



Australian Government

Department of Health, Disability and Ageing

Workforce Incentive Program Practice Stream Guidelines

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Disclaimer

These Guidelines are for information purposes and provide the basis upon which Workforce Incentive Program - Practice Stream (WIP - PS) 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 - PSS at any time and without notice. The Government does not accept any legal liability or responsibility for any injury, loss or damage incurred using, reliance on, or interpretation of the information provided in the Guidelines.

Part A: WIP – Overview

1. WIP - Practice Stream Guidelines

The Workforce Incentive Program - Practice Stream Guidelines (the Guidelines) set out how the WIP - Practice Stream operates including eligibility, how to apply and how payments are calculated.

The Guidelines contain two parts.

- Part A provides an overview of the WIP.
- Part B provides information relating to the [WIP – Practice Stream](#).

The Guidelines are effective from: 1 July 2026.

The Guidelines may be amended at any time by the Department of Health, Disability and Ageing (Health). The current version of the Guidelines will state the ‘effective date’ as detailed in the corresponding amendment notice on the Health website. The current version of the Guidelines will be available at all times on Health’s website.

It is the responsibility of eligible medical practitioners and general practice owner(s) to ensure they are operating under the current version of the Guidelines. Any loss of payment or any other loss as a result of failing to operate under the current version of the Guidelines is the responsibility of the medical practitioner or practice owner(s). The Government reserves the right to recover over-payments.

Legislative and Legal Authority

The program is authorised by section 32B of the *Financial Framework (Supplementary Powers) Act 1997*. Legislative authority for arrangements of the WIP – Practice Stream can be found in Item 415.023 (Primary Care Practice Incentives) and Item 415.035 (Workforce and Rural Distribution) of Part 4 (Programs) of Schedule 1AA of the *Financial Framework (Supplementary Powers) Regulations 1997*.

2. Workforce Incentive Program (WIP) policy overview

The objectives of the WIP are to provide targeted financial incentives that will:

- encourage health professionals to deliver primary health care services in regional, rural and remote communities;
- support careers in rural primary health care to retain health professionals in regional, rural and remote locations; and
- support the growth of team-based multidisciplinary care models in eligible general practices.

The WIP has three streams:

- **WIP - Doctor Stream** where payments are made directly to General Practitioners (GPs) and Rural Generalists working in [Modified Monash](#) (MM) 3-7 locations;
- **WIP - Practice Stream** where payments are made directly to practices that employ nurses, midwives, Aboriginal and Torres Strait Islander health workers and health practitioners, and allied health professionals; and
- **WIP - Rural Advanced Skills** where payments are made directly to GPs and Rural Generalists practicing advanced clinical skills in [Modified Monash](#) (MM) 3-7 locations.

Part B: Workforce Incentive Program – Practice Stream

1. Eligibility

The WIP - Practice Stream provides financial incentives to help general practices with the cost of engaging nurses, midwives, allied health professionals, and/or Aboriginal and Torres Strait Islander health workers and health practitioners as part of a multidisciplinary team.

To be eligible to participate in the WIP - Practice Stream a practice must meet eligibility requirements.

1.1 Eligible health professionals

The following are eligible health professionals in the WIP - Practice Stream:

- nurse practitioners, registered nurses¹ enrolled nurses²
- midwives
- Aboriginal and Torres Strait Islander Health Workers and Practitioners

¹ Includes registered nurses training to be nurse practitioners.

² Additional requirements apply to the engagement of enrolled nurses see [Section 1.1.1](#) 'Enrolled nurses – additional requirements'.

- Allied health professionals
 - audiologists
 - chiropractors
 - diabetes educators
 - dietitians/nutritionists
 - exercise physiologists
 - occupational therapists
 - orthoptists
 - orthotists/prosthetists
 - osteopaths
 - paramedics
 - pharmacists (non-dispensing role)³
 - physiotherapists
 - podiatrists
 - psychologists
 - social workers
 - speech pathologists

All eligible health professionals under the WIP - Practice Stream must:

- meet the the minimum qualifications set out in the [Glossary](#) for that health professional;
- have, or be covered by, the required level of professional indemnity insurance regardless of whether they are registered under the National Registration and Accreditation Scheme (NRAS);
 - if registered under the NRAS, they must have the required professional indemnity cover as set out by their respective National Board's *Registration standard: Professional indemnity insurance arrangements*;
 - if not registered under the NRAS, they must have the level of insurance recommended by the relevant professional association;
 - where a health professional is not an employee of the eligible organisation or practice, they must have the required minimum level of professional indemnity insurance coverage in their name.

³ Additional conditions apply to the engagement of a pharmacist see [Section 1.1.2](#) 'Pharmacists – additional requirements'.

When claiming hours worked under the WIP - Practice Stream, practices should individually report each eligible health professional's full name, profession type average weekly hours (hh:mm), and unique identifier number (Ahpra or HPI-I).

1.1.1 Enrolled nurses - additional requirements

To be eligible to receive incentive payments for enrolled nurses, practices must ensure:

- the enrolled nurse(s) are working under the direct or indirect supervision of a registered nurse(s) in accordance with the requirements of the Nursing and Midwifery Board of Australia's [Enrolled Nurse Standards for Practice](#) (EN Standards); and
- that if, the EN Standards require **documented** supervisory arrangements to be in place with the employer(s), the arrangements are:
 - supported by the affected registered nurse(s) and enrolled nurse(s);
 - reviewed annually and when the engaged enrolled nurse(s) or supervising registered nurse(s) circumstances change; and
 - retained by the practice and provided to Health for auditing purposes, on request.

1.1.2 Pharmacists - additional requirements

Under the WIP - Practice Stream, pharmacists can only be engaged to undertake a non-dispensing role. Non-dispensing pharmacists can undertake a range of activities including medication reviews, patient and staff education, and responding to medicine information queries.

Practices must ensure that the hours claimed for a pharmacist are only for a non-dispensing role.

1.2 Determining how to engage an eligible health professional

Practices have the flexibility to decide the type of eligible health professional, or combination of health professionals to engage and how to engage them.

Practices should consider:

- the health needs of their community;
- any gaps in services or access to services in their community; and
- which eligible health professionals will support their practice to deliver team-based and multidisciplinary care.

Examples of gaps could include:

- limited or no access to a particular health service in the community;
- limited or no access for particular community members;

- disadvantaged community members that cannot afford alternative services delivered outside of general practice.

The local Primary Health Network (PHN) may be able to assist a practice to identify community needs and gaps in services. Practices can find their PHN and contact details using the [map locator](#) on Health's website.

The form of engagement is determined by the practice and the eligible health professional. The arrangement may be through direct employment, contracted, casual or other means such as those outlined here: [Types of employees - Fair Work Ombudsman](#).

The incentive payment is intended to help practices with the cost of engaging eligible health professionals. It does not cover the whole cost of engaging eligible health professionals. Practices should ensure that eligible health professionals are paid at or above the relevant award wage for the hours they are engaged.

