



3. Workforce Incentives for Doctors

13 June 2025

This guide outlines Australian Government incentive programs available to doctors working in general practice, 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 for 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, incentives to doctors are also important to supporting attraction and retention of the clinical workforce in many rural and remote general practices, though they 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 – Doctor Stream \(WIP-DS\)](#) and the [WIP – Rural Advanced Skills \(WIP-RAS\) Stream](#). These incentives provide direct financial assistance payments to doctors working in primary health care to encourage practice in rural and remote areas and support careers and workforce retention in these locations. The WIP-DS payment increases based on remoteness of practice and the length of time (years) a doctor remains providing eligible services. In contrast, the WIP-RAS Stream further rewards investment in specialist qualifications and advanced skills needed in rural and remote locations.

WIP-DS and WIP-RAS payments are in addition to any incentives available under the doctor's employment conditions with Queensland Health. HHS should consider including these incentives in their workforce marketing material to assist in attracting doctors who may also deliver primary care services in their communities.

2. WIP – Doctor Stream (WIP-DS)

Eligibility

The [WIP – Doctor Stream Guidelines \(effective 9 May 2025\)](#) set out the eligibility requirements, administrative framework and describe how WIP-DS payments are calculated and when they are paid.

Services Australia uses two systems to pay WIP-DS payments and some doctors may be eligible for payment under one and/or both of these:

- [Central Payment System \(CPS\)](#) – for doctors who bill the Medicare Benefits Schedule (MBS) for eligible primary care services
- [Flexible Payment System \(FPS\)](#) – for doctors who provide [eligible primary care services](#) and/or undertake eligible Rural Generalist (RG)/General Practitioner (GP) training under an approved training pathway that is not reflected in the MBS (see table below).

Doctors with a current eligible Medicare provider number must provide a minimum number of eligible primary care services and/or undertake eligible Rural Generalist (RG) or General Practitioner (GP) training under an approved training pathway in Modified Monash (MM) 3-7 locations for a minimum number of [active quarters](#).

For services to be included in WIP-DS payment calculations, doctors must use the correct Medicare provider number for the location where services are delivered such as the practice, hospital, or outreach location.

Non-vocationally registered (non-VR) doctors working in MM 3-7 locations who are not on an approved training pathway are also eligible, with payments at 80% of the value of WIP-DS annual incentive payments.

Doctors must add their bank account details specifically for the WIP-DS through [Health Professional Online Services \(HPOS\)](#) within 60 days (or they will lose their payment eligibility).

Alternate employment services eligible to apply for assessment under the FPS:

| Locations | Alternative employment |
|-----------|---|
| MM 1-2 | <ul style="list-style-type: none">• doctors on approved training pathways undertaking approved advanced training in MM 1-2 locations• Royal Flying Doctor Service (RFDS) doctors based in MM 1-2 locations are eligible to apply only for primary care services delivered in association with an overnight stay in MM 3-7 locations (either before or after) |
| MM 3-7 | <ul style="list-style-type: none">• doctors working for Aboriginal Medical Services or the RFDS based in MM 3-7 locations for all eligible primary care services or• doctors on approved training pathways in eligible RG/GP training (3GA) placements who are NOT billing MBS sufficiently to reflect their services |
| MM 6-7 | <ul style="list-style-type: none">• Commonwealth or State salaried medical practitioners providing primary care services |

Eligible primary care services

For CPS payments this includes:

- clinical services listed in the MBS under these sections Category 1 Professional attendances, Category 2 Diagnostic procedures and investigations, Category 3 Therapeutic procedures and Category 7 Cleft lip and palate services, and
- non-specialist telehealth services.

WIP-DS sessions

For FPS payments this is equivalent to the above listed services for CPS payments and must be in relation to direct clinical engagement with patients. Activity is captured in WIP-DS sessions where a session is an accumulated period of at least three (3) hours of eligible primary care services and/or eligible training with up to a maximum of two (2) sessions claimed per day.

Ineligible services

Optometry, dentistry, diagnostic imaging, pathology, and bulk billing incentive items are ineligible primary care services.

Services provided by salaried doctors (including locums) in MM 1-5 locations are also ineligible.

Non-Advanced Specialised Training (ACRRM) or Additional Rural Skills (RACGP) hospital-based training are ineligible under the FPS.

