



**Australian Government**

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**Department of Health,  
Disability and Ageing**

**Workforce Incentive  
Program –Rural Advanced  
Skills Guidelines**

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## **Disclaimer**

These Guidelines are for information purposes and provide the basis upon which Workforce Incentive Program (WIP)-Rural Advanced Skills 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 doctors 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 doctor.

If a doctor is found to be non-compliant with the eligibility criteria and/or program requirements, the doctor may be withdrawn from the program and may be ineligible to receive any withheld payments.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 guidance on how the WIP-Rural Advanced Skills operates including eligibility, how to apply and how payments are calculated.

The WIP-Rural Advanced Skills payment commenced on 1 January 2024 and will recognise services delivered between **1 January 2023 and 31 December 2026**. Eligible applicants can receive up to four payments per stream for services provided from 2023 to 2026.

### 1.1. Policy overview

The WIP-Rural Advanced Skills payment aims to support access to health care in rural and remote communities (Modified Monash [MM] 3-7 locations) by providing annual incentive payments to doctors with emergency care and/or advanced skills who are working across general practice and a range of other settings.

Doctors must be providing comprehensive primary care in MM 3-7 in addition to delivering emergency care and/or advanced skill services to claim a WIP-Rural Advanced Skill payment (see Table 1).

The payment consists of two streams:

- **Stream 1: Emergency Medicine** – up to \$10,500 per annum for doctors providing a minimum level of emergency care and/or emergency after hours services (in [eligible locations](#)).
- **Stream 2: Advanced Skills** – up to \$10,500 per annum 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.

A list of eligible advanced skills is provided at [Section 1.8](#).

Payment values for both payment streams are based on the number of rosters worked and the location in which services were provided. Payments in each stream range from \$4,000 up to \$10,500 annually – refer [Section 2.2](#) (payment amounts) and [Section 1.3](#) (roster definition).

Eligible doctors **can claim for either or both payment streams** where they meet eligibility requirements and reach service thresholds for the relevant payment stream. A separate application needs to be submitted for each payment stream.

For WIP-Rural Advanced Skills payments:

- ‘Doctor’ includes:
  - vocationally registered General Practitioners (GP)
  - Rural Generalists (RGs)
  - non-vocationally registered doctors on an approved GP/RG training pathway and are working in primary care. A list of approved training pathways is in the [Glossary](#).
- ‘Primary care/general practice’ services are expected to include:

*“management of undifferentiated acute and chronic health problems across the lifespan in an unreferral patient population; providing continuing care for*

*individuals with chronic conditions; undertaking preventive health activities such as screening, immunisation and health education”.*<sup>1</sup>

## 1.2. Assessment period

The WIP-Rural Advanced Skills payment covers services delivered between 1 January 2023 and 31 December 2026. Applicants are paid based on their activity during a 12-month assessment period. As such, doctors may be eligible for up to four annual payments for services provided from 2023 to 2026.

Doctors may apply at any time, as soon as they have completed the service levels required for the maximum payment; however, applicants should be aware that they are only eligible for a single payment per Stream, per assessment period. Assessment periods cannot overlap.

## 1.3. Roster definition and incentive payment structure

### Roster definition

For the WIP-Rural Advanced Skills payment, a ‘roster’ is a period of 4 hours or longer during a 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.

Please note a roster can only be claimed for one activity type (i.e. a roster cannot be both a Primary Care roster and Stream 2). Doctors should select the roster type that best fits the type of service provided at that time.

Doctors can claim more than one roster in a 24-hour period, but rosters must be for a different activity type (e.g. Primary Care, Excessive Travel, Emergency, Advanced Skills) and rosters cannot overlap. For example, a doctor working:

- in a hospital over a 9-hour period providing on-call anaesthetic and emergency services, could claim the first four hours of their shift as an anaesthetics roster (Stream 2) and the next 4-hour period as emergency medicine roster (Stream 1). The doctor however could not claim two anaesthetic rosters or two emergency rosters for that same period.

There are some situations where a doctor may be able to claim three rosters in a 24-hour period. For example, a doctor working:

- one emergency roster, one primary care roster and one advanced skills roster in an eligible location.
- one primary care roster, one advanced skill roster and one excessive travel roster in an MM 6-7 location. Note: there is a limit of one excessive travel roster per week.

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<sup>1</sup> ACRRM (2022) *College Position Statement – Defining the Speciality of General Practice*, May 2022. Available at: [www.acrrm.org.au/about-us/about-the-college/college-definition-of-general-practice](http://www.acrrm.org.au/about-us/about-the-college/college-definition-of-general-practice).

## Payment values

WIP-Rural Advanced Skills payments are based on the number of advanced skills rosters worked during the 12-month assessment period. Payment values increase with rurality and the number of emergency care and/or advanced skill rosters provided in a year.

- Different MM locations have different workforce and facilities. For the WIP-Rural Advanced Skills payment, grouping of MM areas simplifies payment streams into:
  - MM 3
  - MM 4-5
  - MM 6-7.
- Emergency care and/or advanced skills services roster thresholds recognise minimum service levels.
  - 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 per month over a year).
  - Payment level C - 48 rosters (e.g., equivalent to 1 day per week for a year).

**Note:** Calculations are based on an 11-month service level, assuming doctors will take on average 4 weeks leave during a calendar year.

Doctors may be eligible for up to four annual payments for services delivered from 2023 to 2026 calendar years (or one per annum) under both streams. Pro-rata payments are not available under this program.

Additional detail on WIP-Rural Advanced Skill payment calculations is provided at [Section 2](#).

### 1.4. Excessive travel time

Excessive travel time is considered as four 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 doctor is based, to the location in which they are providing outreach services in MM 6-7 (and back).

Travel from locations in MM 3 to outreach locations in MM 4-7 may be considered where the base location is the nearest reasonable health service. Travel time must be claimed as rosters of a minimum of four hours and one excessive travel roster a week can be counted towards a primary care roster count. Within a 24-hour period, a doctor may claim a primary care roster, a second primary care roster (for excessive travel time) and a third roster for an emergency care and/or advanced skill (three rosters per day limit where one primary care roster is an Excessive Travel roster).