1.3 Eligible general practices

To be eligible to participate in the WIP - Practice Stream, a general practice (including Aboriginal Medical Services and Aboriginal Community Controlled Health Services) must meet all the following requirements:

- be a general practice as defined by the Royal Australian College of General Practitioners (RACGP);
- employ a full or part time GP and be an Open Practice, as defined by the WIP - Practice Stream;
- be accredited, or registered for accreditation, as a general practice under the National General Practice Accreditation Scheme. Accreditation must:
 - be current on the last day of the month before the next payment quarter
 - if registered for accreditation, be accredited under the National General Practice Accreditation (NPGA) Scheme within 12 months of being approved in the WIP - Practice Stream, or within 12 months of being approved in the Practice Incentives Program (PIP) if a PIP consenting practice, whichever is earlier, and maintain accreditation thereafter;
- if the practice is a PIP consenting practice, it must remain eligible in the PIP;
- maintain at least \$10 million in public liability insurance cover for the main location and each additional practice location. Legal liability is not public liability;
- make sure all general practitioners and health professionals have the required professional indemnity insurance cover as set out by their respective National Board's *Registration standard: Professional indemnity insurance arrangements*; and
- employ or engage the services of an eligible health professional listed in Part B, [Section 1.1](#) 'Eligible Health Professionals'.

1.3.1 Practices with multiple locations

General practices that work from multiple locations can apply for the WIP – Practice Stream as a single practice if they meet eligibility requirements.

Practices need to nominate the main practice location. The main practice location will be the location that provides the most Medicare Benefits Schedule (MBS) services per annum.

Additional practice locations are called practice branches. Eligibility for and calculation of a rural loading is applied to the main practice location.

To be eligible, a general practice branch must:

- provide MBS services;
- have one or more general practitioners who provide MBS services at both the main practice location and the practice branch;
- maintain at least \$10 million in public liability insurance cover (legal liability is not public liability); and
- ensure all practitioners and eligible health professionals have, and maintain, the required professional indemnity cover.

1.4 Accreditation requirements

General practices must be accredited as a general practice under the National General Practice Accreditation (NGPA) Scheme to participate in the WIP - Practice Stream. Practices applying for the first time can be registered for accreditation and then must achieve accreditation within 12 months of being approved. If your practice doesn't meet this requirement, your practice will not be eligible for payment until the payment quarter that accreditation is achieved. If a PIP consenting WIP - Practice Stream practice is registered for accreditation, the 12-month period will start from the date the practice was approved for the PIP if the PIP approval date is earlier.

Your practice must be accredited by an accrediting agency approved by the Australian Commission on Safety and Quality in Health Care (ACSQHC). ACSQHC administers the [National General Practice Accreditation \(NGPA\) Scheme](#). RACGP Standards must be referenced on the certificate provided by the accrediting agency.

Your practice must be accredited at the point in time date of each payment quarter to be eligible for payment. To maintain your eligibility for payments, you should:

- consult your accrediting agency early to renew your accreditation before it expires. Your assessment should commence well before the expiry date of your current accreditation certificate to allow time to remediate non-compliant indicators;
- accreditation start dates can't be backdated. The date that an accrediting agency awards accreditation must be on, or before the next point in time date following accreditation expiry;

- in exceptional circumstances you may be able to request an extension to your accreditation. Applications for extensions to accreditation submitted to ACSQHC must meet the criteria set out in NGPA Scheme.

You can find out more about the NGPA Scheme, contact details for approved accrediting agencies and links to application forms on the ACSQHC's website.

It is recommended you keep in regular contact with your accrediting agency to complete the self assessment processes and schedule your assessment.

For the purposes of the WIP - Practice Stream, the accreditation certificate must:

- reference the RACGP Standards;
- include the location of the practice;
- include the unique accreditation number; and
- include the practice's registered name, company name or trading name
 - If the practice name changes (without a relocation) and no longer matches the certificate, the practice must provide Services Australia with a copy of the new accreditation certificate **within 6 months** of the change.
 - If the practice relocates or amalgamates, see *Transfer of accreditation*.

1.4.1 Accreditation requirements – practice branches

Practice branches that provide less than 3,000 MBS services per annum do not need to be accredited to participate in the WIP - Practice Stream.

When a practice branch reaches 3,000 MBS services per annum, they must register for accreditation in their own right. The practice branch will have 12 months to be assessed and achieve accreditation from an approved accrediting agency. After 12 months, the practice must be accredited to remain eligible.

Practice branches' [eligible MBS services](#) will automatically be included in the calculation of payments.

1.4.2 Transfer of accreditation

A practice may transfer its accreditation and maintain access to the WIP – Practice Stream payments when:

- the practice permanently relocates, or
- the practice temporary relocates, or
- When the practice is sold.

Permanent relocation

The practice must notify Services Australia within 7 days of the change of practice details by completing the following:

- submitting an Incentive Programs Change of Practice Details form (IP005) along with the required supporting documents, or updating their details through HPOS; and
- providing an updated accreditation certificate, showing the new location to Services Australia within 6 months of the relocation.

Practice payments will be placed on hold from the date Services Australia is notified of the relocation, until an updated accreditation certificate showing the new location address is provided. If the accreditation certificate is not provided within 6 months of the original notification, payments may be forfeited.

To ensure your practice receives the correct incentive payment, all current practitioners must update their registered provider number to the one that is associated with the new practice location.

Temporary relocation

The practice must notify its accrediting agency and Services Australia of the temporary address and dates of relocation. The accrediting agency will work with the practice during the transition to ensure the practice is meeting accreditation requirements at the temporary location. Refer to 'permanent relocation' for all other relocation scenarios.

Amalgamation with another practice

When two or more practices amalgamate to a main practice location that is not accredited, the amalgamated practice will not be eligible for payments until the practice has provided Services Australia with evidence of accreditation for the main location. The practice will be eligible for payments once it has achieved and maintained accreditation for an entire payment quarter. [The three quarter](#) rule will apply.

When two or more practices amalgamate with an accredited practice, an updated accreditation certificate must be provided to Services Australia **within 6 months** of the amalgamation. Practice payments will be placed on hold from the date Services Australia is notified of the amalgamation until an updated accreditation certificate is provided.

Sale of a practice

Where a practice is sold, accreditation must be part of the sale of a practice for the accreditation to transfer and to use historical practice data, including the Standardised Whole Patient Equivalent (SWPE) value. For further information on the SWPE, see section 4.1 Calculating the Standardised Whole Patient Equivalent (SWPE) value.

If accreditation is not part of the sale, the historical practice data and the SWPE value cannot be transferred. The new practice owner(s) will need to apply as a new practice for

the WIP – Practice Stream and achieve accreditation as a general practice in accordance with Part B, [Section 1.4](#) ‘Accreditation requirements’.

The new practice owner(s) will receive all eligible incentive payments for the relevant payment quarter following Services Australia receiving notification of the sale of the practice. Quarterly payments will be paid into the bank account registered on WIP - Practice Stream at the point-in-time date.

If quarterly payments have been withheld for any reason, after the change of ownership process is finalised, Services Australia will release the payments to the practice owner at the relevant point-in-time date of the withheld payment quarter(s).

1.5 Ineligible services/activities

Some services and activities are not eligible to receive payments under the WIP - Practice Stream.

1.5.1 Ineligible services

The following services are **not** eligible:

- Medical Deputising Services that directly arrange for medical practitioners to provide after-hours services to patients of practice principals during the absence of, and at the request of the practice principals; and
- After-hours services that provide care outside the normal opening hours of a general practice. This applies whether or not:
 - the service deputises for other general practices; and
 - the care is provided physically within or outside the practice.

1.5.2 Ineligible activities

Practices are **not** eligible to claim payment for any hours where they already receive financial support to employ or engage an eligible health professional, or if the financial support covers the services performed by an eligible health professional.

Support could include:

- Australian Government or state/territory government funding;
- other private funding, not including patient fees (e.g. funding from a parent organisation); or
- funding from other incentive programs.