Active quarters

An active quarter is where the doctor meets the **minimum quarterly activity threshold** as follows:

- For CPS, billed at least \$6,000 of eligible MBS primary care services.
- For FPS, completed and approved for at least 21 [sessions](#) of at least 3 hours in primary care, or
- A combination of both CPS and FPS.

Note: Where a doctor does not bill enough [eligible MBS primary care services](#) to meet the \$6,000 per quarter threshold, they may be eligible to apply for the FPS.

Quarter – time periods used in determining eligibility for payments

| Quarters | Months |
|----------|-----------------------------|
| 1 | July, August, September |
| 2 | October, November, December |
| 3 | January, February, March |
| 4 | April, May, June |

Applying for WIP-DS

Doctors do NOT need to apply for WIP-DS payments made under the CPS.

Doctors may also be eligible to apply for 'top-up' payment through the FPS where the number of MBS services they have provided in a quarter is below the maximum automatic CSP payment available if they have also provided alternate employment sessions (see section 2 above). An FPS application must be completed within 6 months of receiving the CPS payment advice for the relevant quarter to capture the remaining eligible work.

A top up payment may also be claimed for excessive travel to outreach services in MM 6-7 locations, and sessions where the medical practitioner provides public health services or support to Aboriginal and Torres Strait Islander health workers and practitioners in Indigenous communities in MM 6-7 locations.

Applications for the FPS for alternative employment arrangements or special top-up provisions can be made by completing a [Workforce Incentive Program – Doctor Stream Flexible Payment application form](#). The form requires a handwritten signature and is intended to be completed manually. Completed forms should be sent to the State or Territory's Rural Workforce Agency (Health Workforce Queensland – E: wipds@healthworkforce.com.au T: 3105 7853). The form will record:

- the doctor's personal details and bank account
- the doctor's eligibility
- an activity record of sessions providing eligible (unbilled) MBS primary care services or undertaking approved training for each quarter
- evidence of GP training pathway approval (if required)
- supporting documentation.

Continuing obligations

Doctors:

- only need to meet the minimum activity requirements for a sufficient number of active quarters over the [reference period](#) to continue to receive incentive payments
- should ensure they submit timely Medicare claims for processing and payment within the relevant active quarter. WIP-DS payment calculations are based on the total MBS services processed by Services Australia in the relevant quarter, not the date of service. Backlogs in claims processing can cause a loss in the value of the incentive paid, or a gap in active quarters that will delay an incentive payment
- may wish to review their billings each quarter and consider applying for a top-up payment through the FPS if their CPS payment was less than the maximum available AND they performed additional alternate employment services that are not recorded in their MBS billings
- should also ensure their bank account details are updated in HPOS if they have changed their financial arrangements.

There are no certification requirements or annual declarations required.

Payments

Services Australia automatically calculates payments under the CPS once a doctor has completed the required number of active quarters qualifying for a payment. Services Australia will send a letter (available in HPOS) to the doctor requesting the doctor to provide their bank account details within 60 days for the payment.

FPS payments are made by Services Australia following assessment and approval of an FPS application (via Health Workforce Queensland).

At the completion of the required number of active quarters, Services Australia will calculate the payment value for four (4) active quarters and total this into a single payment. Payments are made proportionally to the value of active services billed and processed in each quarter or the number of sessions claimed through the FPS (see table below).

- For the CPS, a minimum of \$6,000 in MBS claims is required to complete an active quarter, whilst \$30,000 in MBS claims will generate the maximum payment for the quarter.
- For the FPS, a minimum of 21 sessions is required to complete an active quarter, whilst 104 sessions will generate the maximum payment for the quarter.

| Quarter | Level of Service (per quarter) | Payment |
|----------|--|------------------------|
| Active | <ul style="list-style-type: none">• Billing \$30,000 or more, OR• 104 alternate clinical or training sessions | Maximum payment |
| Active | <ul style="list-style-type: none">• Billing between \$6,000 and \$30,000 OR• Between 21 and 104 alternate clinical or training sessions | Proportional payment |
| Inactive | <ul style="list-style-type: none">• Billing less than \$6,000, OR• Less than 21 alternate clinical or training sessions | Ineligible for payment |

The WIP-DS payments depend on the doctor's location, year level in the program and vocational registered status.

