



Workforce Incentive Program

Questions and Answers

What is the Workforce Incentive Program?

The Workforce Incentive Program (WIP) is part of the Australian Government's Stronger Rural Health Strategy.

The WIP will provide targeted financial incentives to encourage doctors to deliver eligible primary health care services in regional, rural or remote areas that have difficulty attracting and retaining doctors. The WIP will also provide financial incentives to support eligible general practices to engage the services of nurses, Aboriginal and Torres Strait Islander Health Workers and Health Practitioners and allied health professionals.

The WIP will assist general practices to engage allied health professionals and support doctors to practise in non-metropolitan areas.

Funding under the WIP will be available in two streams:

- The Practice Nurse Incentive Program (PNIP) will transition to the WIP-Practice Stream, where payments will be made directly to practices;
- The General Practice Rural Incentives Program (GPRIP) will transition to the WIP-Doctor Stream, where payments will be made directly to doctors.

The WIP-Practice Stream will provide incentives to support all eligible general practices to engage the services of nurses, Aboriginal and Torres Strait Islander Health Workers and Health Practitioners and a range of allied health professionals.

The WIP-Doctor Stream will provide targeted financial incentives to encourage doctors to deliver eligible primary health care services in regional, rural or remote areas that have difficulty attracting and retaining doctors.

When will the WIP commence?

In early 2020, the WIP will replace the Practice Nurse Incentive Program (PNIP) and the General Practice Rural Incentives Program (GPRIP). The implementation of the WIP was deferred from July 2019 to allow practices more time to adjust their business models in response to changes to the geographical classification system.

Commencement dates are:

- WIP - Doctor Stream on 1 January 2020;
- WIP - Practice Stream on 1 February 2020.

These dates align with existing payment quarters and allow a smooth transitioning to the WIP.

Why is the WIP being introduced?

The WIP better targets incentives to address workforce requirements in specific areas giving patients in rural, regional and remote areas improved access to quality medical, nursing and allied health services.

The Australian Government needs to attract not just doctors to rural areas but also nurses, allied health professionals and Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. These health professionals will be a key part of the modern general practice health care team, delivering team-based and multidisciplinary care to ensure people with chronic and complex conditions receive the support they need.

WIP-Doctor Stream – What is changing?

From 1 January 2020, the rural classification system used to determine eligibility for a number of health programs will change. These changes are necessary to ensure that metropolitan areas no longer access incentives intended for rural and remote Australia.

The WIP will use the updated Modified Monash Model (MMM) 2019.

Some locations will change classification under the MMM 2019. Participants should be mindful that eligibility and payment rates may change under the WIP if services are provided in areas that change classification.

What is not changing under the WIP-Doctor Stream?

- Maximum incentive payment levels currently provided to doctors under the GPRIP will continue under the WIP-Doctor Stream.
- Eligible doctors in Modified Monash (MM) 3-7 locations can receive a maximum annual payment of between \$4,500 and \$60,000.
- Eligibility requirements for the WIP-Doctor Stream will remain the same as those under the current GPRIP.

WIP-Practice Stream – What is changing?

The following key changes will occur as the PNIP transitions to the WIP-Practice Stream:

- Geographical classification will move from the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) to the Modified Monash Model (MMM) 2019;
- Practices within Modified Monash 3-7 locations will be eligible for a rural loading, with different levels of rural loading applied depending on the rurality of the practice;
- Practices in all locations will be able to engage allied health professionals. The restriction to engage allied health professionals in Urban Areas of Workforce Shortage will be removed;
- Nurse Practitioners and pharmacists (non-dispensing) will be included as eligible health professionals; and
- The accreditation assistance payment of \$5,000 per practice will no longer apply.

What is not changing under the WIP-Practice Stream?

- Incentives will continue to be paid quarterly and directly to participating practices.
- Registered Nurses, Enrolled Nurses and Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are eligible health professionals that can be engaged in all locations.
- Allied health professionals currently eligible to participate in the PNIP will continue to be eligible.
- Aboriginal Medical Services and Aboriginal Community Controlled Health Services will continue to receive up to 50% loading on their Standardised Whole Patient Equivalent (SWPE) value – a measure of practice size.
- Maximum incentive payment levels are not changing.

How will WIP-Practice Stream funding be allocated to practices?