This does not apply to Aboriginal Medical Services, Aboriginal Community Controlled Health Services, and state or territory government health clinics in rural and remote communities that:

- have an exemption under Section 19(2) of the *Health Insurance Act 1973*; or
- receive funding for Aboriginal and Torres Strait Islander Health Workers, Aboriginal and Torres Strait Islander Health Practitioners, or allied health professionals through Health.

1.5.3 Medicare Benefits Schedule services

Practices that employ or engage the services of a nurse practitioner, midwife with an endorsement for scheduled medicines, allied health professional, Aboriginal and Torres Strait Islander health worker or health practitioner with their own provider number are not eligible to claim WIP - Practice Stream incentives for any time those health professionals spend on the relevant Medicare Benefits Schedule (MBS) services.

This does not apply to:

- Aboriginal Medical Services, Aboriginal Community Controlled Health Services, and state or territory government health clinics that:
 - have an exemption under Section 19(2) of the *Health Insurance Act 1973*; or
 - receive funding for Aboriginal and Torres Strait Islander health workers, Aboriginal and Torres Strait Islander health practitioners, or allied health professionals through Health.

2. Application requirements

A practice must be [eligible](#) to apply for the WIP - Practice Stream.

2.1 Submitting an application

A practice owner can apply at any time to join the WIP - Practice Stream. Practices must submit current and accurate information.

2.1.1 How to Apply

You can apply for the Workforce Incentive Program (WIP) - Practice Stream:

- online via [Health Professional Online Services](#) (HPOS) or
- completing and submitting the [Practice Incentives application form \(IP001\)](#)

Read more about [HPOS](#) including how to register. Read more about [PRODA](#) including how to create an account.

Practices must

- provide the following supporting documentation (Practices can submit supporting documentation as an attachment to their application through [HPOS](#) or in a way accepted by Services Australia):

- an accreditation or registered for accreditation certificate from an [approved accrediting agency](#);
- a [Practice Incentives Practice ownership details and declaration form \(IP008\)](#), for applications submitted through HPOS only; and
- other supporting documentation as per the requirements of the application form.
- Submit the application at least **7 calendar days** before [point-in-time date \(refer to table 1 under 3.2\)](#).
- Retain a copy of the above documents for at least **6 years**.

Incomplete applications may cause a delay in the application process.

2.2 Authorised contact person

Practice owner(s) nominate authorised contact person(s) to act on behalf of the practice in relation to the WIP - Practice Stream.

Applications must include the details of one primary authorised contact person and can include up to four additional secondary authorised contact persons. If no contact person is provided, the first listed owner of the practice will be listed as the primary contact.

The primary authorised contact person is responsible for:

- receiving all communications in relation to the WIP - Practice Stream;
- advising Services Australia of any changes in participation; and
- updating practice information, including bank account details.

All authorised contact person(s) are responsible for:

- advising Services Australia of any changes in participation; and
- updating practice information, including bank account details.

All forms submitted by an authorised contact person will be taken to be completed and authorised on behalf of the practice and the practice owner(s).

Only the current owner(s) or authorised contact person(s) will be contacted in relation to the WIP - Practice Stream.

It is the responsibility of the practice owner(s) to regularly check that the details of the authorised contact person(s) are correct. If details are not kept up to date, practices may not receive important information that requires action. This could result in payments being withheld or the practice being withdrawn from the program. It is the responsibility of the practice owner to ensure they meet the WIP - Practice Stream requirements.

2.3 Assessment of applications

Services Australia will assess practice applications and advise the primary authorised contact in writing if it is eligible for the WIP - Practice Stream.

If Services Australia asks for more information, the required information must be provided within 28 calendar days from the date of the letter.

If Services Australia request more information to assess an application, the required information must be provided at least **7 calendar days** before the [point-in-time date](#). If the required information is not provided within the specified timeframe, a practice may not be eligible to receive an incentive payment for the relevant payment quarter.

Practices are eligible to participate in the WIP - Practice Stream from the date of approval, not from the date the application is lodged.

3. WIP - Practice Stream payments

WIP - Practice Stream payments will be made by electronic funds transfer to the account specified on the practice's application, unless advised otherwise.

WIP - Practice Stream payments do not attract goods and services tax (GST).

Medicare and Department of Veterans' Affairs (DVA) data is linked to the provider numbers of each general practitioner and nurse practitioner specified in the practice's application, and any subsequent amendments. If a practice does not provide Services Australia with details of new practitioners, it will not receive payments associated with the services provided by those new practitioners.

See Part B, [Section 5.2](#) 'Changes to practice arrangements' to change practice details including changes to the nominated bank account and changes to practitioners.

3.1 Types of payments

There are three payments available under the WIP - Practice Stream:

- Quarterly incentive payments;
- Quarterly rural loading payments; and
- Annual DVA loading payments.

Payments are calculated and paid retrospectively by using:

- details from a practice's application and subsequent amendments;
- details from a practice's Quarterly Confirmation Statement (QCS); and
- Medicare and DVA data.

3.2 Payment quarters – important dates

There are four payment quarters under the WIP - Practice Stream. Eligible practices will receive payments in February, May, August and November.

Each payment quarter has a reference period, and a point-in-time date as set out in Table 1 below. The reference period is the three months before the payment quarter where practice activity is measured and used to calculate the current quarter payment. The point-in-time date is the last day of the month before the next WIP - Practice Stream payment quarter and is the date practice eligibility for that payment quarter is assessed.

Table 1: The table below provides the payment quarters with the relevant reference period and point-in-time dates.

Payment quarter	Point-in-time assessment of eligibility	Reference period
February	31 January	1 November to 31 January
May	30 April	1 February to 30 April
August	31 July	1 May to 31 July
November	31 October	1 August to 31 October

Practices no longer participating in the program at the point-in-time date are not eligible to receive the payment for that quarter.

3.3 Quarterly Confirmation Statements (QCS)

Practices must complete and submit a Quarterly Confirmation Statement (QCS) each quarter before the WIP - Practice Stream payments can be released.

Services Australia will send a QCS to all approved WIP – Practice Stream practices each quarter, except the first quarter that the practice is approved for the program.

Practices with a Health Professional Online Services (HPOS) account can receive their QCS each quarter through HPOS by choosing to receive online notifications. The fastest and easiest way to receive and confirm the QCS is through HPOS.

Practices should receive their QCS by the 15th day of the point-in-time month. If the QCS has not been received by the due date, contact [Workforce Incentive Program \(WIP\) – Practice Stream](#).

The QCS will include the details reported by the practice and the authorised contact person or practice owner must complete the QCS by:

- confirming the practice details; or
- including any changes in practice arrangements such as changes in eligible health professionals engaged and/or the hours they have worked; and
- Either:
 - updating and confirming the details in the WIP- Practice Stream online system (via HPOS) by the relevant point-in-time date; or
 - submitting the QCS for manual processing at least 7 calendar days before the relevant point-in-time date through HPOS form upload facility or as per the instructions on the QCS

Once received, the QCS will be assessed for payment and where eligible, the payment will be released.

If a practice does not return a fully completed QCS by the point-in-time, the practice's payment will be withheld until the fully completed QCS has been returned.

QCSs must be submitted in chronological date order. If more than one QCS is outstanding, payments will not be released until the oldest outstanding QCS is confirmed and submitted, along with any other outstanding QCSs.

All outstanding QCS must be returned for any eligible payments to be released.

