

Incentives Guide

2. Workforce Incentives for Practices

13 June 2025

This guide outlines Australian Government incentive programs available to general practices, provides quick references to current incentive program guidelines, and explores some important considerations for Hospital and Health Services (HHSs) that operate general practices when applying and administering incentive programs and payments.

Staff are encouraged to carefully read the respective incentive guidelines to ensure they understand the eligibility requirements for participation and ongoing obligations for incentive payments.

1. Introduction

The Australian Government provides a range of targeted practice incentives to general practices and general practitioners to support them to provide quality and continuity of care, enhance general practice capacity and to improve access and health outcomes for patients. These include the Practice Incentives Program (PIP), the Workforce Incentive Program (WIP) and other incentives delivered through MyMedicare.

In addition to encouraging better care for the community, practice incentives are also important to sustaining the viability of many rural and remote general practices, though they do involve initial and ongoing administrative effort and reporting to continue to receive and optimise the value of the incentives.

This guide outlines information on the WIP – Practice Stream (WIP-PS) which provides financial incentives to help practices with the cost of engaging nurses, midwives, allied health professionals and/or Aboriginal and Torres Strait Islander health workers and practitioners. The incentive encourages practices to adopt multidisciplinary care models to address local community health needs and better respond to patients with complex and ongoing care needs.

Practices can elect the amount and mix of disciplines needed in a local community and whether to engage these practitioners as staff or collaborating independent practitioners. The amounts payable are based on the size of the practice, type of eligible health professional/s engaged, the average hours eligible health practitioners work each week, and the type of practice and its location. There is also an annual loading for practices providing general practice care to Department of Veterans' Affairs Gold Card holders.

2. Eligibility

The [WIP Practice Stream Guidelines \(May 2025\)](#) outline the eligibility requirements, administrative framework and describe how WIP – Practice Stream payments are calculated and when they are paid.

To be eligible to apply and receive WIP-PS payments, the practice must meet and continuously maintain the following requirements:

- be a **general practice** as defined by the Royal Australian College of General Practitioners (RACGP), meaning the practice provides comprehensive, patient centred, whole-person and continuous care and more than half of its services are of a general practice nature
- be an **open practice** and employ or engage at least one GP (full or part time), meaning one or more registered medical practitioners provide face to face medical or health services to patients at the main physical location registered or used for the WIP-PS
- be **accredited, or be registered for accreditation**, against the RACGP Standards for General Practice (practices have 12 months in which to complete accreditation)
- if the practice applied for registration as a '**PIP consenting practice**', it must remain eligible and registered for PIP
- employ, engage or otherwise retain the services of 'eligible health professionals'
- maintain at least \$10 million in **public liability insurance** cover
- ensure all practitioners and eligible health professionals have and maintain **professional indemnity insurance** cover.

HHS operated practices can rely on the [Queensland Government indemnity guideline](#) and [HR Policy 12](#) for medical practitioners and insurance covers from the [Queensland Government Insurance Fund](#) for other staff employed by the HHS.

Transfer of accreditation

Always ensure that the transfer of a practice's accreditation is included as part of the sale agreement when acquiring a practice. Any gaps in the practice's accreditation will significantly affect the calculation of WIP-PS payments (see section 5. Payments).

Branch practices

Practices with multiple locations (main practice with branch practice/s) can apply for the WIP-PS as a single practice if they meet eligibility requirements. Each branch will need to provide Medicare Benefits Schedule (MBS) funded services, have one or more general practitioners who provide MBS services at both the main practice location and the practice branch. The branch must carry the same minimum insurance coverage.

Practice branches do NOT need to be accredited in their own right to participate in the WIP-PS if they provide less than 3,000 services per year. When a practice branch reaches 3,000 or more services per year, it must be registered for accreditation in its own right. It will have 12 months to be assessed and achieve accreditation from an approved accrediting agency.

Practices need to nominate the main practice location. The main practice location should be the one that provides the most MBS-funded services per year. Practice branch MBS-funded services will automatically be included in calculating payments. The calculation of a rural loading will be applied to the main practice location.