WIP-Practice Stream incentive payments will be paid directly to participating practices four times per year. The payment a practice receives depends on the size of the practice, the type of eligible health professional/s engaged, number of hours health professionals have worked over the quarter, type of practice and the practice location.

- The Standardised Whole Patient Equivalent (SWPE) is a measure of practice size. The SWPE value is based on Medicare Benefits Schedule (MBS) billed care provided by all general practitioners in a practice. The maximum incentive is capped at 5000 SWPE.
- The type of health professional/s and the hours they have been engaged must be confirmed by practices each quarter. Different incentive amounts apply to different health professionals. To receive full incentives a minimum hours of engagement applies.
- Aboriginal Medical Services and Aboriginal Community Controlled Health Services will receive an additional loading of up to 50% on their SWPE.
- Practices located in Modified Monash 3-7 will be eligible for a rural loading to be applied in addition to the incentive payment. Different levels of rural loading will apply depending on the rurality of the practice.

What practices are eligible to participate in the WIP-Practice Stream?

General practices, Aboriginal Medical Services and Aboriginal Community Controlled Health Services in all locations may be eligible to participate in the WIP-Practice Stream. Full eligibility requirements will be outlined in the WIP Guidelines and include: general practice accreditation requirements; employment of a general practitioner; engagement of an eligible health professional; and professional indemnity and public liability insurance requirements.

Will all practices be eligible for the maximum incentive payment?

The maximum incentive payment is \$125,000 and an additional rural loading for practices located in Modified Monash 3-7 locations. Different levels of rural loading will apply depending on the rurality of the practice.

Not all practices will be eligible for the maximum incentive payment.

Practices that may not be eligible to receive the maximum incentive payment include:

- smaller practices with less than five full time equivalent general practitioners;
- practices that engage health professionals for less than the minimum hours required; and
- practices that opt to engage health professionals that receive a lower incentive payment.

For example, a small practice with the equivalent of two full time general practitioners may be eligible to receive approximately \$50,000 per annum provided that a registered nurse and/or allied health professional are engaged for at least 25 hours and 20 minutes per week.

What practices are eligible to receive a rural loading?

Attracting many professions into rural and regional areas can be difficult. People in remote and very remote communities still have access to fewer services than people living in other areas of Australia. A rural loading is applied on top of WIP-Practice Stream incentive payments in recognition of the difficulties rural and regional areas face attracting and retaining health professionals.

From 1 January 2020, the rural classification system used to determine eligibility for a number of health programs will change. These changes are necessary to ensure that metropolitan areas no longer access incentives intended for rural and remote Australia.

The WIP will use the updated Modified Monash Model (MMM) 2019.

All practice locations will be eligible for WIP-Practice Stream payments. Practices in MM3-7 will be eligible for the following rural loadings.

Modified Monash Model 2019	Rural loading
MM3	20%
MM4	30%
MM5	30%
MM6	50%
MM7	50%

What does ‘engage/employ’ the services of a health professional mean?

There are a number of ways a general practice can engage the services of:

- allied health professionals;
- nurses;
- Aboriginal and Torres Strait Islander Health Workers and Health Practitioners.

The arrangement between the health professional and a participating practice for the provision of services to the practice can be either through contracted, casual or other means.

What health professionals are eligible under the WIP-Practice Stream?

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

- nurse practitioners
- registered nurses
- enrolled nurses
- Aboriginal and Torres Strait Islander Health Workers
- Aboriginal and Torres Strait Islander Health Practitioners
- allied health professionals
 - audiologists
 - chiropractors
 - diabetes educators
 - dietitians/nutritionists
 - exercise physiologists
 - occupational therapists
 - orthoptists
 - orthotists/prosthetists
 - osteopaths
 - pharmacists (non-dispensing role)
 - physiotherapists
 - podiatrists
 - psychologists
 - social workers
 - speech pathologists

Will the incentive payment cover the full cost of engaging an eligible health professional?

The incentive payment does not cover the full cost of engaging an eligible health professional. The WIP-Practice Stream incentive is to support or assist general practices with the cost of engaging nurses, Aboriginal and Torres Strait Islander Health Workers and Health Practitioners and eligible allied health professionals.