When reporting hours worked by eligible health professionals in the QCS, practices must report the AVERAGE WEEKLY HOURS worked (not the total hours worked), for each health professional, for the relevant quarter. The hours reported must not include hours as set out at 1.5.2 Ineligible activities or 1.5.3 Medicare Benefits Schedule services.

Hours should be reported as a separate entry for each eligible health professional, not totalled together and reported as one entry.

3.4 Withheld payments

Payments may be withheld for a number of reasons including:

- the practice failed to return the completed QCS by the relevant point-in-time date;
- the practice's accreditation has expired or was not current at the point-in-time date;
- the practice did not achieve:
 - accreditation within 12 months of joining the WIP - Practice Stream; or
 - for a Practice Incentives Program (PIP) consenting practice, accreditation was not achieved within 12 months of joining the PIP; if the PIP approval date is earlier
- there has been a change of practice ownership and Services Australia was not provided with the details in time to finalise the change;

- the practice has relocated, and Services Australia needs your updated accreditation certificate for the new location;
- the practice no longer employs a general practitioner;
- the practice no longer employs or engages an eligible health professional;
- the average weekly hours for a registered nurse supervising an enrolled nurse were not reported (enrolled nurses can be supervised either directly or indirectly);
- the practice or health professionals do not have the required insurances;
- there are incomplete or inaccurate practice details;
- there have been significant changes in practice data; and/or
- non-compliance.

If a practice's payment has been withheld, Services Australia will advise the practice in writing about the information that is required for payments to be released.

3.5 Withheld payments for 3 consecutive quarters (three quarter rule)

Where payments have been \$0 or withheld for three consecutive payment quarters, the practice may be withdrawn from the WIP - Practice Stream and incentive payments will be ceased.

Withdrawn practices may choose to apply to re-join the WIP - Practice Stream. The practice must meet all eligibility criteria at the time of applying, including being accredited to be eligible to participate. Any previous withheld payments are forfeited.

If a practice does re-apply, payments will recommence from the first point-in-time date following the date the practice meets all eligibility requirements and is approved to participate in the WIP - Practice Stream.

Practices approved to re-join the program will have their eligibility to use the practice's historical data and SWPE value assessed. Eligibility will depend on the practice's individual circumstances.

3.6 Recovery of payments

If WIP - Practice Stream payments have been made as a result of an administrative error (either by the practice or Services Australia) or inappropriate claiming by the practice, Services Australia or Health may seek to recover these payments.

Practices will receive a payment advice outlining the practice and payment details following each payment. Practices should check that their WIP - Practice Stream payment advice is correct.

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

- make false or misleading claims; or
- fail to notify Services Australia of any changes which affect their eligibility to receive WIP - Practice Stream payments.

4. Calculating WIP - Practice Stream payments

The incentive payment amount a general practice is eligible to receive depends on a number of factors, including:

- the type of practice;
- the practice location;
- the practice’s SWPE value;
- the type of eligible health professional(s) engaged; and
- the average weekly hours worked by eligible health professionals at the practice over the quarter.

A practice may be eligible to receive incentive payments of:

- \$35,236.84 per year per SWPE value of 1,000 where a nurse practitioner, registered nurse, midwife, and/or allied health professional work a combined total of at least 12 hours and 40 minutes per week; and
- \$17,618.42 per year per SWPE value of 1,000 where a supervised enrolled nurse, Aboriginal and Torres Strait Islander Health Worker and/or Aboriginal and Torres Strait Islander Health Practitioner work a combined total of at least 12 hours and 40 minutes per week.
- Where a practice has not engaged a health professional(s) for the minimum number of hours to receive the maximum payment for their SWPE value, they may be eligible to receive a proportion of the maximum payment.
- Please note, these amounts have increased from August 2026 due to indexation.

Table 2 provides examples of the annual incentive amounts that a practice may be eligible to receive based on the practice SWPE value and the minimum hours that must be worked by eligible health professionals to receive the maximum payment amount.

Table 2: Indicative annual incentive amounts based on Standardised Whole Patient Equivalent (SWPE) values

	Minimum average number of hours per	Annual incentive amount for combined nurse	Annual incentive amount for combined enrolled nurse, Aboriginal and Torres Strait Islander health worker, or
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SWPE value	week for full incentive payment	practitioner, registered nurse, midwife, and allied health professionals*	Aboriginal and Torres Strait Islander health practitioners*
1000	12 hours 40 minutes	\$35,236.84	\$17,618.42
2000	25 hours 20 minutes	\$70,473.68	\$35,236.84
3000	38 hours	\$105,710.52	\$52,855.26
4000	50 hours 40 minutes	\$140,947.36	\$70,473.68

*These values are correct as at 01 July 2026.

If a practice engages a combination of different eligible health professionals, those eligible for the higher incentive of \$35,236.84 per 1,000 SWPE value will be calculated first.

The maximum incentive amount a single practice can receive (prior to a rural loading) is \$35,236.84 per quarter or \$140,947.36 per annum. Practices may also be eligible for a rural loading and/or DVA loading.

The following sections outline the calculation of [SWPE values](#), [eligible health professional hours](#), [rural loadings](#) and [DVA loading](#). For example, calculations, see [Section 6](#) 'WIP - Practice Stream payment calculations'.

4.1 Calculating the Standardised Whole Patient Equivalent (SWPE) value

The SWPE value is a calculation of practice size. It is the sum of the fractions of care a practice provides to each of its patients weighted for the age and gender of each patient. As a guide, the average full time general practitioner has a SWPE value of around 1,000 annually.

Services Australia will work out the SWPE value using both eligible Medicare and DVA services provided to patients attending the practice during the reference period. A weighting for the age and gender of each patient is then calculated. The SWPE value is calculated using a rolling historical 12-month reference period, which starts 16 months before the payment quarter.

Eligible services provided by both GPs and nurse practitioners are included in the SWPE value of a practice.

If a practitioner uses the provider number of another practitioner when they bill a service, this is known as a payee provider arrangement. For the service to be included in the SWPE

value, the payee provider's details must be registered in the WIP - Practice Stream at the practice location the service is provided.

When a practitioner joins or leaves a practice, or extends their provider number at a location, the practice must notify Services Australia. The provider number will be updated or included on your practice profile. The start and end dates of the practitioners who work in your practice determine the services included in the practice's SWPE value calculation.

The SWPE value of a practice is calculated in 3 steps:

1. Calculation of the Whole Patient Equivalent (WPE) of each patient

The fraction of care provided by the practice to each patient is calculated.

The total care for each patient equals one (1.0) and is known as the WPE. The WPE is based on GP and other non-referred consultation items in the MBS and uses the value, rather than the number of consultations per patient.

For example, in a 12-month period, a patient has \$100 in MBS benefits at Practice A and \$400 at Practice B, a total of \$500:

- Practice A would be assigned with $\$100 \div \500 or 0.2 of the patient's care.
- Practice B would be assigned with $\$400 \div \500 or 0.8 of the patient's care.

2. Weighting of the WPE

The WPE is weighted for the age and gender of each patient to become the SWPE value. The weighting recognises that people need different amounts of care at different stages in their life and the amount of care differs for genders. The weighting factors are routinely updated.

3. Total SWPE value

The individual SWPE values are added together to determine the total SWPE value of the practice.

For the purpose of calculating WIP – Practice Stream payments:

- the SWPE values of Aboriginal Medical Services and Aboriginal Community Controlled Health Services will be increased by 50%; and
- a practice's SWPE value is capped at a maximum of 4,000 each quarter.