Location

The doctor's work location determines which MM classification is used for calculating payments. Doctors on an approved training pathway placement in MM 1-2 locations, WIP-DS payments will be calculated under MM 3.

Qualifying reference periods

Doctors qualify for WIP-DS payments at different year levels based on their location.

| Doctor status for WIP-DS | Locations MM classification | Year level payments | After completing active quarters | Within reference period Years (quarters) |
|--------------------------|-----------------------------|---|----------------------------------|--|
| New | 3-5 | First payment made in year level 2 | 8 | 4 years (16 quarters) |
| New | 6-7 | First payment made in year level 1 | 4 | 2 years (8 quarters) |
| Continuing | 3-7 | Next payment made in next year level (and continues until year level 5 reached) | 4 | 2 years (8 quarters) |

Doctors:

- move to the next year level after completing four (4) or more active quarters within a two (2) year or 8 quarter period which means they may NOT move up to the next year level every year (12 months). Only active quarters count towards progressing to the next year level
- continue to move up the year level in the WIP-DS until year level 5 unless they have extended leave or inactivity.

Extended leave or activity effects on eligibility for payments

Periods of leave mean that the doctor's activity during that quarter will be lower, and they may NOT register an active quarter.

Doctors can be inactive for up to five (5) years for any reason without losing their accrued year level status however, they will NOT be eligible to receive WIP-DS payment for any period/s of leave.

Doctors that are inactive for six (6) years (or 24 quarters) and then become eligible again will restart the program as a new participant.

MM classifications used in WIP-DS payment calculations

Services Australia calculates payments for eligible services and/or sessions provided:

- before 1 April 2025 using [Modified Monash Model \(MMM\) 2019](#)
- from 1 April 2025 using [MMM 2023](#).

Maximum annual payments

The table below shows the maximum annual payment available to VR doctors and non-VR doctors on approved training pathways (3GA placements). The payment amount for the year level and MM location are the same regardless of whether the doctor has provided both CPS and FPS eligible services.

Non-VR doctors NOT on approved training working in MM 3-7 locations are eligible for 80 per cent of the full annual payment amount.

| Location (MM) | Year 1 | Year 2 | Year 3 | Year 4 | Year 5+ |
|---------------|----------|----------|----------|----------|----------|
| MM 3 | \$0 | \$4,500 | \$7,500 | \$7,500 | \$12,000 |
| MM 4 | \$0 | \$8,000 | \$13,000 | \$13,000 | \$18,000 |
| MM 5 | \$0 | \$12,000 | \$17,000 | \$17,000 | \$23,000 |
| MM 6 | \$16,000 | \$16,000 | \$25,000 | \$25,000 | \$35,000 |
| MM 7 | \$25,000 | \$25,000 | \$35,000 | \$35,000 | \$60,000 |

* Amounts correct as at May 2025

Doctors working in multiple MM locations

WIP-DS payments for doctors working across multiple MM classifications within an active quarter will be calculated starting with the most rural MM category and working backwards. If 100% of the maximum threshold is reached in the more rural MM categories, the less rural MM categories will not be included.

Illustrative example – WIP-DS CPS payment

Dr Chang is a salaried medical officer and has been working at a local hospital and a private general practice (part-time) for almost eight years. She provides general practice care in an MM5 location and conducts a weekly clinic in a nearby MM6 location. She has previously qualified for the WIP-DS for Year 4 and has just completed the following eligible billing in the 4 quarters:

| Quarter | MM5 | MM6 | Quarterly incentive value |
|---------|----------|---------|---|
| 1 | \$19,000 | \$3,000 | $[\$19,000/\$30,000 \times \$23,000/4] + [\$3,000/\$30,000 \times \$35,000/4] = \$4,516.67$ |
| 2 | \$33,000 | \$2,000 | $[\$28,000/\$30,000 \times \$23,000/4] + [\$2,000/\$30,000 \times \$35,000/4] = \$5,950.00$ |
| 3 | \$26,000 | \$3,000 | $[\$26,000/\$30,000 \times \$23,000/4] + [\$3,000/\$30,000 \times \$35,000/4] = \$5,858.33$ |
| 4 | \$21,000 | \$3,000 | $[\$21,000/\$30,000 \times \$23,000/4] + [\$3,000/\$30,000 \times \$35,000/4] = \$4,900.00$ |
| | | | Total WIP-DS payment = \$21,225.00 |

Note: that in quarter 2, the maximum number of total services exceeded the \$30,000

Opt out

Doctors can elect to opt out from WIP-DS at any time through the WIP-DS program tile in HPOS, or by sending an email to Services Australia at WIPDoctor@servicesaustralia.gov.au or calling 1800 222 032. Services Australia will send a confirmation of the election.