Eligible health professionals

A wide range of health professionals can participate in the WIP-PS, subject to meeting minimum qualifications set out in the [Glossary to the WIP Practice Stream Guidelines](#) and maintaining the required professional indemnity insurance regardless of whether they are registered under the National Registration and Accreditation Scheme.

Additional requirements apply to the following:

- Enrolled nurses (ENs) are required to work under the direct or indirect supervision of a registered nurse (RN). Supervisory arrangements put in place are documented with support by the supervising RN and EN, and reviewed annually and when circumstances change. The practice must retain the documented supervisory arrangements for auditing purposes
- Pharmacists can only be engaged in non-dispensing roles (e.g. medication reviews, education and dealing with medication enquiries).

Ineligible services

Services provided after normal opening hours of the practice, including but not limited to medical deputising arrangements, are ineligible services under the WIP-PS.

Practices cannot claim payments for any:

- hours spent by an eligible health professional providing services that are already funded by another party (Australian, state or territory governments, private funding/sponsorship or through other incentive programs)
- time spent by an employed or engaged nurse practitioner, midwife, allied health professional, Aboriginal and Torres Strait Islander health worker or practitioner using their own provider number for MBS-funded services.

Exceptions

State government health clinics in rural and remote areas with an approved exemption under subsection 19(2) of the *Health Insurance Act 1973* (i.e. Rural and Remote Medicare Benefits Scheme (RRMBS) or COAG initiatives) can claim WIP-PS payments for services provided by eligible employees or contracted health professionals, including any hours where they bill for MBS services under their own provider numbers.

This also includes services provided by Australian Government (Health) directly funded Aboriginal and Torres Strait Islander health workers and health practitioners or allied health professionals.

Eligible health professionals

- Nurse practitioners
- Registered and Enrolled nurses
- Midwives
- Aboriginal and Torres Strait Islander health workers and practitioners
- Allied Health professionals including audiologists, chiropractors, diabetes educators, dietitians/nutritionists, exercise physiologists, occupational therapists, orthoptists, orthotists/prosthetists, osteopaths, paramedics, pharmacists (non-dispensing role), physiotherapists, podiatrists, psychologists, social workers and speech pathologists.

3. Applying for WIP-PS

Practices can apply for the WIP-PS at the same time as applying for the PIP by downloading and completing the [Practice Incentives application form \(IP001\)](#). For information on how to do this refer to section 3 in Incentives Guide 1 – Practice Incentives.

Alternatively, practices already participating in the PIP can apply online by selecting the WIP-PS tile in the Health Professional Online Services (HPOS) portal using their [PRODA account](#). Practices must also complete and upload a [Practice Incentives Practice ownership details and declaration form \(IP008\)](#) and evidence of the practice ownership structure. For HHSs, this can be a letter signed by the HSCA providing the ABN number, referencing the *Hospital and Health Boards Act 2011*, and confirming the names of two persons nominated in the application as the ‘owners’ of the practice authorised to represent the HHS (organisation). To complete the application, upload a copy of the practice’s accreditation or registration for accreditation certificate.

Read more information about how to register for an [individual PRODA account](#) and the identity documents you will require on the Services Australia website.

Benefits of being a PIP consenting practice

Practices applying for the WIP-PS can nominate to being a PIP consenting practice so the practice’s PIP information (names, addresses, ownership details etc). The practice ID will be the same for both programs so changes to practice details only need to be updated once in the PIP profile to update the WIP-PS profile. The same Standardised Whole Patient Equivalent (SWPE) is used to calculate payments.

Services Australia approval

Practices are eligible to participate in the WIP-PS from the date of approval from Services Australia – not the date of application.

Note that penalties exist for providing false or misleading information. Services Australia can also take steps to recover any payments already made.

Withdrawing from the WIP-PS

A practice can withdraw 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 that withdraw or are withdrawn will need to reapply for the WIP-PS if they want to rejoin the program. They will be assessed as new applicants and meet the eligibility requirements.

4. Continuing obligations

Once registered, authorised contacts for the practice will need to observe the requirements and obligations set out in the [WIP Practice Stream Guidelines \(May 2025\)](#) to ensure the practice receives the correct payment each quarter, correctly review, update changes in the practice (where needed) before actioning WIP-PS Quarterly Confirmation Statements (QCS).