4.1.1 Practices with a historical SWPE value

Established practices participating in the Practice Incentives Program (PIP) who join the WIP – Practice Stream will have a historical MBS service level that can be used to calculate their SWPE value. Practices must provide consent to allow usage of their PIP information for the purposes of the WIP – Practice Stream. PIP consenting practices will have the same practice ID in PIP and WIP – Practice Stream.

Practices that join the WIP - Practice Stream as a PIP consenting practice that have been in the PIP for 6 payment quarters or more will be allocated the true SWPE value.

Practices that join the WIP – Practice Stream as a PIP consenting practice that have been in the PIP for less than 6 payment quarters will be allocated a default SWPE value of 1,000 for those payment quarters that they were not participating in the PIP. For example, if a practice has been participating in the PIP for 12 months before joining the WIP – Practice Stream and 4 payment quarters have passed during that time, if their true SWPE value is less than 1,000 they will be allocated a SWPE value of 1,000 for the first 2 payment quarters in the WIP – Practice Stream.

4.1.2 Practices without a historical SWPE value

Newly established practices will not have a historical SWPE value.

It takes approximately 6 payment quarters (18 months) to establish a full SWPE value.

When an established practice, less than 18 months old from the time the practice opened, joins the WIP – Practice Stream its historical MBS service level will be used to calculate its SWPE value. Where the true SWPE value is less than 1,000, a default SWPE value of 1,000 will be applied for 6 payment quarters. This begins from the approval date in WIP – Practice Stream, or if PIP consenting, from the approval date in PIP if the date is earlier. When the practice has been established for 18 months, the true SWPE value will be applied, even if it is less than 1,000.

4.2 Transferring a SWPE value

A SWPE value can be transferred if the practice:

- changes ownership and accreditation is included in the sale of the practice;
- relocates in the same local area; or
- amalgamates with one or more practices in the same local area.

In all other situations practices will need to apply for the WIP – Practice Stream as a new practice and establish a new SWPE value.

In all circumstances practices must continually meet all WIP – Practice Stream requirements, including accreditation, to remain eligible to receive payments.

4.2.1 Practice relocation - transferring a SWPE value

If the practice relocates to a different physical location but is not sold, the SWPE value will transfer to the new physical location.

The SWPE value can only transfer to the new location if:

- the practice is not operating from the original location;

- the practice relocates within the same local area; and
- the patients and all patient records stay with the relocated practice.

If the relocated practice does not meet these requirements, the practice will need to apply for the WIP – Practice Stream as a new practice and establish a [SWPE value](#). In these circumstances, the original practice will not receive a payment for the quarter in which the practice relocation occurs.

4.2.2 Change of ownership - transferring a SWPE value

If a practice changes ownership, and remains open in the original physical location, the historical SWPE value will transfer to the new practice owner(s) only if the accreditation is included in the sale of the practice.

If accreditation is not included in the sale of the practice, the new owner will need to apply for the WIP – Practice Stream as a new practice and establish a [SWPE value](#).

4.2.3 Practice amalgamation - transferring a SWPE value

If two or more practices amalgamate, the SWPE value of the amalgamated practices will be the sum of the SWPE values for each original practice.

The SWPE value can only transfer to the amalgamated location if:

- the amalgamated practice is within the same local area; and
- the patients and all patient records stay with the amalgamated practice.

If the amalgamated practice does not meet these requirements, the practice will need to apply for the WIP – Practice Stream as a new practice and establish a [SWPE value](#).

The closed location(s) will not receive a payment for the quarter in which the practices amalgamate.

If one or more of the amalgamating practices is outside the local area, the practice originally on site at the final location will maintain its SWPE value.

4.3 Calculating hours worked by eligible health professionals

Practices can only claim hours worked by eligible health professionals employed or engaged by the practice.

If eligible health professionals are on paid leave during the quarter, these hours can be included in the practice's average weekly hours. Where leave is taken at half pay, reported hours must reflect this (i.e. half pay = half the hours). Unpaid leave or leave paid out once a health professional ceases working at the practice cannot be claimed.

Practices need to calculate the **average weekly hours** worked per quarter for **each** eligible health professional, taking into account ineligible services and ineligible activities in Part B, [Section 1.5](#) Ineligible services/activities.

For the WIP – Practice Stream, the number of hours a full-time eligible health professional works is equivalent to 38 hours per week.

For eligible health professionals not working full time, average weekly hours are calculated by dividing the sum of the total hours worked by that health professional for the entire payment quarter by 13 weeks.

Example:

A nurse is engaged for:

- 15 hours per week for 4 weeks; and
- 20 hours per week for 9 weeks.

Calculation: $[(15 \times 4) + (20 \times 9)] \div 13 \text{ weeks} = 18.46$ **average weekly hours**

The minutes must be converted from the % of the hour to actual minutes. You can do this by taking the decimal place of .46 and multiply this by 60 minutes which rounds to 28 minutes.

Calculation $.46 \times 60 = 28$

This example would then be reported in your QCS as 18:28 hours and minutes.

Practices must keep documented evidence of the hours worked by each eligible health professional for compliance purposes.

4.3.1 Grace periods

A practice has the following grace periods to replace an eligible health professional that was funded through the WIP – Practice Stream before eligibility for the program is affected:

- 21 calendar days; or
- 45 calendar days if the practice is:
 - an Aboriginal Medical Service;
 - an Aboriginal Community Controlled Health Service; and/or
 - eligible to receive a rural loading based on the MMM geographical classification.

If a practice can't replace the eligible health professional within the applicable grace period, the practice must notify Services Australia of the change in circumstances at least 7 calendar days before the point-in-time.

4.3.2 Calculating hours - amalgamating practices

When [practices amalgamate](#), the closed location(s) will not receive a payment for the quarter in which the practice amalgamation occurs.

The average weekly hours worked by eligible health professionals at the closed location(s) may be transferred to the newly amalgamated practice for the current payment quarter only (see example calculation below). For subsequent payment quarters, the amalgamated practice at the final location will report the new average weekly hours worked.

Example:

Practice A and Practice B amalgamate on 6 April and Services Australia processes the completed *Practice Incentives Change of practice details form* (IP005) before the point-in-time date of 30 April. Practice A will become the new amalgamated practice and Practice B will close. The standard weekly registered nurse hours are 20 hours in Practice A and 30 hours in Practice B.

The 30 hours at Practice B (the closing location) is multiplied by 10 (the number of weeks from the beginning of the payment quarter and the date of amalgamation) and divided by 13 (total weeks in the payment quarter) = 23 average hours per week.

These 23 hours are added to the 20 hours at Practice A = 43 average weekly hours for the newly amalgamated practice for 1 February to 30 April quarter.

The new average weekly hours will apply for subsequent quarters.

4.4 Calculating the rural loading payment

A rural loading will be applied to the incentive payment for which the main practice location is eligible.

The rural loading is determined by the [Modified Monash Model](#) (MMM). The Modified Monash (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' at the bottom of the page; insert the location of practice address into the 'Street Address' field.

The rural loadings per WIP - Practice Stream incentive is based on the location of your main practice and the MMM file at the point-in-time. They are:

0% for MM 1
0% for MM 2
30% for MM 3
40% for MM 4

40% for MM 5
60% for MM 6
60% for MM 7

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

4.5 Calculating the DVA loading payment

Practices receiving the WIP - Practice Stream payment and providing eligible general practitioner (GP) services to DVA Veteran Card-All Conditions (Gold Card) holders are eligible for an annual payment for each veteran. Services Australia will identify these practices and make payments annually in the August quarter.