### 1.5. Program Eligibility

To be eligible for WIP-Rural Advanced Skills payment, doctors must:

- have a Medicare Provider Number pertaining to an MM 3-7 location
- provide comprehensive Medicare Benefits Schedule (MBS) primary care/general practice services in MM 3-7 locations
- meet minimum primary care and advanced skill service thresholds
- provide evidence (e.g., signed supporting documentation) to substantiate their application (proof of qualifications or advanced skills and employer verification of services delivered).

Doctors employed under a Single Employer Model for rural generalist training (e.g. the [Murrumbidgee Rural Generalist Training Pathway](#)) are eligible to apply for this program if they meet the eligibility requirements outlined in this document.

### Ineligible participants

Participants who are ineligible for this incentive include:

- Doctors who are not working at least part time in primary care settings.
- Non-vocationally recognised doctors who are not on an approved training pathway.

Services that are also ineligible for inclusion in WIP-Rural Advanced Skills include:

- All directly funded Commonwealth Government positions in detention centres, defence facilities and Antarctica.
- Any hospital-based training.

### 1.6. Primary Care Requirements

To be eligible, doctors must meet minimum primary care service thresholds and provide comprehensive primary care services during the assessment period. This means providing services for which a Medicare primary care item can be claimed.

Evidence needs to be provided by a doctor/practice/employer to this effect. Sole practitioners can provide evidence from their regional health authority or PHN to support service levels claimed.

Medical practitioners must be providing primary care services that are equivalent to eligible primary care services as listed in 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 – Rural Advanced Skills Stream with the exception of some specialist items. Eligible telehealth services are based on the doctor's physical practice location, not the patient location. Primary care rosters must be delivered in general practice, Aboriginal Medical Services (AMS) or Aboriginal Community Controlled Health Services (ACCHS) in MM 3-7 locations. Primary care rosters delivered in small remote public hospitals (MM 6-7) are also eligible.

The number of primary care rosters a doctor must provide in order to be eligible for WIP-Rural Advanced Skills is based on whether a doctor works full-time or part-time during the assessment period. This determination is based on the doctor's total service (FTE) across all MM 3-7 health care settings (i.e. primary care, hospital, residential aged care facilities etc).

Rosters for excessive travel contribute to the primary care roster calculation.

**Table 1: Minimum primary care service thresholds**

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 MM 3-7 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.

#### Ineligible primary care services

Ineligible primary care services include the following categories:

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

#### 1.7. Eligibility requirements for Stream 1: Emergency Medicine

Doctors working in general practice/primary care and seeking to claim a Stream 1: Emergency Medicine incentive payment must deliver emergency medicine services in a hospital, Medicare Urgent Care Clinics or Multi-Purpose Services in MM 3-7 locations. Emergency Medicine rosters may include on-call services where doctors are available to attend in person as needed.

Doctors providing emergency after hours services (including on-call services) in rural and remote communities without hospital or urgent care services are also eligible for a Stream 1 payment.

Eligible locations are towns where there is no hospital, Medicare Urgent Care Clinic or Multi-Purpose Services within 50km distance by road.

Doctors claiming Stream 1: Emergency Medicine are not required to provide evidence that they hold advanced qualifications to be eligible for payment.

Applicants will need to provide verification from employer, regional health authority (Local Hospital Network/District, Primary Health Network) to support service levels claimed in an application (see [Section 3.2](#) for further details).

#### 1.8. Eligibility requirements for Stream 2: Advanced Skills

Stream 2: Advanced Skills services may be delivered in a hospital, Medicare Urgent Care Clinic, Multi-Purpose Service and/or general practice (in certain circumstances).

Doctors claiming a Stream 2: Advanced Skills payment must have one of the following advanced skills and qualifications:

**Table 2: Training/qualification requirements by advanced skill**

Advanced Skill	Training/qualifications required
<b>Adult internal medicine</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Adult Internal Medicine (ACRRM).</li> <li>Additional Rural Skills Training in Adult Internal Medicine (RACGP).</li> <li>Any Adult Internal Medicine training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> </ul>
<b>Anaesthesia</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Anaesthesia (ACRRM).</li> <li>Additional Rural Skills Training in Anaesthesia (RACGP).</li> <li>Any Anaesthesia training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> <li>Credentialed to perform anaesthetic services by hospital in which services are delivered.</li> </ul>
<b>First Nations Health</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Aboriginal and Torres Strait Islander Health (ACRRM).</li> <li>Additional Rural Skills Training in Aboriginal and Torres Strait Islander Health (RACGP).</li> <li>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).</li> <li>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 <a href="#">Australian Bureau of Statistics Indigenous Areas</a>) where at least 70% of the population are First Nations people (prior to commencement of assessment period). For further information see <a href="#">Appendix 7.1</a>.</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Mental Health (ACRRM).</li> <li>Rural Additional Skills Training in Mental Health (RACGP).</li> <li>Any Mental Health training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> <li>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).</li> </ul>
<b>Obstetrics and Gynaecology</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Obstetrics and Gynaecology (ACRRM).</li> <li>Additional Rural Skills Training in Obstetrics (RACGP).</li> <li>Any Obstetrics or Gynaecology training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> <li>Credentialed to perform obstetrics or gynaecological services by hospital in which services are delivered.</li> </ul>
<b>Paediatrics and Child Health</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Paediatrics (ACRRM).</li> <li>Additional Rural Skills Training in Child Health (RACGP).</li> <li>Any Paediatrics or Child Health training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> </ul>
<b>Palliative Care</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Palliative Care (ACRRM)</li> <li>Additional Rural Skills Training in Palliative Care (RACGP)</li> <li>Any Palliative Care training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> </ul>
<b>Remote Medicine</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Remote Medicine (ACRRM).</li> <li>Any Remote Medicine training of 12 months or longer that is accredited by ACRRM.</li> </ul>

Advanced Skill	Training/qualifications required
Small Town Rural General Practice	<ul style="list-style-type: none"> <li>• Additional Rural Skills Training in Small Town Rural General Practice (RACGP)</li> <li>• Any Small Town Rural General Practice training of 12 months or longer that is accredited by RACGP.</li> </ul>
Surgery	<ul style="list-style-type: none"> <li>• Advanced Specialised Training in Surgery (ACRRM).</li> <li>• Additional Rural Skills Training in Surgery (RACGP).</li> <li>• Any Surgical training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> <li>• Credentialed to perform surgical services by hospital in which services are delivered.</li> </ul>

Where doctors claim a WIP-Rural Advanced Skill payment based on completion of RACGP or ACRRM recognised training, applicants are required to provide a certificate of completion of an eligible course as part of their application. Doctors who are credentialed by a hospital in which they deliver services must provide a written declaration from that hospital confirming their credentials.