The maximum incentive payment of \$125,000 only applies to a practice with a SWPE of 5000 or more and requires eligible health professionals to be engaged for a combined minimum of 63 hours and 20 minutes per week i.e. it is to support the arrangements of engaging more than one full time equivalent eligible health professional.

Why is all the funding going to general practices rather than other primary health care services?

The measure will support general practices to provide team-based and multidisciplinary models of primary health care to help meet the increasingly complex health needs of older people and people living with chronic and complex conditions.

The WIP aims to help provide the right mix of qualified health professionals in the right place at the right time to deliver high quality health care.

How will practices decide which type of health professional to engage?

Practices should consider the needs of their community when determining which health professional or combination of health professionals to engage.

Each eligible practice will have the discretion to decide which health professional or combination of health professionals to engage based on local need. These arrangements provide flexibility to address gaps in the availability and/or accessibility of particular health services. They also enable collaborative arrangements with existing allied health services.

For example gaps could include:

- where particular health services are not available in the community; or
- there is no or limited access to a health service in the community or access for particular community members; and/or
- where disadvantaged community members cannot afford available private services.

How will private businesses be impacted by the WIP-Practice Stream?

It is envisaged that these new arrangements would enable collaborative arrangements between a general practice and existing allied health services in a community where this meets an identified gap in access to services. The WIP provides an opportunity to complement or strengthen existing services rather than replace or duplicate them. For example this may include contracting with existing allied health services already operating within the community.

Expanding eligibility to allied health professionals in all locations enables practices to provide opportunity for local health services to diversify what, where and how services are provided to better meet community need.

Practices will have the flexibility to decide how to engage eligible health professionals either by directly engaging or otherwise retaining services, such as through contractual arrangements.

Practices may opt to engage one or a combination of health professionals based on community need.

For example, based on community need a practice could:

- employ a nurse to work specified hours per week at the practice; and/or
- engage a local allied health professional in private practice to provide services one day per week to community members who cannot afford private practice services; and/or
- engage a nurse or allied health professional, relative to their clinical skills, to provide group based education sessions for particular community members such as diabetes education.

How will the additional funding allocated to the WIP be used?

Funding of \$181.9 million over four years is being provided for the WIP in addition to existing funding of approximately \$460 million per annum for the PNIP and GPRIP. The funding takes into account increased growth in the number of practices participating in the program, the inclusion of allied health professionals more broadly across Australia and funding required to build IT systems to support the program.

Are there changes to eligibility for Aboriginal Medical Services / Aboriginal Community Controlled Health Services?

There are no changes. Aboriginal Medical Services and Aboriginal Community Controlled Health Services will continue to receive an additional loading of up to 50% on their Standard Whole Patient Equivalent.

Are Medicare Benefit Schedule (MBS) services eligible under the WIP-Practice Stream?

Some services will not be eligible to receive payments under the WIP. Practices that engage the services of an allied health professional, Aboriginal and Torres Strait Islander Health Worker and Health Practitioner with their own provider number are not eligible for WIP incentives for any time those health professionals spend on the relevant Medicare Benefit Schedule 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 and Aboriginal and Torres Strait Islander Health Practitioners, or allied health professionals through the Department of Health.

Key dates for WIP implementation

WIP-Doctor Stream

1 January 2020	WIP-Doctor Stream policy will apply.
February 2020	Last payment under the GPRIP will occur for those practitioners who become eligible for a payment at the end of Quarter 2 (October to December 2019).
April/May 2020	First payment under the WIP-Doctor Stream will occur for practitioners who become eligible for a payment at the end of Quarter 3 (January to March 2020).

WIP-Practice Stream

31 January 2020	PNIP accreditation assistance payment will cease.
1 February 2020	WIP-Practice Stream policy will apply. All practices across Australia can engage eligible allied health professionals. Newly eligible health professionals include nurse practitioners and pharmacists (non-dispensing role).
February 2020	Last payment under the PNIP (for 1 November to 31 January 2020).
2 March 2020	Transition of PNIP to WIP will be visible online.
May 2020	First payment quarter under the WIP-Practice Stream (for 1 February 2020 to 30 April 2020) and new rural loadings will apply.

Want further information?

More information on the Workforce Incentive Program is available at:

www.health.gov.au/workforceincentiveprogram