Practices must retain a copy of all documents for WIP-PS (for up to six (6) years) and keep Services Australia informed of practice and practitioner changes.

Keeping records for hours claimed

WIP-PS incentives are paid based on the average weekly hours spent by eligible health professionals providing eligible services in the practice over the relevant quarter. The practice must maintain accurate records of when eligible health professionals work at the practice to enable them to correctly claim WIP-PS payments. For employees, this can be obtained from timesheets or payroll records (Workbrain or DSS reports). For independent contractors, the practice will need to use timesheets, rosters, or invoice details to support claims.

- Health professionals who are HHS employees and work at both the hospital and the practice will need to be moved into separate or concurrent positions within the HHS operated practice to be eligible to claim their hours for WIP-PS.

Practices will need to calculate the average weekly hours worked per quarter for each eligible health professional, taking into account ineligible services and activities. This is achieved by totalling all eligible hours and dividing by thirteen weeks.

Example – hours claimed for a registered nurse engaged in the practice

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

Calculation: $(15 \times 4) + (20 \times 9) \div 13 = 18.46$ average weekly hours for the quarter.

Eligible health professionals leaving the practice

A **grace period** applies when a practice replaces an eligible health professional included for the WIP-PS before it affects the calculation of incentives. The grace period is:

- 21 calendar days, or
- 45 calendar days where the practice is:
 - eligible to receive a rural loading, or
 - an Aboriginal Medical Service, or
 - Aboriginal Community Controlled Health Service.

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 seven (7) calendar days before** the cut-off for the quarter ([point-in-time date](#)).

Quarterly Confirmation Statement

WIP-PS registered practices are required to prepare and submit a Quarterly Confirmation Statement (QCS) to claim incentives for eligible health professionals. Authorised contacts must review the practice details in the QCS and where needed update any changes including the health professionals working in the practice and hours claimed for eligible health professionals etc before they make a legal declaration that the practice complies with WIP-PS eligibility requirements for the quarter (reference period).

Practice details must be checked and correct before confirming the QCS

It is important authorised contacts and/or owners review the practice details carefully and make sure they are correct. This includes checking:

- the names and details of all the doctors and nurse practitioners (e.g. their provider numbers and any start and end dates)
- the name/s and details of all eligible health professionals are correct as are their average weekly work hours claimed by the practice
- relevant payroll reports (Workbrain or DSS reports can be sourced from the HHS Finance department) or invoices from independent contractors so that the correct weekly hours, averaged over the quarter, are claimed
- if any eligible health professionals are on paid leave during the quarter (reference period), as these hours CAN be included in the practice’s averaged weekly hours
- that hours spent excludes services billed by a nurse practitioner, midwife or allied health professional who has their own Medicare provider number (unless the site has an exemption – see Exceptions in section 2. Eligibility)
- where the HHS has a [payee provider arrangement](#), the payee provider details remain correct (particularly if the practice principal e.g. EDMS, cluster DMS, MS etc has changed).

The QCS is available through the WIP-PS tile in HPOS each quarter and can be completed online by the [point-in-time date](#) (see section 5. Payments) or submitted manually to Services Australia **seven (7) days prior to the point-in-time date.**

- If the practice has NOT received its QCS by mid-January, mid-April, mid-July, and mid-October, contact Incentive Programs at Services Australia on 1800 222 032 (Mon-Fri, 8.30am to 5.00pm). Once the QCS is confirmed as true and correct, it triggers a quarterly payment to the practice. Refer to the [dates applying to quarters and payment months in section 5 Payments.](#)

Keeping Services Australia updated

To ensure the practice maintains its ongoing eligibility for WIP-PS incentives, practice owners and authorised contacts should:

- remain familiar with [WIP Practice Stream Guidelines \(May 2025\)](#) as these are updated from time to time and it is the practice’s responsibility to ensure they continue to meet eligibility requirements
- let Services Australia know if any of the practice details and/or arrangements change
- check in HPOS for quarterly payment advices and the QCS. Review the payment advices and QCS for accuracy, update any changes needed and submit the QCS by the relevant point-in-time date. Updates can usually be made online through HPOS with most changes taking effect immediately. Changes can also be made manually by contacting Services Australia **within seven (7) days of occurrence and at least seven (7) days prior to the point-of-time date** (cut-off date for payment calculation).

