensive general practice/primary care services refer (see [Section 3.1](#)) and emergency medicine/advanced skills services (see [Section 2.5](#)).

Payment levels for Stream 1 and Stream 2 are identical, based on the rurality of the location in which a doctor provides their advanced skills and the number of advanced skills rosters provided in a year. Payment values are outlined in the tables below:

WIP-Rural Advanced Skills: minimum primary care service thresholds, annual payment amount by stream, payment level and remoteness

Primary Care minimum service threshold			
MM3-7	Full-time doctors (working 0.6 FTE and above overall across multiple settings): <ul style="list-style-type: none">96 primary care rosters	Part-time doctors (working below 0.6 FTE overall across multiple settings): <ul style="list-style-type: none">48 primary care rosters	
WIP-Rural Advanced Skills Incentives			
Stream One: Emergency Medicine			
<ul style="list-style-type: none">Emergency Medicine services in hospital, Medicare Urgent Care Clinic or Multi-Purpose ServiceEmergency After Hours in primary care where no hospital is within 50 kms (by road)			
	Payment Level A <ul style="list-style-type: none">11 emergency/emergency after hours rosters	Payment Level B <ul style="list-style-type: none">22 emergency/emergency after hours rosters	Payment Level C <ul style="list-style-type: none">48 emergency/emergency after hours rosters
MM3	\$4,000	\$4,000	\$4,000
MM4-5	\$5,000	\$7,500	\$9,500
MM6-7	\$9,000	\$10,500	\$10,500
Stream Two: Advanced Skills			
<div><ul style="list-style-type: none">Adult Internal MedicineAnaesthesiaFirst Nations Health (Aboriginal and Torres Strait Islander Health)Mental HealthObstetrics and Gynaecology<ul style="list-style-type: none">Paediatrics and Child HealthPalliative CareRemote MedicineSmall Town Rural General PracticeSurgery</div>			
	Payment Level A <ul style="list-style-type: none">11 advanced skills rosters	Payment Level B <ul style="list-style-type: none">22 advanced skills rosters	Payment Level C <ul style="list-style-type: none">48 advanced skills rosters
MM3	\$4,000	\$4,000	\$4,000
MM4-5	\$5,000	\$7,500	\$9,500
MM6-7	\$9,000	\$10,500	\$10,500

4.2 How are payment values calculated?

A doctor that has met general practice service requirements receives a payment based on the location in which services were delivered and the number of those services provided during the annual assessment period.

Applicants must reach a threshold to receive that payment. Pro-rata payments are not available.

EXAMPLE: a doctor working in an MM4 location who provided 29 advanced skills sessions during the assessment period would have provided more than the Level B service threshold but less than the Level C threshold. In this instance the doctor would receive the Level B payment of \$7,500.

A series of worked examples demonstrating how WIP-Rural Advanced Skills payments are calculated are provided at Section 5 of the [WIP-Rural Advanced Skills Program Guidelines](#).

4.3 Why are the streams grouped by Modified Monash Model (MM)?

The grouping of MM 4-5 and MM 6-7 recognises the different workforce and facilities in MM areas. MM 3 areas are generally supported by local specialist workforces in hospital service provision and the need for rural generalists in these areas is much less.

4.4 I have worked across multiple locations with different MM designations. How will my payment be calculated?

Doctors can claim services across multiple locations to meet service threshold requirements for this payment. Where a doctor does not meet the service threshold in a more remote MM location those services are added to the less remote location. Doctors working across multiple MM locations will always be paid at the highest level at which they qualify for payment.

EXAMPLE: A doctor provides 17 anaesthetic services in a MM 6 location and 14 in a MM4 location. In this instance the doctor has provided more services than the Level A threshold in a MM 6 location but less than the Level B threshold. This would allow the doctor a Level A MM 6-7 payment of \$9,000. Alternatively, the MM6 sessions could be added to the less remote MM 4 total (giving the doctor 31 total sessions). As the Level B MM 4-5 payment (\$7,500) is less than the Level A MM 6-7 payment the doctor would still be paid the Level A MM 6-7 payment.

Doctors do not need to make these calculations/adjustments as part of their application. Rural Workforce Agencies assessing WIP-Rural Advanced Skills applications will assess doctor's total activity and make a payment determination that will maximise a doctor's incentive payment.