Doctors with greater than 12 months experience working in First Nations or mental health-specific services are also eligible to claim a WIP-Rural Advanced Skill payment. Doctors claiming an advanced skills payment in this circumstance must provide written documentation that they have met the prior experience thresholds outlined in the table above (Table 2).

Doctors are eligible to claim WIP-Rural Advanced Skills payment for advanced skills services delivered from primary care settings where those services are delivered as part of an advanced skill specific roster (for example, a regular mental health or Aboriginal and Torres Strait Islander Health Check and Chronic disease clinic).

Doctors are unable to claim non-procedural advanced skills services where they are delivered in the course of their regular primary care services.

The exception to this requirement is primary care rosters delivered in an Aboriginal Community Controlled Health Organisation, Aboriginal Medical Service or community where at least 70% of the population are First Nations people (doctors claiming First Nations Health Advanced Skill only). In this instance, rosters can be counted as either primary care or advanced skill rosters (but not both simultaneously).

Doctors claiming payment for Small Town Rural General Practice advanced skill are able to claim rosters for non-emergency rosters that are delivered outside general practice settings (e.g., hospital or aged care service). Rosters delivered in general practice or equivalent settings may be counted towards an applicant's primary care roster requirements.

All WIP-Rural Advanced Skills applicants will need to provide documentation from their employer or regional health authority (Local Health Network/District, Primary Health Network) to support service levels claimed in an application (see [3.2 Supporting documentation](#) for further details).

### 1.9. Eligible locations

Applicants must be working in MM 3-7 locations to claim the WIP-Rural Advanced Skills payment.

Rosters must be provided directly within the community (i.e. practitioners providing telehealth-only rosters are not eligible to claim these rosters). Primary care should be primarily face-to face with telehealth services based on the doctor's physical practice location, not the patient location. Doctors providing on call emergency or after hours services are permitted to use telehealth as part of their

service delivery. Doctors must be available to provide face-to-face emergency care to their patients where required during the rostered period.

The MM classification of a location can be checked using the Health Workforce Locator on the [DoctorConnect](#) website. To confirm a location’s classification, click ‘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.

The payment values are based on the Modified Monash Model 2019 for MM classification before 1 April 2025, and Modified Monash Model 2023 from 1 April 2025.

Doctors who have a provider number in an MM 3-7 location can claim rosters for providing eligible services and/or telehealth support from a clinic setting in MM 3-7 that can be referenced in relation to the setting where care is being provided.

**Note. Applicants must ensure they have a Medicare provider number for the location of service delivery unless they are a Commonwealth or State salaried doctor. If a doctor does not have a Medicare provider number, the doctor will not be eligible to claim. Commonwealth or State salaried doctors providing primary care services in MM 3-7 are not required to have a Medicare Provider Number pertaining to the specific MM location where they deliver these services.**

## 2. General Payment Information

### 2.1. Method of payment

The WIP-Rural Advanced Skills payment will be paid directly to the doctor. The applicant must register a bank account through the [HPOS](#) system. It is the applicant’s responsibility to ensure that their bank account details are up to date within HPOS. Applicants experiencing difficulties using HPOS should visit the Services Australia [website](#) or contact Services Australia on 132 150 Option 6 (call charges may apply).

### 2.2. Payment structure

The value of a payment received by an applicant is based on the location in which they are practising, and the number of advanced skills rosters they deliver during the assessment period.

Table 3 shows the different payments available to doctors across streams, specialities, MM classification and number of rosters that need to be completed to meet minimum service thresholds. A doctor may be eligible for payment in one or both streams.

**Table 3: Minimum primary care service thresholds, annual payment amount by stream, payment level and remoteness**

Primary Care minimum service threshold during assessment period		
MM 3-7	<p><b>Full-time doctors</b> (Working 0.6 FTE and above overall, across multiple settings)</p> <ul style="list-style-type: none"> <li>Minimum of 96 primary care rosters</li> </ul>	<p><b>Part-time doctors</b> (Below 0.6 FTE overall, across multiple settings)</p> <ul style="list-style-type: none"> <li>Minimum of 48 primary care rosters</li> </ul>
<b>WIP-Rural Advanced Skills Incentives</b>		
<b>Stream One:</b>		