The WIP – Practice Stream DVA loading amount is \$68.60 from 1 July 2026. Current rates can be found on the DVA website under the Medical Services fee schedule:

<https://www.dva.gov.au/providers/fees-claims/fee-schedules-for-gps-and-specialists>.

The DVA loading is based on the number of Veteran Card-All Conditions (Gold Card) holders who receive an ‘in room’ consultation in an eligible practice each year. An amount is paid for each Veteran Card-All Conditions (Gold Card) holder, regardless of the practice location, nursing qualifications or the number of nurses in the practice. There is no limit on the number of DVA loadings paid per practice.

Services must be provided by a GP or Fellow of the RACGP or Australian College of Rural and Remote Medicine. Non-vocationally registered general practitioners do not meet the definition of GPs for the purposes of the DVA loading.

When a DVA Veteran Card-All Conditions (Gold Card) holder goes to more than one practice each year, the DVA loading is shared across the practices based on the percentage of total consultation fees paid.

Example:

Mr Smith is a Veteran Card-All Conditions (Gold Card) holder and visits 3 GP practices in a 12-month period, the total of the eligible consultation fees was \$200.00.

Example of how the DVA loading is shared across practices

Practice	Consultation Fees paid	% Total DVA component
A	\$120	60%
B	\$60	30%

Practice	Consultation Fees paid	% Total DVA component
C	\$20	10%

5. Practice obligations

5.1 Eligibility for payments

To qualify for payments, practices must:

- submit a **completed** application for the WIP - Practice Stream, including supporting documentation, at least **7 calendar days** before the relevant [point-in-time](#) date;
- have their application approved and be eligible for the WIP - Practice Stream by the point-in-time date for that payment quarter; and
- meet all eligibility requirements at the relevant point-in-time date.

5.1.1 Practice obligations

To remain eligible for payments under the WIP - Practice Stream practices must:

- confirm and/or update all details in the Quarterly Confirmation Statement (QCS) each quarter (refer to [Section 3.3](#) above). Payments will be withheld until the QCS is confirmed;
- advise Services Australia about changes to practice arrangements within 7 calendar days or at least 7 calendar days before the relevant point-in-time period, whichever date is first;
- meet the eligible general practices requirements. See Section 1.3;
- remain eligible for the PIP if the practice is a PIP consenting practice;
- be able to prove its claims for payment. For more information on the type of evidence that may be required see [Section 5.6](#) 'Ensuring the Integrity of the WIP - Practice Stream';
- provide accurate information to Health as part of their compliance program to demonstrate the practice meets the WIP - Practice Stream eligibility requirements. This may include a certificate of currency for all relevant insurance policies and timesheets as evidence of hours worked by eligible health professionals; and
- retain a copy of all documentation relating to the WIP - Practice Stream requirements for a minimum of 6 years.

5.2 Changes to practice arrangements

Practices must advise Services Australia of any changes to practice arrangements within **7 calendar days or at least 7 calendar days before the relevant point-in-time period, whichever date is first.**

Changes to practice arrangements include:

- changes to the authorised contact person(s) for the practice;
- practitioners leaving or joining the practice;
- changes to the practice's bank account details;
- changes in accrediting agency or accreditation status, such as the practice achieving accreditation or the accreditation lapsing;
- changes to the practice location, ownership or amalgamations;
- lapses in the practice's public liability insurance or an individual practitioner's professional indemnity cover;
- changes in hours worked by each eligible health professional or changes to their employment status (to be notified in the QCS);
- changes in provider details; or
- any other information that may affect program eligibility or claims for payment.

Changes to the following practice information can only be advised by the current owner(s) of the practice registered with the WIP – Practice Stream:

- authorised contact person;
- practice ownership;
- amalgamations;
- relocations; and
- practice closures and/or withdrawals.

The easiest way to advise Services Australia of changes to practice arrangements is online through [HPOS](#) – most changes made through HPOS are effective immediately and can be made up to, and on, the relevant point-in-time date.

Practices can also complete the relevant forms on the [Services Australia' website](#) and submit them to Services Australia as per the instructions on the form, at least 7 calendar days before the relevant point-in-time date.

Practices can notify Services Australia about minor changes to practice arrangements. The correspondence must be on official practice letter head and sent to [Workforce Incentive](#)

[Program \(WIP\) – Practice Stream](#) for manual processing at least 7 calendar days before the relevant point-in-time date.

5.3 Withdrawal from the program

A practice can withdraw from the WIP - Practice Stream at any time by completing the [Practice Incentives Practice closure or withdrawal form](#) (IP007). This form must be signed by the current registered practice owners.

Practices need to do this at least 7 calendar days before the relevant point-in-time date for the quarter in which they no longer want to receive payments.

Practices that withdraw or are withdrawn from the WIP - Practice Stream are not entitled to any withheld payments. Practices will need to reapply for the WIP - Practice Stream if they want to re-join the program. These practices will be assessed as new applicants and must meet all the eligibility requirements to participate.

5.4 Privacy and consent

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of the Workforce Incentive Program (WIP) – Practice Stream.

Your personal information will be collected by Services Australia and disclosed to the Australian Government Department of Health, Disability and Ageing and the Australian Government Department of Veterans' Affairs to enable those departments to administer aspects of WIP - Practice Stream. The information may be used for purposes including program monitoring, evaluation, program compliance, for statistical and research purposes and to inform policy development. The Department of Health, Disability and Ageing and the Department of Veterans' Affairs may engage third party service providers to assist with these activities. This means that the relevant departments may, with your consent, disclose your personal information to, and collect your personal information from, an Australian based contracted service provider. All third-party service providers will be subject to strict privacy and security obligations.

Your personal information may be used by Services Australia or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

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

5.4.1 PIP consenting practice

If your practice is applying for the WIP - Practice Stream and is applying for, or is already approved for, the PIP you can become a PIP consenting practice.

This means you consent to the following PIP information being used for the WIP - Practice Stream:

- practice name and main address;
- eligibility details, such as accreditation, public liability insurance and indemnity insurance;
- bank account details;
- contact details;
- location details;
- ownership details;
- general practitioner and nurse practitioner details; and
- the SWPE value calculated for the PIP will be used for WIP – Practice Stream calculations.

When you have become a PIP consenting practice your practice IDs will become identical and you will only need to update your practice details once, in your PIP profile. You will not need to make the same updates to your WIP – Practice Stream profile. However, any updates you make in your WIP – Practice Stream profile will not be reflected in your PIP profile.

5.5 Rights of review

The WIP – Practice Stream 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 – Practice Stream guidelines at the date of the event.

The WIP – Practice Stream ROD process is outlined below:

- To request a ROD, the authorised contact person or owner(s) of the practice must write to Services Australia using the [Practice Incentives Review of decision form \(IP027\)](#);
- The ROD must be requested within 28 calendar days of receiving the decision from Services Australia;
- The ROD request must state clearly in writing the reason you do not agree with the decision;
- The decision will be reviewed against the WIP – Practice Stream eligibility criteria and/or payment formula as outlined in the guidelines that were in force at the time of the original decision;
- The practice will be advised in writing of the outcome of the ROD;

- If a practice is still not satisfied with a decision, the practice can request a Formal Review Committee to reconsider the decision, by submitting another Practice Incentives Review of decision form (IP027);
- The practice will be advised in writing of the Formal Review Committee's decision;
- The Formal Review Committee is the last avenue of appeal, and its decision is final; and
- Contact [Workforce Incentive Program – Practice Stream](#) to find out more about the formal review process.