4.5 I have delivered services in multiple states during an assessment period. Will this affect my eligibility or payment?

The state/territory in which a service is delivered has no effect on the eligibility or payment received by an applicant.

EXAMPLE: A doctor providing 20 Emergency Medicine rosters in a MM5 location in Queensland and 14 Emergency Medicine rosters in a MM4 location in New South Wales would have 34 total combined emergency services rosters in MM4-5 locations. The doctor would receive a Level B MM4-5 payment (\$7,500).

4.6 What are the aims of WIP-Rural Advanced Skills?

This payment has two aims. The first is to provide recognition and support to doctors working in general practice and providing emergency care and advanced skills services in rural communities, including hospital settings.

Without this rural generalist workforce, many patients in these communities would be required to travel vast distances to get the health care that they need.

The second aim is to encourage doctors with advanced skills to provide services in rural and remote areas. This is acknowledged through increasing payments for number of rosters and increased rurality.

5 Applications

5.1 When do I need to submit an application?

Doctors can submit an application at any time between late 2023 and 31 March 2027. Doctors are able to apply for one payment, per stream, per 12-month period i.e. one payment for 2023.

Doctors will need to submit separate applications for Emergency Medicine and Advanced Skills streams. Applications can cover any 12-month assessment period between 1 January 2023 and 31 December 2026. Doctors can access the online application form from the Department of Health, Disability and Ageing [website](#).

It is in the doctor's interest to ensure they meet the maximum payment threshold **or** the 12-month timeframe when they apply.

EXAMPLE: A doctor with advanced mental health skills training commences work in a MM4 location on 1 March 2023. The doctor reaches the maximum advanced skill service threshold in her location (48 rosters) by November 2023 and has no plans to work in more remote locations in the immediate future (where she might achieve a higher payment). The doctor can submit her application for 2023 any time after late 2023.

5.2 How often can I submit an application?

Applicants are eligible for up to three annual payments per stream (for the 2023, 2024, 2025 and 2026 calendar years). Doctors have until 31 March 2027 to submit applications for payment.

5.3 How do I submit an application?

Doctors are able to submit applications for WIP-Rural Advanced Skills payment via an online application form. Doctors will need to submit separate applications for Stream 1: Emergency Medicine and Stream 2: Advanced Skills payment. Links to the online application form for each incentive stream are provided on the Department's [website](#).

5.4 Where can I go to get assistance in completing my application form?

The Rural Workforce Agency in your state or territory can provide assistance. Contact details are provided at [Section 6](#) below.

5.5 I have just submitted my application. What happens now? How long until I receive a payment?

The Rural Workforce Agency in the applicant's state or territory or where the applicant provides the majority of services will assess the application once it has been completed online. They may contact the applicant to seek additional information about the application.

Once assessment has been completed and payment value has been calculated, payment advice is provided to Services Australia. Please refer all pre-payment enquiries to Rural Workforce Agencies.

5.6 It looks too hard to apply given the evidence and documentation I am required to produce. Can this process be simplified?

The WIP-Rural Advanced Skills payment has been designed in consultation with the sector and the Department of Health, Disability and Ageing has taken on board feedback about a need to streamline application processes.

Evidence required for each payment stream is outlined in the [WIP-Rural Advanced Skills Program Guidelines](#) (refer Section 1.4-6).

5.7 Why do I need to submit this documentation to demonstrate eligibility? Can't you just use my MBS billing activity as for the WIP-Doctor Stream?

The WIP-Rural Advanced Skills payment is intended to support doctors working in rural and remote communities (MM 3-7 locations). Many of these services may be provided in community or hospital settings and therefore outside of MBS billing arrangements.

5.8 How do I provide or update my bank details?

For the WIP-Rural Advanced Skills payments, doctors can update their bank details securely with Services Australia via HPOS by selecting the WIP-Rural Advanced Skills program tile.

Doctors can also view their payment advice, payment history and receive notifications for their mail services in HPOS. For the WIP-Rural Advanced Skills payments, any doctor with HPOS access will automatically receive their payment advice and letters to their HPOS mailbox. Any updates made online in HPOS will be visible immediately.

Doctors will need to use their individual PRODA (Provider Digital Access) account to access HPOS. If an applicant does not already have an individual PRODA account, one can be created at www.servicesaustralia.gov.au/proda. To access HPOS, visit www.servicesaustralia.gov.au/HPOS.