<b>Primary Care minimum service threshold during assessment period</b>			
<b>Emergency Medicine</b>			
<ul style="list-style-type: none"> <li>Emergency Medicine in hospital, Medicare Urgent Care Clinic or Multi-Purpose Service</li> <li>Emergency After Hours in primary care where no hospital is within 50 kms by road</li> </ul>			
	<b>Payment Level A</b> <ul style="list-style-type: none"> <li>11 emergency/emergency after hours rosters</li> </ul>	<b>Payment Level B</b> <ul style="list-style-type: none"> <li>22 emergency/emergency after hours rosters</li> </ul>	<b>Payment Level C</b> <ul style="list-style-type: none"> <li>48 emergency/emergency after hours rosters</li> </ul>
MM 3	\$4,000	\$4,000	\$4,000
MM 4-5	\$5,000	\$7,500	\$9,500
MM 6-7	\$9,000	\$10,500	\$10,500
<b>Stream Two: Advanced Skills</b>			
<ul style="list-style-type: none"> <li>Adult Internal Medicine</li> <li>Anaesthesia</li> <li>First Nations Health (Aboriginal and Torres Strait Islander Health)</li> <li>Mental Health</li> <li>Obstetrics and Gynaecology</li> </ul>		<ul style="list-style-type: none"> <li>Paediatrics and Child Health</li> <li>Palliative Care</li> <li>Remote Medicine</li> <li>Small Town Rural General Practice</li> <li>Surgery</li> </ul>	
	<b>Payment Level A</b> <ul style="list-style-type: none"> <li>11 advanced skills rosters</li> </ul>	<b>Payment Level B</b> <ul style="list-style-type: none"> <li>22 advanced skills rosters</li> </ul>	<b>Payment Level C</b> <ul style="list-style-type: none"> <li>48 advanced skills rosters</li> </ul>
MM 3	\$4,000	\$4,000	\$4,000
MM 4-5	\$5,000	\$7,500	\$9,500
MM 6-7	\$9,000	\$10,500	\$10,500

### 2.3. Updating doctor details through Health Professional Online Services (HPOS)

WIP-Rural Advanced Skills payments are assessed by Rural Workforce Agencies (see [Section 3](#) for further details) and payments made to doctors by Services Australia.

To receive a WIP-Rural Advanced Skills payment, doctors must have:

- A registered individual [PRODA](#) (Provider Digital Access) account
- An active [HPOS](#) account
- HPOS linked to the doctor's individual PRODA account
- A preferred mailing address recorded in HPOS
- Current bank account details, for payment to the doctor, recorded in HPOS.

HPOS is a 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. Doctors 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. Further information on HPOS is available at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos).

Doctors will need to use their individual PRODA account to access HPOS. PRODA is an online identity verification and authentication system. It grants doctors secure access to government online

services. Further information on PRODA, including how to set up an online account, is available at [www.servicesaustralia.gov.au/proda-provider-digital-access](http://www.servicesaustralia.gov.au/proda-provider-digital-access).

**Note: A PRODA organisation account does not provide access to a doctor's individual HPOS account. WIP-Rural Advanced Skill information can only be accessed using an individual HPOS account.**

### 3. Submitting an application

#### 3.1. Where to submit an application

Applicants can submit their online applications by following the links available from the WIP-Rural Advanced Skills [website](#). Doctors will need to submit separate applications for Stream 1: Emergency Medicine and Stream 2: Advanced Skills payments.

Applications will be assessed by the Rural Workforce Agency in the jurisdiction the applicant is based or has performed most of their health service delivery.

#### 3.2. Supporting documentation

Applicants for both Stream 1 and Stream 2 will need to provide documentation from their practice or regional health authority (Local Health Network/District, Primary Health Network) to support service levels claimed in the application. This includes verification of provision of required levels of health service delivery for both general practice/primary care and advanced skills services. Sole practitioners can provide evidence from their regional health authority or PHN to support service levels claimed.

Applicants working for multiple general practices and/or hospitals during an assessment period are required to submit documentation for each organisation or third party during that assessment period to demonstrate the minimum service thresholds for primary care and advanced skills have been met.

Applicants claiming a Stream 2 payment must provide evidence that they hold an advanced skill. During the online application process a doctor can:

- Attach documentation from ACRRM or RACGP confirming their advanced skill; or
- Attach a signed declaration from the hospital/employer in which they deliver services. The declaration needs to confirm they:
  - hold eligible advanced skill; and
  - have delivered services using that advanced skill during the assessment period.

#### 3.3. Timeframes for applications

The WIP-Rural Advanced Skills payment covers services delivered between 1 January 2023 and 31 December 2026. Applicants are paid based on their activity during each 12-month assessment period. As such, doctors may be eligible for up to three annual payments per Stream.

Doctors can submit an application with an assessment period commencing at any time during this four-year period. Applicants should however be aware that applications in subsequent years cannot overlap with the 12-month assessment period of their previous application.

Application forms must be submitted by 31 March 2027.

**Note: Applications submitted after 31 March 2027 will not be assessed or processed.**

While doctors can apply prior to the completion of the 12-month assessment period, applicants are encouraged to only do this when they have reached the maximum payment threshold to ensure they receive the maximum payment available to them.

**Note: Doctors submitting early applications cannot resubmit applications at a later date or request top-up payments.**

### 3.4. Assessment of applications

Rural Workforce Agencies will assess and process all applications for WIP-Rural Advanced Skills payments.

Please refer to the WIP-Rural Advanced Skills Guidelines for any questions in relation to the application. If further information is required, please contact the Rural Workforce Agency in the state or territory where the doctor currently works or provides the majority of services. See [Section 6](#) for contact details.

## 4. Other information

### 4.1. Privacy

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Rural Workforce Agencies and Services Australia for the purposes of the WIP-Rural Advanced Skills payment.

Your personal information may be disclosed to organisations authorised by the Department of Health, Disability and Ageing (including but not limited to Primary Health Networks, Rural Workforce Agencies and Services Australia) and used to administer aspects of WIP-Rural Advanced Skills payment, inform program compliance, evaluation, policy development and workforce planning activities, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

### 4.2. Rights of review

The WIP-Rural Advanced Skills has a review of decision (RoD) process. This is separate from reviews relating to program audits. Decisions made under the program are based on the published WIP – Rural Advanced Skills guidelines at the date of the event.

The WIP – Rural Advanced Skills RoD process is outlined below:

- To request a RoD, a doctor must email the Rural Workforce Agency (RWA) where they deliver the majority of their services.
- The RoD must be requested within 28 calendar days of receiving the decision from the RWA.
- The RoD request must state clearly in writing the reason you do not agree with the decision. You can provide supporting information or evidence to assist with the review.
- The decision will be determined in accordance with the WIP – Rural Advanced Skills eligibility criteria and/or payment formula as outlined in the guidelines that were in force at the time of the original decision.
- The doctor will be advised in writing of the outcome of the RoD by the RWA to which they submitted the request.
- Contact details for each RWA can be found in [Section 6](#).