Doctors can opt in again later but will forfeit any active quarters during the opt out period.

Recoveries

Services Australia and the Australian Government Department of Health and Aged Care conduct audits to check eligibility and claims paid under the WIP-DS.

Payments under the WIP-DS made as a result of an administrative error or inappropriate claiming are subject to recovery action by the Department of Health and Aged Care. Supporting documentation should be retained for 6 years.

Taxation

Payments made under the WIP-DS are not subject to the Pay As You Go (PAYG) system. Recipients must declare incentive payments for tax purposes and are advised to seek advice from their financial adviser, accountant, or the Australian Taxation Office (ATO) regarding their own tax arrangements.

3. WIP – Rural Advanced Skills (WIP-RAS)

WIP-RAS payments are only available for the services delivered between 1 January 2023 to 31 December 2025.

The [WIP – Rural Advanced Skills Guidelines \(effective 8 April 2024\)](#) set out the eligibility requirements, administrative framework and describe how WIP-RAS payments are calculated and when they are paid.

Eligibility

To be eligible for WIP-RAS payments, doctors must be providing comprehensive MBS services in an MM 3-7 location; provide evidence of their eligible qualifications or advanced skills; and meet minimum primary care and specialist service thresholds.

- Doctors who are not working at least part time in primary care are ineligible
- Non-vocationally registered doctors who are not on an approved training pathway are ineligible
- Hospital based training and positions funded by the Australian Government in detention centres, defence facilities and the Antarctic are ineligible.

For clarity, doctors employed under a Single Employer Model for rural generalist training are eligible.

Eligible locations (MM 3-7) refers to the practice or outreach location where services are provided, not the practitioner or patient's address.

Primary care requirements

Doctors must provide comprehensive primary care services during the assessment period (12 months) to be eligible for a WIP-RAS payment. Primary care services must be delivered in a general practice, Aboriginal Community Controlled Health Service or Aboriginal Medical Service, or a small remote public hospital (in an MM 6-7 location).

A **roster** is a service period of four (4) hours or more in a 24-hour period. The minimum number of primary care rosters a doctor must complete to be eligible for the WIP-RAS depends on whether they are working full-time or part-time. A doctor working:

- less than 0.6 FTE is considered part-time, and practitioners must complete more than 48 rosters over the year to qualify for a payment.
- 0.6 FTE or more is considered full-time, and practitioners must complete more than 96 rosters over the year to qualify for a payment.

Stream 1 – Emergency Medicine

To be able to claim payments under the emergency medicine stream, doctors must deliver emergency medicine services in a hospital, Medicare Urgent Care Clinic or Multi-Purpose Service in a MM 3-7 location. Qualifying periods include rostered time on an emergency management on-call service.

Doctors are also eligible if they are available for in-person attendances after hours in rural and remote communities which does not have a hospital within 50kms.

Each application will require verification from HHS or local PHN to support the levels claimed.

Stream 2 – Advanced Skills

Advanced skills and qualifications are set out in the [WIP-RAS Guidelines](#), which (as at June 2025) includes accredited training in Adult Internal Medicine, Anaesthesia, First Nations Health, Mental Health, Obstetrics and Gynaecology, Paediatrics and Child Health, Palliative Care, Remote Medicine, Small Town Rural General Practice, and Surgery.

The application requires a copy of the certificate of completion of eligible training from the RACGP or ACRRM, together with a written declaration from the hospital to confirm the doctor is credentialed at the facility. Doctors relying on greater than 12-months experience working in First Nations Health or Mental Health require written documentation that shows they have met the prior experience threshold.