5.9 I believe there has been a mistake in calculating my eligibility or payment value? What can I do?

To ask for a review of a decision on a payment, an applicant can contact the relevant Rural Workforce Agency seeking a review of their payment. See [Section 6](#) for contact details.

6 Contact details

For questions on eligibility and program rules, please contact:

Department of Health, Disability and Ageing
wip@health.gov.au

For all questions around the preparation of applications and calculation of individual payments, please contact the Rural Workforce Agency in your state or territory:

New South Wales

Rural Doctors Network
wipras@rdnhealth.org
(02) 4924 8000

Northern Territory

Northern Territory Primary Health Network
gpwip@ntphn.org.au
(08) 8982 1000

Queensland

Queensland Health Workforce
WIPRAS@healthworkforce.com.au
(07) 3105 7853

South Australia

South Australia Rural Doctors Workforce Agency
WIP@ruraldoc.com.au
(08) 8234 8277

Tasmania

The People Project Tasmania
wipras@thepeopleproject.com.au
(03) 6332 8600

Victoria

Rural Workforce Agency Victoria
WIPRAS@rwav.com.au
(03) 9349 7800

Western Australia

Rural Health West
wipras@ruralhw.com.au
(08) 6389 4500

For bank account details and post-payment related enquiries, please contact:

Services Australia

WIPDoctor@servicesaustralia.gov.au
1800 222 032

7 Appendix: Quick reference summary tables

Approved training pathways

Approved training pathways	<ul style="list-style-type: none"> • Australian General Practice Training (AGPT) Program • Australian College of Rural and Remote Medicine (ACRRM)'s Independent Pathway • Remote Vocational Training Scheme (RVTS) • Rural Generalist Training Scheme (RGTS) • Royal Australian College of General Practitioners (RACGP)'s Practice Experience Program (PEP) or Fellowship Support Program (FSP).
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Eligible advanced skills by WIP-Rural Advanced Skills stream

Eligible advanced skills by stream	
Stream 1: Emergency Medicine	<ul style="list-style-type: none"> • Emergency care in hospital, Medicare Urgent Care Clinic or Multi-Purpose Service. • Emergency after hours services in communities where there is no hospital, urgent care centre or multipurpose service within 50 km (by road) of the doctor's general practice and services are provided in person.
Stream 2: Advanced Skills	<ul style="list-style-type: none"> • Adult internal medicine • Anaesthesia • First Nations Health (Aboriginal and Torres Strait Islander Health) • Mental Health • Obstetrics and Gynaecology • Paediatrics and Child Health • Palliative Care • Remote Medicine • Small Town Rural General Practice • Surgery.

Training/qualification requirements by advanced skill

Advanced Skill	Training/qualifications required
Adult Internal Medicine	<ul style="list-style-type: none"> • Advanced Specialised Training in Adult Internal Medicine (ACRRM). • Additional Rural Skills Training in Adult Internal Medicine (RACGP). • Any Adult Internal Medicine training of 12 months or longer that is accredited by either ACRRM or RACGP.
Anaesthesia	<ul style="list-style-type: none"> • Advanced Specialised Training in Anaesthesia (ACRRM). • Additional Rural Skills Training in Anaesthesia (RACGP). • Any Anaesthesia training of 12 months or longer that is accredited by either ACRRM or RACGP. • Credentialed to perform anaesthetic services by hospital in which services are delivered.