#### 4.3. Taxation

Recipients must declare WIP-Rural Advanced Skills payments for tax purposes. Recipients are advised to seek the advice from either a financial advisor, accountant, or the Australian Taxation Office regarding their own tax arrangements.

#### 4.4. Audit

The Australian Government Department of Health, Disability and Ageing may conduct program audits of an individual's compliance with the WIP-Rural Advanced Skills payment eligibility requirements.

Recipients of the WIP-Rural Advanced Skills payment are required to retain payment documentation for a minimum of 6 years.

Applicants/recipients may be required to provide information to the Australian Government Department of Health, Disability and Ageing as evidence of their compliance with the WIP-Rural Advanced Skills payment eligibility requirements.

If applicants/recipients cannot provide information as requested by the Commonwealth Department of Health, Disability and Ageing to establish compliance with the WIP-Rural Advanced Skills payment eligibility requirements, payments may be reduced, withheld, or recovered.

#### 4.5. Eligibility and payment advice

Where doctors have any questions about eligibility or payment issues, the applicant can contact the Rural Workforce Agency in their state or territory. See [Section 6](#) for contact details.

#### 4.6. Recovery of payments

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

Doctors will receive a payment advice outlining the individual payment details via HPOS. Doctors should check that their WIP-Rural Advanced Skills payment advice is correct.

Doctors may have to pay back any payments received incorrectly if they:

- make false or misleading claims
- fail to notify Services Australia of any changes which affect their eligibility to receive WIP-Rural Advanced Skills payments
- misuse their Medicare Provider Number/s to obtain financial gain, or
- receive a payment due to administrative error.

### 5. Examples of a WIP-Rural Advanced Skills payment calculation

Provided below are examples of how WIP-Rural Advanced Skills payments are calculated. These examples are indicative only.

*Example 1:*

- Dr Jones is a GP fellow with advanced skills in Surgery.

- Dr Jones works in general practice in a Modified Monash 4 location four days per week (200 annual rosters) and provides surgical services from the hospital in that same town one day per week (48 rosters).
- Dr Jones also provides after hours emergency services from the hospital once per fortnight.

*Payment is calculated as follows:*

Incentive Stream	Advanced skills rosters	Payment Level	Modified Monash Location	Payment value
<b>Stream 1: Emergency Medicine</b>	25 rosters	Payment Level B	MM 4	\$7,500
<b>Stream 2: – Advanced Skills</b>	48 rosters	Payment Level C	MM 4	\$9,500
<b>Total Payment</b>				<b>\$17,000</b>

*Example 2:*

- Dr Marcos is a Rural Generalist with advanced skills in anaesthetics and obstetrics.
- Dr Marcos works in general practice in a Modified Monash 5 location three days per week (0.6 FTE) and provides obstetrics and anaesthetic services from the hospital in that same town approximately two days per week (29 obstetrics and 46 anaesthetics rosters).
- While Dr Marcos is asked to provide data on what proportion of her rosters was spent on obstetrics and what part was spent on anaesthetics, if possible, this is not essential.
- Payment is calculated on total Advanced Skills rosters delivered during the assessment period.

*Payment is calculated as follows:*

Incentive Stream	Advanced skills rosters	Payment Level	Modified Monash Location	Payment value
<b>Stream 1: Emergency Medicine</b>	0 rosters	N/A	MM 5	\$0
<b>Stream 2: – Advanced Skills</b>	75 rosters	Payment Level C	MM 5	\$9,500
<b>Total Payment</b>				<b>\$9,500</b>

*Example 3:*

- Dr Tang is a Rural Generalist with advanced mental health training working in general practice in a MM 6 location one day per week.
- Dr Tang provides a specific mental health clinic for 4 hours on each of these working days in the general practice setting.
- As a result, Dr Tang can demonstrate use of his advanced mental health skills for 48 rosters for the advanced skills roster count.
- As part of the application, Dr Tang provides written confirmation from the practice manager that they have been working at the practice part time and providing the mental health clinic.
- For the last four months of the assessment period, Dr Tang also returned to the afterhours emergency services roster at the local hospital, providing services once per fortnight (8 total for the assessment period).
- Dr Tang however fails to meet the 11 roster threshold for Stream 1 during the assessment period and therefore does not receive a payment.

*Payment is calculated as follows:*

Incentive Stream	Advanced skills rosters	Payment Level	Modified Monash Location	Payment value
<b>Stream 1: Emergency Medicine</b>	8 rosters	N/A	MM 6	\$0
<b>Stream 2: – Advanced Skills</b>	48 rosters	Payment Level C	MM 6	\$10,500
<b>Total Payment</b>				<b>\$10,500</b>

Example 4:

- Dr Haywood is a Rural Generalist trainee undergoing training through a [single employer model trial in the Murrumbidgee region of NSW](#).
- Dr Haywood provides a mix of general practice services from an MM 4 location and advanced skill (surgical and emergency medicine) services at Wagga Base Hospital (MM 3) during the assessment period.
- Dr Haywood often provides 10 hour on-call shifts at Wagga Hospital providing emergency and obstetrics services. Dr Haywood claims the first 4 hours of her shift as an Emergency Roster (Stream 1) and the next 4 hours as an obstetrics roster (Stream 2).

Payment is calculated as follows:

Incentive Stream	Advanced skills rosters	Payment Level	Modified Monash Location	Payment value
<b>Stream 1: Emergency Medicine</b>	21 rosters	Payment Level B	MM 3	\$4,000
<b>Stream 2: – Advanced Skills</b>	15 rosters	Payment Level B	MM 3	\$4,000
<b>Total Payment</b>				<b>\$8,000</b>

Example 5:

- Dr Usher is a GP who has spent considerable time previously working full-time in First Nations communities in the Torres Strait. Dr Usher is now based in Proserpine (MM 5) providing general practice services on a full-time basis as well as providing one shift per fortnight of on-call emergency medicine care at the local hospital.
- Dr Usher demonstrates that he does run a specific Aboriginal and Torres Strait Islander Health Check and Chronic Disease Management Clinic once a month and is therefore able to claim Stream 2 payment based on his advanced skills working with First Nations populations.