Services Australia will need to be advised of any changes to:

- Practice owners (i.e. EDMS or ED Rural) using Form IP010 (not online)
- Authorised contacts
- Practitioners starting or leaving the practice
- Practitioner’s details
- Practitioner’s bank accounts
- Provider number extensions (where allocated with an end date)
- Accreditation agency or accreditation status
- Practice bank account
- Practice public liability insurance cover or the professional indemnity cover of practitioners
- Practice location, ownership and/or amalgamation.

Services Australia may withhold (suspend) payments and/or recover any overpayments that result from providing incomplete or inaccurate information from delays in advising changes.

Payee provider arrangements

Some HHS practices have frequent changes in their medical workforce (including high use of locum doctors and registrars) and may consider a payee provider arrangement for the practice to minimise potential lost MBS eligible services used in payment calculations (i.e. the practice's [Standardised Whole Patient Equivalent \(SWPE\) value](#)). This usually occurs when the doctor (known as the service provider) has left the practice and their provider number recorded in PIP and/or WIP-PS practice profile is closed). The payee-provider must apply for a provider number at the HHS practice and their name and provider number details added on the practice profile in PIP (if a [PIP consenting practice](#)) or the practice profile for WIP-PS.

Compliance audits

The Department of Health and Aged Care conducts audits of practices to ensure they are meeting incentive program requirements and may review practice records. Compliance audits can happen up to six (6) years after the practice gets a payment. If the practice does NOT meet the eligibility requirements when audited, they will recover any incentive payments.

5. Payments

There are three payments available under the WIP-PS:

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

Payments are calculated and paid retrospectively by using details from a practice's application and any subsequent amendments, details from a practice's QCS and Medicare and DVA data.

WIP-PS payments are made by electronic funds transfer to the nominated practice bank account each quarter (see below) and do not attract GST.

Point-in-time dates applying to quarters and payment months

Quarters (reference period)	Point-in-time dates (assessment of eligibility)	Quarterly payment month
1 November to 31 January	31 January	February
1 February to 30 April	30 April	May
1 May to 31 July	31 July	August
1 August to 31 October	31 October	November

WIP-PS payments vary based on the type of practice, its location, practice SWPE value, type of eligible health professionals registered working in the practice, and the average weekly hours worked by them over the quarter.

Standardised Whole Patient Equivalent

The WIP Practice Stream uses practice’s [Standardised Whole Patient Equivalent \(SWPE\)](#) as a proxy measure of a practice’s size and is the sum of a practice’s fraction of all eligible services provided to those patients by the general practitioners and nurse practitioners engaged in the practice.

- Eligible services are the Medicare and the Department of Veterans’ Affairs (DVA) services provided to patients (i.e., the practice’s Medicare payment claims data) during the quarter.
- A weighting for the age and gender of each patient is applied in the calculation.

The SWPE value is calculated on the rolling 12-month average that starts 16 months before the payment quarter. Following first registration, the SWPE average ‘builds up’ over successive quarters until reaching its full value after six quarters. As highlighted earlier, a break in practice accreditation or any other eligibility requirement will cause the count to re-start to zero and the practice will take a further six quarters to reach the full SWPE value, therefore significantly affecting practice payments.

The SWPE value is included in the practice’s WIP-PS payment advice.

Different payment rates for eligible health professionals

A higher payment rate is used for hours worked by nurse practitioners, RNs, midwives, and allied health professionals. A lower payment rate is used for hours worked by supervised ENs and Aboriginal and Torres Strait Islander health workers and practitioners. Practices can claim their hours of eligible health professionals between higher and lower rate categories, though this will reduce the maximum incentive payable to the practice.

Incentive amounts are capped and scaled to a practice’s size (SWPE value). The maximum WIP Practice Stream incentive payment is \$130,000 per annum (see indicative annual incentives table below).