5.6 Ensuring the integrity of the WIP-Practice Stream

Health is responsible for protecting the integrity of the WIP – Practice Stream.

The Australian Government is committed to making sure public funding reaches those who really need it – and is equally committed to making sure funds are not being diverted through fraud. Fraud adds to the cost of programs and services that taxpayers pay for. There are consequences for those caught committing fraud against the Commonwealth. You could acquire a debt, have your assets seized, a criminal record and face imprisonment.

Health conducts compliance activities, including audits, to verify that practices are complying with WIP – Practice Stream eligibility requirements and claims for payments. This may include practice visits or a desktop review of practice documents.

As a recipient of WIP – Practice Stream payments, practices may be periodically approached to provide additional data or information relevant to the program. The provision of this information is to support program monitoring, evaluation, compliance, research and to inform policy development.

If requested, practices must be able to provide the following evidence to support its eligibility and claims for payment:

- evidence of current registration of the eligible health professionals (where applicable) at the practice (see [Section 1.1](#) 'Eligible health professionals');
- for a self-regulated allied health professional, evidence that they are eligible to be a practising member of their professional association;
- evidence of the hours worked by the eligible nurse, midwife, allied health professional, Aboriginal and Torres Strait Islander health worker or health practitioner – for example, time sheets;
- evidence of documented supervisory arrangements of the enrolled nurse ([Section 1.1.1](#) 'Enrolled nurses - additional requirements');
- confirmation of details contained in the QCS;
- copies of public liability insurance including the amount covered; and

- copies of professional indemnity insurance for all general practitioners and eligible health professionals.

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

If a practitioner leaves a practice and an audit is conducted for a time when that practitioner was at the practice, the practice will still need to provide evidence that the professional indemnity insurance for the practitioner was maintained during their employment.

If a practice cannot provide information to substantiate eligibility and claims for payments, previous WIP – Practice Stream payments, for up to 6 years may be recovered. If a practice receives PIP payments, these payments may also be recovered if the practice is found to be non-compliant with the eligibility requirements for accreditation, public liability, or professional indemnity of the WIP – Practice Stream.

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

6. Example WIP – Practice Stream payment calculations

The following examples are indicative only noting these amounts are indexed. Individual circumstances of practices may result in variations to the scenarios outlined below.

Scenario 1 – Registered nurse

Practice A has a SWPE value of 4,000 and employs a registered nurse for an average of 38 hours per week. The practice is located in MM 1 and therefore not entitled to receive a rural loading.

Practice A is eligible to receive an incentive payment of \$105,710.52 per year or \$26,427.63 per quarter.

Scenario 2 – Nurse practitioner in a rural area

Practice B has a SWPE value of 2,000 and employs a nurse practitioner for an average of 25 hours and 20 minutes per week. The practice is located in MM 5 and is therefore entitled to a rural loading in addition to the incentive payment.

Practice B is eligible to receive an incentive payment of \$70,473.68 per year plus a rural loading of 40% = \$98,663.15 per year or \$24,665.79 per quarter.

Scenario 3 – Aboriginal and Torres Strait Islander Health Workers and Health Practitioner

Practice C is an Aboriginal Medical Service and therefore its SWPE value of 2,000 is increased by 50%. The practice employs an Aboriginal and Torres Strait Islander Health Practitioner and two Aboriginal and Torres Strait Islander Health Workers who each work an

average of 38 hours per week. The practice is located in MM 2 and therefore not entitled to receive a rural loading.

Practice C is eligible to receive \$52,855.26 per year or \$13,213.82 per quarter.

Scenario 4 – Registered nurse and allied health professionals in a rural area

Practice D has a SWPE value of 3,000 and employs a registered nurse for an average of 25 hours per week, a psychologist for an average of 8 hours and a non-dispensing pharmacist for an average of 8 hours. The practice is located in MM 6 and is therefore entitled to a rural loading in addition to the incentive payment.

Practice D is eligible to receive an incentive payment of \$105,710.52 per year (the maximum incentive amount for an organisation with a SWPE value of 3,000) plus a rural loading of 60% = \$169,136.83 per year or \$42,284.21 per quarter.

Scenario 5 – Nurse practitioner and an enrolled nurse in a rural area

Practice E has a SWPE value of 3,000 and employs a nurse practitioner for an average of 19 hours per week and an enrolled nurse for an average of 19 hours per week. The practice is located in MM 3 and is therefore entitled to receive a rural loading in addition to the incentive payment.

Practice E is eligible to receive an incentive payment of \$52,855.26 for employing a nurse practitioner + \$26,427.63 for employing an enrolled nurse = \$79,282.89 per year plus a rural loading of 30% = \$103,067.76 per year or \$25,766.94 per quarter.

Scenario 6 – A combination of eligible health workers in a rural area

Practice F has a SWPE value of 6300 which is capped at 4000. The practice employs a registered nurse for an average of 38 hours per week, a physiotherapist for an average of 5 hours per week, a podiatrist for an average of 5 hours per week and an Aboriginal and Torres Strait Islander Health Practitioner for an average of 30 hours per week.

The practice is located in MM 4 and therefore entitled to a rural loading in addition to the incentive payment.

Practice F is eligible to receive an incentive payment of \$133,529.08 for engaging the registered nurse and allied health professionals + \$3,709.14 for engaging the Aboriginal and Torres Strait Islander Health Practitioner = \$137,238.22 per year plus a rural loading of 40% = \$192,133.51 per year or \$48,033.38 per quarter.

7. Contact information WIP – Practice Stream

For more information, contact [Services Australia](#).

Part C: Acronyms/ Glossary of Terms

List of acronyms

- Australian Health Practitioner Regulation Agency (Ahpra)
- Australian Commission on Safety and Quality in Health Care (ACSQHC)
- Department of Health, Disability and Ageing (Health)
- Department of Veterans' Affairs (DVA)
- General practitioner (GP)
- Health Professional Online Services (HPOS)
- Medical Board of Australia (MBA)
- Medicare Benefits Schedule (MBS)
- [Modified Monash Model](#) (MMM)
- Modified Monash (MM) 1-7
- National General Practice Accreditation (NGPA)
- National Registration and Accreditation Scheme (NRAS)
- Primary Health Network (PHN)
- Practice Incentives Program (PIP)
- Provider Digital Access (PRODA)
- Quarterly Confirmation Statement (QCS)
- Review of Decision (ROD)
- Royal Australian College of General Practitioners (RACGP)
- Royal Australian College of General Practitioners *Standards for general practices* (the RACGP Standards)
- Standardised Whole Patient Equivalent (SWPE) value
- Whole Patient Equivalent (WPE)
- Workforce Incentive Program (WIP)

Glossary of Terms

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

General

Aboriginal and Torres Strait Islander Health Worker is an Aboriginal and Torres Strait Islander person who:

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

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

Aboriginal Community Controlled Health Service is a primary health care service initiated and operated by the local 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.

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

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

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

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

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

Modified Monash Model (MMM) is a classification system that categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and population size. The system was developed to recognise the challenges in attracting health workers to more remote and smaller communities. The WIP uses the MMM 2023.

WIP – Practice Stream

Accreditation is the independent recognition that a practice is a general practice in accordance with the National General Practice Accreditation Scheme.

After-hours service is defined by the current RACGP *Standard for general practices* 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. After-hours services are **not** eligible for the WIP – Practice Stream.