Payment is calculated as follows:

Incentive Stream	Advanced skills rosters	Payment Level	Modified Monash Location	Payment value
<b>Stream 1: Emergency Medicine</b>	25 rosters	Payment Level B	MM 5	\$7,500
<b>Stream 2: – Advanced Skills</b>	11 rosters	Payment Level C	MM 5	\$5,000
<b>Total Payment</b>				<b>\$12,500</b>

## 6. Contact information: WIP-Rural Advanced Skills payment

For questions on eligibility and program rules, please contact:

Department of Health, Disability and Ageing  
[wip@health.gov.au](mailto:wip@health.gov.au)

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

### **New South Wales**

Rural Doctors Network  
Email: [wipras@rdnhealth.org](mailto:wipras@rdnhealth.org)  
Phone: (02) 4924 8000

### **Northern Territory**

Northern Territory Primary Health Network  
Email: [gpwip@ntphn.org.au](mailto:gpwip@ntphn.org.au)  
Phone: (08) 8982 1000

### **Queensland**

Health Workforce Queensland  
Email: [WIPRAS@healthworkforce.com.au](mailto:WIPRAS@healthworkforce.com.au)  
Phone: (07) 3105 7853

### **South Australia**

Rural Doctors Workforce Agency South Australia  
Email: [wip@ruraldoc.com.au](mailto:wip@ruraldoc.com.au)  
Phone: (08) 8234 8277

### **Tasmania**

The People Project Tasmania  
Email: [wipras@thepeopleproject.com.au](mailto:wipras@thepeopleproject.com.au)  
Phone: (03) 6332 8600

### **Victoria**

Rural Workforce Agency Victoria  
Email: [WIPRAS@rwav.com.au](mailto:WIPRAS@rwav.com.au)  
Phone: (03) 9349 7800

### **Western Australia**

Rural Health West  
Email: [wipras@ruralhw.com.au](mailto:wipras@ruralhw.com.au)  
Phone: (08) 6389 4500

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

Services Australia  
Email: [WIPDoctor@servicesaustralia.gov.au](mailto:WIPDoctor@servicesaustralia.gov.au)  
Phone: 1800 222 032

## 7. Appendix

### 7.1. List of eligible Indigenous Areas

General practitioners and Rural Generalists can claim a Stream 2: Advanced Skills payment for advanced skills in First Nations Health where they have worked full-time for 12 months or more (within five years of the commencement of the assessment period) in a community where at least 70% of the population are First Nations people.

For the purpose of the WIP-Rural Advanced Skills payment, communities are defined by the Australian Bureau of Statistics (ABS) [Indigenous Areas](#). A list of eligible Indigenous Areas is provided below. Further details on the proportion of First Nations people living in Indigenous Areas is provided on the ABS website at [abs.gov.au/census/find-census-data/search-by-area](https://abs.gov.au/census/find-census-data/search-by-area).

**Table 4: Eligible Indigenous Areas**

Area Code	Area Name	Area Code	Area Name
IARE306003	Cherbourg	IARE303005	Kowanyama
IARE707001	Ali Curung	IARE307004	Kulkalgal - Central Islands
IARE708002	Alice Springs Town Camps	IARE705006	Lajamanu
IARE707002	Alpurrurulam	IARE706003	Laynhapuy - Gumatj Homelands
IARE709001	Amoonguna - Santa Teresa - Titjikala	IARE704003	Maningrida and Outstations
IARE709002	Ampilatwatja and Outstations	IARE706004	Marthakal Homelands - Galiwinku
IARE402001	Anangu Pitjantjatjara	IARE307005	Meriam - Eastern Islands
IARE709003	Anmatjere	IARE705007	Ngukurr
IARE504001	Argyle - Warmun	IARE303008	Northern Peninsula Area
IARE303001	Aurukun	IARE704004	North-West Arnhem
IARE705001	Borrooloola	IARE706006	Numbulwar and Outstations
IARE501002	Broome - Surrounds	IARE310009	Palm Island
IARE705002	Daguragu - Kalkarindji and Outstations	IARE709011	Papunya and Outstations
IARE707004	Elliott	IARE303009	Porpuraaw
IARE705003	Elsley - Roper	IARE706007	Ramingining - Milingimbi and Outstations
IARE508005	Fitzroy Crossing	IARE704005	Thamarrurr inc. Wadeye
IARE508003	Fitzroy River	IARE704006	Tiwi Islands
IARE706002	Gapuwiyak and Outstations	IARE709012	Urapuntja
IARE504002	Great Sandy Desert	IARE705009	Walangeri
IARE709006	Haasts Bluff - Mount Liebig (Watiyawanu)	IARE709013	Walungurru and Outstations
IARE504003	Halls Creek	IARE503006	Warburton
IARE504004	Halls Creek - Surrounds	IARE709014	West MacDonnell Ranges
IARE709007	Hermannsburg	IARE709015	Willowra
IARE303004	Hope Vale	IARE707006	Wutunugurra - Canteen Creek
IARE307001	Kaiwalagal - Inner Islands	IARE309012	Yarrabah
IARE307002	Kalakawal - Top Western Islands	IARE706008	Yirrkala
IARE307003	Kalalagal - Western Islands	IARE709016	Yuelamu
IARE504005	Kalumburu	IARE709017	Yuendumu and Outstations