Advanced skills delivered in a primary care setting are eligible providing these form part of a planned advanced skills specific roster (such as a regular mental health clinic). Non-procedural advanced skills are NOT eligible when conducted as part of a regular primary care service except for services delivered by an ACCHO, AMS or where more than 70 percent of the population are First Nations people. These services can be claimed as either a primary care or advanced skill roster (but not both).

Each application requires documentation from the HHS (employer) or local PHN to support the levels claimed.

Applying for WIP-RAS

Doctors can apply for either or both streams for which they are eligible and have met threshold service levels (eligible rosters).

Applications can be made for any 12-month period between 1 January 2023 and 31 December 2025. All applications must be submitted by 31 March 2026.

An application can be submitted for the period as soon as the required thresholds have been met (they do not need to wait for the 12-month period to be completed).

Applications can be made online via the Department of Health and Aged Care:

- [Stream 1: Emergency Medicine](#)
- [Stream 2: Advanced Skills](#)

Payments

WIP-RAS payments are made directly to the doctor, and they must nominate a bank account registered through the WIP-RAS program tile in the HPOS system. It is the doctor's responsibility to ensure that their bank account details are up to date within HPOS.

The payments are based on the location in which the doctor is practising (MM 3-7) and the number of completed emergency medicine or advanced skills rosters they deliver during a 12-month period. The maximum payment for a 12-month period for each stream is \$10,500 (see table below).

Doctors may be eligible for a payment in relation to **both** the emergency medicine and the advanced skills streams (requiring a separate application for each stream). This increases the potential maximum payment to \$21,000 for a 12-month period.

| | Payment Level A | Payment Level B | Payment Level C |
|--------|---|---|---|
| | - 11 emergency/emergency after hours rosters OR - 11 advanced skills rosters | - 22 emergency/emergency after hours rosters OR - 22 advanced skills rosters | - 48 emergency/emergency after hours rosters OR - 48 advanced skills rosters |
| MM 3 | \$4,000 | \$4,000 | \$4,000 |
| MM 4-5 | \$5,000 | \$7,500 | \$9,500 |
| MM 6-7 | \$9,000 | \$10,500 | \$10,500 |

Following assessment by the Health Workforce Queensland, Services Australia processes the WIP-RAS payment sending a payment advice to the doctor (via the HPOS mailbox).

Doctors working in multiple MM locations

Doctors can claim rosters for work performed in different MM locations however, payments are NOT pro-rated between locations. Where the doctor does NOT complete the threshold number of rosters in a more remote location, these will be added to the next lesser remote area. Doctors will be paid at the highest level for which they qualify for payment.

Illustrative example – WIP-RAS payment

Dr Samarah is a relieving rural generalist who worked across several general practices between April 2004 and March 2005. Working full-time, he completed 99 primary care rosters and also completed 12 eligible emergency management rosters in an MM5 location, 44 in an MM6 location and 11 in an MM7 location (67 in total).

- Dr Samarah qualifies for a Level C payment, completing more than 48 emergency medicine rosters
- Dr Samarah did NOT complete sufficient rosters in an MM 7 location, so these are added to the MM6 rosters to achieve qualifying service (11 + 44 = 55 rosters) and receives payment of **\$9,500**

Compliance and Recoveries

Services Australia and the Australian Government Department of Health and Aged Care conduct audits to check eligibility and claims paid under the WIP-RAS.

Payments under the WIP-RAS made as a result of an administrative error or inappropriate claiming are subject to recovery action by the Department of Health and Aged Care. Supporting documentation should be retained for 6 years.

Taxation

Payments made under the WIP-RAS are not subject to the Pay As You Go (PAYG) system. Recipients must declare incentive payments for tax purposes and are advised to seek advice from their financial adviser, accountant, or the Australian Taxation Office (ATO) regarding their own tax arrangements.

4. 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 eLearning programs include:

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

A WIP-RAS webinar was launched in January 2024 and discusses more information on the incentive program, its eligibility and how to apply for payments.

- [Workforce Incentive Program – Rural Advanced Skill - Webinar](#)

The Department of Health and Aged Care website includes further resources, including:

- [Workforce Incentive Program – Rural Advanced Skills – Frequently asked Questions](#)
- [Workforce Incentive Program – Rural Advanced Skills – Fact sheet](#)

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