SWPE value	Minimum average hours per week for full incentive payment	Annual incentive amount for combined nurse practitioner, RN, midwife, and allied health professional	Annual incentive amount for combined EN, Aboriginal and Torres Strait Islander health worker or practitioner
1,000	12 hours 40 minutes	\$32,500	\$16,250
2,000	25 hours 20 minutes	\$65,000	\$32,500
3,000	38 hours	\$97,500	\$48,750
4,000	50 hours 40 minutes	\$130,000	\$65,000

Note: values correct as of August 2024

Rural Loadings

Practices that have their main location outside a metropolitan area (based on the Monash Modified Model 2023 classification) will have a rural loading payment added to their WIP incentive by Services Australia. The rural loadings are:

MM3 – 30%	MM4 and 5 – 40%	MM6 and 7 – 60%
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Illustrative example:

Next Medical Practice is located in a remote community and registered for PIP and WIP a number of years ago and remains eligible. It engaged a part time RN and a full time Aboriginal and Torres Strait Islander health practitioner to expand its chronic disease program. In Quarter 2, the nurse worked an average 14 hours per week. The practice had a SWPE of 2,200.

- The practice can claim 27 hours and 52 minutes average weekly hours, being $(3000 \text{ SWPE} / 38 \text{ hours}) \times 2,200 \text{ SWPE} = 27.867 \text{ hours}$
- To maximise its incentive, the nurse hours are claimed first at \$2,565.79 per hour $(\$97,500 / 38 \text{ hours} \times 14 \text{ hours, divided by 4 quarters}) = \$8,980.26$
- The remainder of the hours are claimed for the health practitioner at \$1,282.89 per hour $(\$48,750 / 38 \text{ hours} \times 13 \text{ hours } 52 \text{ minutes divided by 4 quarters}) = \$4,447.35$
- The rural loading for an MM6 is 60% = \$8,056.57.

Next's Quarter 2 WIP-PS payment will total \$15,069.71.

DVA Loading

Practices receiving the WIP-PS payment and providing eligible general practitioner services to DVA 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 DVA loading is based on the number of Gold Card holders who receive an 'in room' consultation in an eligible practice each year. Eligible services to veterans must be provided by a vocationally registered GP.

An amount is paid for each DVA 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, however, the loading is apportioned between all practices providing eligible services to a veteran.

Suspension of payments

Services Australia may withhold (suspend) payments if the practice:

- fails to complete and submit the WIP-PS Quarterly Statement by the due date
- does NOT meet the WIP-PS eligibility requirements
- accreditation expires and/or there is a lapse in accreditation dates
- does NOT achieve accreditation within 12 months of registering for WIP-PS

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- no longer employs a GP
 - relocates and the practice needs to provide an accreditation certificate to Services Australia for the new location
 - has significant changes to practice details
 - changes ownership and the practice does NOT provide Services Australia with the details to finalise the change
 - has provided Services Australia incomplete or inaccurate practice details
 - is non-compliant due to any other information that may affect program eligibility or claims for payment.

If Services Australia withholds a payment they will advise the practice what details they need to release the payment. Should any payments be withheld for three (3) consecutive payment quarters, they will be forfeited, and the WIP-PS payments will stop. Services Australia will withdraw the practice from the WIP-PS and the practice will need to reapply to access practice incentives. If the practice reapplies, WIP-PS payments will restart from the payment quarter following the date the practice has met all eligibility requirements and was approved for the WIP-PS.

Services Australia issues a payment advice through HPOS following each payment outlining practice and payment details. Authorised contacts and/or practice owners should check that the details in the payment advice are correct. Services Australia or the Australian Government Department of Health and Aged Care may seek to recover payments where an administrative error has caused the incorrect payments or where the authorised contact or owner has provided false or misleading claims or failed to notify Services Australia the practice was no longer eligible for WIP.

6. Learning and Education

Services Australia is the administering agency for many of the Australian government's health and social services programs and maintains a wide range of information content and education resources, including the [Health Professionals Education Services](#) online portal. Available e-learning programs include:

- [Health Professionals Online Service \(HPOS\)](#)
- [Provider Digital Access \(PRODA\)](#)
- [Workforce Incentive Program \(WIP\) Practice Stream](#)

Information and education resources are also available through Primary Health Networks, the medical colleges and other professional organisations, accreditation agencies and some commercial entities.