## 7.2. Quick reference summary tables

**Table 5: Eligible advanced skills by WIP-Rural Advanced Skills stream (refer to Sections 1.3 and 1.4)**

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

**Table 6: Training/qualification requirements by advanced skill (refer Section 1.6)**

Advanced Skill	Training/qualifications required
<b>Adult internal medicine</b>	<ul style="list-style-type: none"> <li>• Advanced Specialised Training in Adult Internal Medicine (ACRRM).</li> <li>• Additional Rural Skills Training in Adult Internal Medicine (RACGP).</li> <li>• Any Adult Internal Medicine training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> </ul>
<b>Anaesthesia</b>	<ul style="list-style-type: none"> <li>• Advanced Specialised Training in Anaesthesia (ACRRM).</li> <li>• Additional Rural Skills Training in Anaesthesia (RACGP).</li> <li>• Any Anaesthesia training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> <li>• Credentialed to perform anaesthetic services by hospital in which services are delivered.</li> </ul>
<b>First Nations Health</b>	<ul style="list-style-type: none"> <li>• Advanced Specialised Training in Aboriginal and Torres Strait Islander Health (ACRRM).</li> <li>• Additional Rural Skills Training in Aboriginal and Torres Strait Islander Health (RACGP).</li> <li>• 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).</li> <li>• 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 <a href="#">Australian Bureau of Statistics Indigenous Areas</a>) where at least 70% of the population are First Nations people (prior to commencement of assessment period). For further information see <a href="#">Appendix 7.1</a>.</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• Advanced Specialised Training in Mental Health (ACRRM).</li> <li>• Rural Additional Skills Training in Mental Health (RACGP).</li> <li>• Any Mental Health training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> <li>• 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).</li> </ul>

Advanced Skill	Training/qualifications required
<b>Obstetrics and Gynaecology</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Obstetrics and Gynaecology (ACRRM).</li> <li>Additional Rural Skills Training in Obstetrics (RACGP).</li> <li>Any Obstetrics or Gynaecology training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> <li>Credentialed to perform obstetrics or gynaecological services by hospital in which services are delivered.</li> </ul>
<b>Paediatrics and Child Health</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Paediatrics (ACRRM).</li> <li>Additional Rural Skills Training in Child Health (RACGP).</li> <li>Any Paediatrics or Child Health training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> </ul>
<b>Palliative Care</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Palliative Care (ACRRM)</li> <li>Additional Rural Skills Training in Palliative Care (RACGP)</li> <li>Any Palliative Care training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> </ul>
<b>Remote Medicine</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Remote Medicine (ACRRM).</li> <li>Any Remote Medicine training of 12 months or longer that is accredited by ACRRM.</li> </ul>
<b>Small Town Rural General Practice</b>	<ul style="list-style-type: none"> <li>Additional Rural Skills Training in Small Town Rural General Practice (RACGP)</li> <li>Any Small Town Rural General Practice training of 12 months or longer that is accredited by RACGP.</li> </ul>
<b>Surgery</b>	<ul style="list-style-type: none"> <li>Advanced Specialised Training in Surgery (ACRRM).</li> <li>Additional Rural Skills Training in Surgery (RACGP).</li> <li>Any Surgical training of 12 months or longer that is accredited by either ACRRM or RACGP.</li> <li>Credentialed to perform surgical services by hospital in which services are delivered.</li> </ul>

**Table 7: Minimum primary care service thresholds, annual payment amounts by stream, payment level and remoteness (refer to Sections 1 and 2)**

<b>Primary Care minimum service threshold</b>			
MM 3-7	<ul style="list-style-type: none"> <li><b>Full-time doctors</b> (working 0.6 FTE and above overall across multiple settings)</li> <li>Minimum of 96 primary care rosters</li> </ul>	<ul style="list-style-type: none"> <li><b>Part-time doctors</b> (working up to 0.6 FTE overall across multiple settings)</li> <li>Minimum of 48 primary care rosters</li> </ul>	
<b>WIP-Rural Advanced Skills Incentives</b>			
<b>Stream One: Emergency Medicine</b>			
	<ul style="list-style-type: none"> <li>Emergency Medicine in hospital, Medicare Urgent Care Clinic or Multi-Purpose Service</li> <li>Emergency After Hours in primary care where no hospital is within 50 kms by road</li> </ul>		
	<b>Payment Level A</b>	<b>Payment Level B</b>	<b>Payment Level C</b>
	<ul style="list-style-type: none"> <li>11 emergency/emergency after hours rosters</li> </ul>	<ul style="list-style-type: none"> <li>22 emergency/emergency after hours rosters</li> </ul>	<ul style="list-style-type: none"> <li>48 emergency/emergency after hours rosters</li> </ul>
MM 3	\$4,000	\$4,000	\$4,000
MM 4-5	\$5,000	\$7,500	\$9,500
MM 6-7	\$9,000	\$10,500	\$10,500

Primary Care minimum service threshold			
Stream Two: Advanced Skills			
<ul style="list-style-type: none"> <li>• Adult Internal Medicine</li> <li>• Anaesthesia</li> <li>• First Nations Health (Aboriginal and Torres Strait Islander Health)</li> <li>• Mental Health</li> <li>• Obstetrics and Gynaecology</li> </ul>		<ul style="list-style-type: none"> <li>• Paediatrics and Child Health</li> <li>• Palliative Care</li> <li>• Remote Medicine</li> <li>• Small Town Rural General Practice</li> <li>• Surgery</li> </ul>	
	<p style="text-align: center;"><b>Payment Level A</b></p> <ul style="list-style-type: none"> <li>• 11 advanced skills rosters</li> </ul>	<p style="text-align: center;"><b>Payment Level B</b></p> <ul style="list-style-type: none"> <li>• 22 advanced skills rosters</li> </ul>	<p style="text-align: center;"><b>Payment Level C</b></p> <ul style="list-style-type: none"> <li>• 48 advanced skills rosters</li> </ul>
MM 3	\$4,000	\$4,000	\$4,000
MM 4-5	\$5,000	\$7,500	\$9,500
MM 6-7	\$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 MM 3-7 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.

