STRONGER RURAL HEALTH STRATEGY
Workforce Incentive Program

FACTSHEET

Stronger Rural Health Strategy
The Australian Government’s Stronger Rural Health Strategy is an historic 10-year plan to meet current and future health workforce challenges. It represents the largest overhaul of Australia’s health workforce in decades. It is intended to meet the challenge of redistributing the workforce across regional, rural and remote Australia, beyond the cities and metropolitan areas. The Strategy includes incentives, targeted funding, bonding arrangements and more opportunities to train and practice in rural and remote Australia.

Workforce Incentive Program (WIP)
Under the 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.

From 1 January 2020, the WIP will replace the Practice Nurse Incentive Program (PNIP) and the General Practice Rural Incentives Program (GPRIP).

Funding under the WIP will be available in two streams:
- The PNIP will transition to the WIP-Practice Stream, where payments will be made directly to practices;
- The GPRIP will transition to the WIP-Doctor Stream, where payments will be made directly to doctors.

Better targeting of incentives
While there is an oversupply of doctors in some urban areas of Australia, there are shortages, particularly in regional, rural and remote areas. The Australian Government needs to attract not just doctors to rural areas but also allied health professionals, nurses, and Aboriginal Health Workers and Health Practitioners to better manage patients with complex and chronic conditions.

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

Funding for the WIP aims to strengthen team-based and multidisciplinary models of care enabling collaborative arrangements to be put in place that will better support community needs.
WIP commencement date
The WIP will commence on 1 January 2020. General practices and doctors participating in the PNIP and the GPRIP on 31 December 2019 will automatically transition to the WIP.

The Department of Health and the Department of Human Services (Human Services) are working together on the transition to the WIP and to support administrative system changes.

From 1 January 2020, updated payment structures will be in place. In future years, the Department of Health will also conduct regular program evaluations to measure outcomes of the new program.

PNIP transition to the WIP-Practice Stream
The following changes will occur in the transfer from PNIP to the WIP-Practice Stream:
- The Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) will be replaced by the Modified Monash Model (MMM).
- Practices within Modified Monash 3-7 will be eligible for a rural loading. Different levels of rural loading will apply depending on rurality of the practice.
- Practices in all locations across Australia will be able to engage allied health professionals, not just in Urban Areas of Workforce Shortage.
- The accreditation assistance payment of $5,000 per practice will no longer apply.

GPRIP transition to the WIP-Doctor Stream
Workforce incentives currently provided to doctors under the GPRIP will continue under the WIP.

Modified Monash Model (MMM)
- The MMM is a classification system that categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and population size.
- Further information on MMM geographic classification and to check the location of a general practice or doctor is available at doctorconnect.gov.au

WIP Program Eligibility
Practice Stream
Eligibility requirements for the WIP-Practice Stream will be similar to those under the PNIP with the following change:
- a practice may engage the services of an eligible practice nurse, Nurse Practitioner, allied health professional (including pharmacists (non-dispensing)), Aboriginal and Torres Strait Islander Health Worker or Aboriginal and Torres Strait Islander Health Practitioner or a combination of these health professionals.

Doctor Stream
Eligibility requirements for the WIP-Doctor Stream will remain the same as those under the GPRIP.

Incentive payments
Around 5,000 practices and more than 7,000 doctors will be eligible for incentive payments under the WIP. The incentive funding will strengthen team-based and multidisciplinary primary care and support practices to engage the services of allied health professionals, including pharmacists (non-dispensing), in all locations.
Practice Stream

- An eligible practice will be able to receive incentive funding to support the engagement of an eligible health professional.
- The incentive payment for the WIP-Practice Stream will be calculated in a similar way as currently exists under the PNIP. The incentive payment amount depends on the practice Standard Whole Patient Equivalent (SWPE) value (a measure of practice size and patient demographic), and the hours worked by the health professionals at the practice. Eligible practices can receive incentive payments up to $125,000 per year.
- Payments will be made directly to participating practices, similar to current arrangements for the PNIP.
- Practices located in Modified Monash (MM) 3-7 will be eligible to receive a rural loading of up to 50% in addition to the incentive payment depending on the rurality of the practice. For example a general practice in an MM4 location with a SWPE of 3000 would be eligible to receive an incentive payment up to $75,000 and an additional rural loading.
- Incentive payments under the WIP will be paid into nominated bank accounts after the participant has submitted their Quarterly Confirmation Statement (QCS). Human Services will process the QCS and calculate the incentive payment amounts. Practices that receive a rural loading may find that amounts change with the move from ASGC-RA to the MM geographical classification.

Doctor Stream

- The incentive payment under the Doctor Stream will be calculated as it is under the GPRIP. Calculation of payments is based on activity levels within eligible locations and the length of time a doctor has been on the program.
- Payments will be made directly to doctors, similar to current arrangements for the GPRIP.
- Eligible doctors located in MM 3-7 can receive an annual payment of between $4,500 and $60,000.
- For example, Ceduna, South Australia, is classified as a MM 7 location. The maximum WIP incentive available to doctors in Ceduna is $60,000.
- There are two payment systems used for the GPRIP. The Central Payment System (CPS) is for doctors that bill Medicare for eligible services and the Flexible Payment System (FPS) is for doctors that provide eligible services and/or training not reflected in the Medicare Benefits Schedule.
- All continuing doctors in the GPRIP under the CPS component will continue to be eligible for a payment on completion of four active quarters within an eight quarter period.
- Participants in the GPRIP under FPS component need to continue to apply directly to the Rural Workforce Agency (RWA) in their state or the Northern Territory in which they provide the majority of services for the WIP.

WIP Program Guidelines

WIP Program Guidelines are being developed and will be available prior to 1 January 2020. The guidelines will contain detailed information about how the WIP will operate for the Practice Stream and Doctor Stream. Each stream will identify eligibility requirements, how incentive payments are calculated and rural loadings applied. The WIP Program Guidelines will be available on the Department of Health website.

Further information

Further information and updates for incentive programs will be made available on the Department of Health’s website at www.health.gov.au or on the Human Services website at www.humanservices.gov.au prior to 1 January 2020.