Allied health professional is a person who holds nationally accredited tertiary qualifications (of at least Australian Qualifications Framework Level 7 or equivalent), enabling eligibility for membership of their national self-regulating professional association or registration with their national board. Allied health professionals are qualified to apply their skills to retain, restore or gain optimal physical, sensory, psychological, cognitive, social and cultural function of clients, groups and populations.

Amalgamation means two or more practices coming together into one common location and sharing access to all patient records, belonging to each of the previously individual practices. The remaining original location(s) will close.

Applicant under the WIP – Practice Stream is the practice applying as named on the WIP – Practice Stream application.

Authorised contact person(s) is a person the practice owner(s) nominates to act on behalf of the practice in relation to the WIP – Practice Stream.

Closed practice is when all registered medical practitioners stop providing face to face medical or health services to patients at the main location registered in the WIP – Practice Stream.

Direct supervision is when a registered nurse is present, and personally observes, works with, guides and directs an enrolled nurse ([Section 1.1](#) ‘Eligible health professionals’).

Eligible health professional under the WIP – Practice Stream is a nurse practitioner, registered nurse, enrolled nurse, midwife, Aboriginal and Torres Strait Islander Health Worker, Aboriginal and Torres Strait Islander Health Practitioner and an allied health professional listed in Part B, [Section 1.1](#) of the Guidelines and that:

- is employed, engaged or otherwise retained by the practice for their time that is not supported by other funding or direct billing of MBS items; and
- meets the eligibility requirements in Part B, [Section 1.1](#) 'Eligible Health Professional'.

Eligible Medicare Services under the WIP – Practice Stream payment calculation are GP and other non-referred consultation items in the MBS.

Enrolled nurse is a person who is registered with the Nursing and Midwifery Board of Australia (NMBA) and meets the board's registration standards to practise as an enrolled nurse in Australia. An enrolled nurse works with the registered nurse as part of the health care team and demonstrates competence in the provision of person-centred care. Core practice requires an enrolled nurse to work under the direct or indirect supervision of the registered nurse. For more information read the [enrolled nurse standards and factsheet](#) on the NMBA website.

The Formal Review Committee under the WIP – Practice Stream consists of the Department of Health, Disability and Ageing and Services Australia delegates and is convened when a practice requests a review of decision (ROD) outcome to be reconsidered. The Formal Review Committee is the last avenue of appeal, and its decision is final. See Part B, [Section 5.5](#) 'Rights of Review' for more information on the ROD process for the WIP – Practice Stream.

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. More than 50 per cent of the practice's general practitioners' clinical time (i.e. collectively), and more than 50 per cent of services for which Medicare benefits are claimed or could be claimed (from the practice) are in general practice. For the purposes of the WIP – Practice Stream, a general practice includes Aboriginal Medical Services and Aboriginal Community Controlled Health Services.

General practitioner is a general practitioner and/or non-specialist medical practitioner - other medical practitioner - who provides non-referred services but is not a GP. GPs include:

- Fellows of the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine, and
- vocationally registered general practitioners and medical practitioners undertaking approved training.

Hours worked under the WIP – Practice Stream is the actual average weekly hours worked by an eligible health professional.

Indirect supervision is when a registered nurse does not constantly observe the activities of an enrolled nurse. In situations where the registered nurse and the enrolled nurse are not employed at the same organisation, clearly documented arrangements must be in place regarding supervision arrangements and the registered nurse must be available for

reasonable access. For more information read the [enrolled nurse standards and factsheet](#) on the NMBA website.

Local Area is defined by Health or Services Australia on a case-by-case basis according to factors such as physical distance, rurality and practice distribution.

Medical deputising services is the RACGP *Standards for general practice* definition as organisations which directly arrange for medical practitioners to provide after-hours services to patients of practice principals during the absence of, and at the request of, the practice principals. Medical deputising services are **not** eligible for the WIP - Practice Stream.

Midwife is a health professional registered to practice as a midwife from the Nursing and Midwifery Board of Australia (NMBA). Registration requirements and standards for practice for midwives are on the website. Normal **opening hours** are the advertised opening hours of the general practice.

Nurse is someone who is a nurse practitioner, registered nurse or enrolled nurse that meets the minimum qualifications set out in the glossary for that type of nurse.

Nurse practitioner is someone who is a registered nurse with endorsement to practise as a nurse practitioner from the NMBA. Registration requirements and standards for practice for nurse practitioners are on the [NMBA website](#).

Open practice is when one or more registered medical practitioners provide face to face medical or health services to patients at the main location registered in the WIP – Practice Stream. Practices can apply in writing for an exemption if exceptional circumstances, such as natural disasters, cause the practice to close for a period.

Paramedic is someone who is registered with the Paramedicine Board of Australia via the Australian Health Practitioner Regulation Agency (Ahpra).

Payment Quarters under the WIP – Practice Stream are the prescribed time periods below where hours worked by health professionals at the practice are measured for the calculation of WIP – Practice Stream quarterly payments. See Part B, [Section 3.2](#) ‘Payment quarters – important dates’ for more information.

February Quarter – November, December, January

May Quarter – February, March, April

August Quarter – May, June, July

November Quarter – August, September, October

PIP is the Practice Incentives Program administered by Services Australia on behalf of the Department of Health, Disability and Ageing.

PIP consenting practice is a practice participating in the PIP that has consented to PIP information being used for the purposes of the WIP – Practice Stream.

Point-in-time is the last day of the month before the next WIP – Practice Stream payment quarter.

Practice is an approved medical practice participating in the WIP – Practice Stream.

Practice branch is an additional practice location.

Practice location is any location where a medical practitioner and/or eligible health professional has been providing services and billing the MBS.

Quarterly Confirmation Statement (QCS) is a statement provided to all practices registered for the WIP – Practice Stream. The QCS confirms practices' details and activity for the calculation of a payment under the WIP – Practice Stream. To qualify for each quarterly payment, practices must confirm or change the details in the QCS and submit the QCS to Services Australia.

Registered nurse is a person who is registered with the NMBA and meets the Board's registration standards to practise as a registered nurse in Australia. Registration requirements and professional standards for registered nurses are on the [NMBA website](#).

Relocation means when the practice's physical location has changed and is established as a place of business at the new premises.

The following requirements must be met:

- Current accreditation is transferred to the new premises and accreditation status is retained under the National General Practice Accreditation Scheme's (The NGPA Scheme) advisory on '[Assessment following relocation of physical premises by an accredited general practice](#)'. More information is on the [Australian Commission on Safety and Quality in Health Care](#) (ACSQHC) website.
- All current practitioners must obtain a new provider number associated with the new premises; and
- The old location is no longer operating as a medical practice.

Practices can relocate to any location regardless of distance, however if the practice wishes to transfer the historical SWPE value it must relocate within the same local area as the original location ([Section 4.2.1](#) 'Practice relocation - transferring a SWPE value').

Standardised Whole Patient Equivalent (SWPE) value is used in the calculation of the WIP – Practice Stream payment amounts. It is the sum of the fractions of care a practice provides to each of its patients weighted for the age and gender of each patient. As a guide, the average full time general practitioner has a SWPE value of around 1,000 annually.

Unique Identifier is the Australian Health Practitioner Regulation Agency (Ahpra) ID for eligible health professionals required to be registered under Ahpra – these are available on the [Ahpra website](#). If eligible health professionals are not required to be registered under Ahpra the Healthcare Provider Identifier – Individual (HPI-I), may be used, where available.