### 7.3. Acronyms / Glossary of terms

#### List of acronyms

- Aboriginal Medical Services (AMS)
- Aboriginal Community Controlled Health Service (ACCHS)
- Australian College of Rural and Remote Medicine (ACRRM)
- Department of Health, Disability and Ageing (Health)
- Fellowship Support Program (FSP)
- General Practitioner (GP)
- Health Professional Online Services (HPOS)
- Medicare Benefits Schedule (MBS)
- Modified Monash Model (MMM)
- Modified Monash (MM) 1-7
- Practice Experience Program (PEP)
- Primary Health Network (PHN)
- Provider Digital Access (PRODA)
- Remote Vocational Training Scheme (RVTS)
- Royal Australian College of General Practitioners (RACGP)
- Rural Generalist (RG)
- Rural Generalist Training Scheme (RGTS)
- Rural Workforce Agency (RWA)
- Services Australia
- Workforce Incentive Program (WIP)

## Glossary

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

**Aboriginal Community Controlled Health Service** is a primary health care service initiated and operated by the local Aboriginal 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** refers to the Australian General Practice Training (AGPT) Program, the Australian College of Rural and Remote Medicine (ACRRM)'s Independent Pathway, the Remote Vocational Training Scheme (RVTS), the Rural Generalist Training Scheme (RGTS), or the Royal Australian College of General Practitioners (RACGP)'s Practice Experience Program (PEP) or Fellowship Support Program (FSP).

**After-hours service** is defined by the current RACGP *Standard for general practices*<sup>2</sup> as a service that provides care outside the normal opening hours of a general practice, regardless of whether that service deputises for other general practices, or the care is provided physically in or outside of the clinic.

**Assessment period** under the WIP-Rural Advanced Skills payment refers to services delivered between 1 January 2023 and 31 December 2026. Applicants are paid based on their activity during a 12-month assessment period.

**Doctor** (for the purpose of WIP-Rural Advanced Skills payments) includes vocationally registered general practitioners (GPs), rural generalists (RGs) and non-vocationally registered doctors who are on an approved training pathway and working in primary care.

**A Full-time Doctor** under the WIP-Rural Advanced Skills is a doctor working 0.6 FTE and above across all MM 3-7 health care settings (e.g., general practice, hospital, residential aged care). Full-time doctors must provide a minimum of 96 rosters of primary care during their 12-month assessment period in order to access a WIP-Rural Advanced Skill payment.

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

**General practice** is defined by the RACGP Standards for general practices as the provision of patient-centred continuing, comprehensive, coordinated primary care to individuals, families and communities.

**General practitioner** is a general practitioner and/or non-specialist medical practitioner, known as other medical practitioner, who provide non-referred services but are not GPs. GPs include Fellows of the RACGP and the ACRRM, vocationally registered general practitioners and medical practitioners undertaking approved training.

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<sup>2</sup> RACGP, *Standards for General Practices* (5<sup>th</sup> edition). Available at: [www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed-1](http://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed-1).

The **Medicare Benefits Schedule** is a listing of the Medicare services subsidised by the Australian Government. The schedule is part of a wider Medicare Benefits Scheme managed by the Department of Health, Disability and Ageing and administered by Services Australia.

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

**Modified Monash Model** 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 regional, rural and remote areas.

The MM classification of a location can be checked using the Health Workforce Locator on the [DoctorConnect](#) website. To confirm a location's classification, click 'Start the locator now'; select Modified Monash Model 2019 for services provided before 1 April 2025, and from this date please use Modified Monash Model 2023; insert the location of practice address into the 'Enter a numerical street address' field.

The **nearest reasonable health service** is the closest appropriate base location to an outreach site in MM 4–7, where no hospital, Medicare Urgent Care Clinic, or Multi-Purpose Service exists within 50 km by road.

A **Part-time Doctor** under the WIP-Rural Advanced Skills is a doctor working below 0.6 FTE across all MM 3-7 health care settings (e.g., general practice, hospital, residential aged care). Part-time doctors must provide a minimum of 48 rosters of primary care during their 12-month assessment period to access a WIP-Rural Advanced Skill payment.

**PRODA (Provider Digital Access)** is an online identity verification and authentication system which enables secure access for providers to a range of Government online services.

**Primary Health Networks** are independent organisations working to streamline health services – particularly for those at risk of poor health outcomes – and to better coordinate care so people receive the right care, in the right place, at the right time.

A **Roster** is a period of 4 hours or longer during a 24-hour period.

A **Rural Generalist**, for WIP-Rural Advanced Skills payment, is a medical practitioner that works in rural areas utilising general practice, emergency and other medical specialist skill sets as part of a rural healthcare team.

**Rural Generalist trainees** undertake comprehensive, work integrated training relevant to their profession and setting, including post-graduate study. They can train with either the ACRRM or the RACGP. Each of these Colleges have training pathways with a number of key mandatory stages of training (funded and self-funded programs) to achieve Fellowship.

**Rural Workforce Agencies** are located in every Australian state and Northern Territory and work with regional, rural and remote communities to support quality, sustained primary health care.

**Single Employer Model** provides a tailored coordinated pathway for doctors wanting to become Rural Generalists during their training in public health facilities and private GP practice. E.g., the Murrumbidgee Rural Generalist Training Pathway.

**Vocationally Registered General Practitioner** refers to a general practitioner who has undergone specialist registration by obtaining fellowship of the RACGP (FRACGP) or ACRRM (FACRRM) or is

listed on the General Practice Vocational Register. Vocationally registered GPs have access to higher Medicare rebates (A1 rebates).

**Non-Vocationally Registered Practitioner** is a general practitioner who is yet to undergo specialist registration and is therefore not vocationally registered. Non-VR GPs can claim lower value Medicare rebates (A2 rebates). For the purposes of the WIP-Rural Advanced Skills payment purposes, non-VR GPs are only eligible for payments if they are on an approved training pathway.

An **Outreach Location** is the site where outreach services are delivered, typically in MM 6–7 areas. It must be separate from the practitioner’s base in MM 3–5 and involve significant travel. These locations are recognised for limited health service access and are eligible for outreach support.

An **Outreach Service** is health care delivered by medical professionals outside their usual practice, typically in regional, rural, or remote areas. It addresses priority health needs, fills service gaps, supports local capacity, and integrates with existing services. Outreach may include face-to-face clinics, mobile units, or telehealth.