Advanced Skill	Training/qualifications required
First Nations Health	<ul style="list-style-type: none"> Advanced Specialised Training in Aboriginal and Torres Strait Islander Health (ACRRM). Additional Rural Skills Training in Aboriginal and Torres Strait Islander Health (RACGP). GPs and Rural Generalists with 12 months (full-time/1.0 FTE) or more prior experience (within the last five years) working in an Aboriginal Community Controlled Health Organisation or Aboriginal Medical Service (prior to commencement of assessment period). GPs and Rural Generalists with 12 months (full-time/1.0 FTE) or more experience (within the last five years) providing health services (AMS, community or hospital setting) in a community (as defined by Australian Bureau of Statistics Indigenous Areas) where at least 70% of the population are First Nations people (prior to commencement of assessment period). See Section 7.1 (List of Eligible Indigenous Areas) in the WIP Rural Advanced Skills Guidelines.
Mental Health	<ul style="list-style-type: none"> Advanced Specialised Training in Mental Health (ACRRM). Rural Additional Skills Training in Mental Health (RACGP). Any Mental Health training of 12 months or longer that is accredited by either ACRRM or RACGP.
Obstetrics and Gynaecology	<ul style="list-style-type: none"> Advanced Specialised Training in Obstetrics and Gynaecology (ACRRM). Additional Rural Skills Training in Obstetrics (RACGP). Any Obstetrics or Gynaecology training of 12 months or longer that is accredited by either ACRRM or RACGP. Credentialed to perform obstetrics or gynaecological services by the hospital in which services are delivered.
Paediatrics and Child Health	<ul style="list-style-type: none"> Advanced Specialised Training in Paediatrics (ACRRM). Additional Rural Skills Training in Child Health (RACGP). Any Paediatrics or Child Health training of 12 months or longer that is accredited by either ACRRM or RACGP.
Palliative Care	<ul style="list-style-type: none"> Advanced Specialised Training in Palliative Care (ACRRM). Additional Rural Skills Training in Palliative Care (RACGP). Any Palliative Care training of 12 months or longer that is accredited by either ACRRM or RACGP.
Remote Medicine	<ul style="list-style-type: none"> Advanced Specialised Training in Remote Medicine (ACRRM). Any Remote Medicine training of 12 months or longer that is accredited by ACRRM.
Small Town Rural General Practice	<ul style="list-style-type: none"> Additional Rural Skills Training in Small Town Rural General Practice (RACGP). Any Small Town Rural General Practice training of 12 months or longer that is accredited by RACGP.
Surgery	<ul style="list-style-type: none"> Advanced Specialised Training in Surgery (ACRRM). Additional Rural Skills Training in Surgery (RACGP). Any Surgical training of 12 months or longer that is accredited by either ACRRM or RACGP. Credentialed to perform surgical services by hospital in which services are delivered.

WIP-Rural Advanced Skills payment: minimum service threshold, payment by stream, payment level and remoteness

Primary Care minimum service threshold			
MM3-7	Full-time doctors (working 0.6 FTE and above overall across multiple settings): <ul style="list-style-type: none">96 primary care rosters	Part-time doctors (working below 0.6 FTE overall across multiple settings): <ul style="list-style-type: none">48 primary care rosters	
WIP-Rural Advanced Skills Incentives			
Stream One: Emergency Medicine			
<ul style="list-style-type: none">Emergency Medicine services in hospital, Medicare Urgent Care Clinic or Multi-Purpose ServiceEmergency After Hours in primary care where no hospital is within 50 kms (by road)			
	Payment Level A <ul style="list-style-type: none">11 emergency/emergency after hours rosters	Payment Level B <ul style="list-style-type: none">22 emergency/emergency after hours rosters	Payment Level C <ul style="list-style-type: none">48 emergency/emergency after hours rosters
MM3	\$4,000	\$4,000	\$4,000
MM4-5	\$5,000	\$7,500	\$9,500
MM6-7	\$9,000	\$10,500	\$10,500
Stream Two: Advanced Skills			
<ul style="list-style-type: none">Adult Internal MedicineAnaesthesiaFirst Nations Health (Aboriginal and Torres Strait Islander Health)Mental HealthObstetrics and GynaecologyPaediatrics and Child HealthPalliative CareRemote MedicineSmall Town Rural General PracticeSurgery			
	Payment Level A <ul style="list-style-type: none">11 advanced skills rosters	Payment Level B <ul style="list-style-type: none">22 advanced skills rosters	Payment Level C <ul style="list-style-type: none">48 advanced skills rosters
MM3	\$4,000	\$4,000	\$4,000
MM4-5	\$5,000	\$7,500	\$9,500
MM6-7	\$9,000	\$10,500	\$10,500

Note:

One roster is 4 hours or longer in a 24-hour period.

96 primary care rosters are equivalent to 2 days per week (11 months per year).

Advanced skills rosters are based on one, two and four rosters per month (11 months per year).

Doctors working 0.6 FTE and above, in total across all employment settings, are considered full-time.

Payment values increase based on rurality and number of advanced skill services delivered.

Minimum service thresholds for each payment level differ due to MM location due to different workforce profiles and community needs.

Pro-rata payments are not available for doctors who have not reached minimum service thresholds for each payment level.