

Effectiveness Review of General Practice Incentives

Stakeholder engagement survey preview

November 2023

Section 2 Workforce Incentive Program

The Workforce Incentive Program has 3 streams.

The Doctor Stream provides incentives for doctors to provide primary care services in rural locations (MMM 3-7).

The Practice Stream supports general practices in all locations to employ nurses, Aboriginal and Torres Strait Islander health professionals, and allied health professionals, including non-dispensing pharmacists. The Practice Stream includes rural loading for practices in MMM 2-7 locations.

The Rural Advanced Skills payment rewards General Practitioners and Rural Generalists providing primary care and advanced skills services in rural and remote locations (MMM 3-7). Payments for the Rural Advanced Skills incentive are available from January 2024.

This section will explore:

- WIP Practice Stream
- WIP Doctor Stream
- WIP Rural Advanced Skills payment

Screening questions

Do you wish to answer questions concerning the Workforce Incentive Program (WIP)?

Note: If you select 'No', you will skip all questions about the Workforce Incentive Program.

- Yes
- No

Have you or your practice received, or considered applying for, a Workforce Incentive Program (WIP) payment?

- Yes
- No
- N/A
- Unsure

WIP Practice Stream

Do you want to answer questions about the WIP-Practice Stream

- Yes
- No

Note: If you select 'No', you will skip all questions about the WIP-Practice Stream.

Have you or your practice received, or considered applying for, the Workforce Incentive Program (WIP) Practice Stream payment?

- Yes
- No
- N/A
- Unsure

The Practice Stream provides financial incentives to assist eligible general practices in all MMM locations with the cost of engaging nurses, allied health professionals, and/or Aboriginal and Torres Strait Islander health workers and practitioners, as a part of a multidisciplinary team. A rural loading applies to practices located in MMM 3-7. When a practice participates in the Practice Stream, it must report to Services Australia with the detail of the health professionals it is engaging under the program and their average weekly hours over the reporting quarter.

To answer each question, please select one number on the scale, where (1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; (5) Strongly Agree.

The WIP Practice Stream payment has enabled me/my practice to hire more nursing staff to work in multidisciplinary teams.

1	2	3	4	5
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Hiring this professional has allowed me/my practice to change serviced delivery approaches and improve patient access to care.

1	2	3	4	5
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The WIP Practice Stream payment has enabled me/my practice to hire more allied health staff to work in multidisciplinary teams.

1	2	3	4	5
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Hiring this professional has allowed me/my practice to change serviced delivery approaches and improve patient access to care.

1	2	3	4	5
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The WIP Practice Stream payment has enabled me/my practice to hire more Aboriginal and Torres Strait Islander health staff to work in multidisciplinary teams.

1	2	3	4	5
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Hiring this professional has allowed me/my practice to change serviced delivery approaches and improve patient access to care.

1	2	3	4	5
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The WIP Practice Stream payment has led to changes in the models of care that my practice uses.

1	2	3	4	5
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I/my practice understands the program requirements of the WIP Payment Stream.

1	2	3	4	5
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Administrative processes and reporting requirements for the WIP Practice Stream are clear and user-friendly.

1	2	3	4	5
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Administrative processes and reporting requirements are worth the benefit to me/my practice.

1	2	3	4	5
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Any concerns or difficulties I have with this payment can be easily raised and resolved with Government.

1	2	3	4	5
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WIP Practice Stream payment is structured in a way which is sustainable for general practices to continue to receive and to meet ongoing reporting requirements.

1	2	3	4	5
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General practices can sustain the employment of a diverse range of primary health professionals in multidisciplinary teams **without** the incentives provided by the WIP Practice Stream.

1	2	3	4	5
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The value of the incentive encourages me/my practice to change service delivery approaches and improve patient access to care.

1	2	3	4	5
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Additional comments (optional – up to 500 words):

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WIP Doctor Stream

Do you want to answer questions about the WIP-Doctor Stream

- Yes
- No

Note: If you select 'No', you will skip all questions about the WIP-Doctor Stream.

Have you or your practice received, or considered applying for, the WIP-Doctor Stream payment?

- Yes
- No
- N/A
- Unsure

The Doctor Stream promotes careers in rural medicine by giving doctors financial incentives to provide primary care services in rural, and remote (MMM 3-7) communities. The WIP Doctor Stream provides direct payments to doctors who deliver eligible services in eligible locations over at least four active quarters. Eligible services are based on the doctor's physical practice location or outreach location, not the patient location.

Do doctors in my practice receive WIP Doctor Stream payments through:

- The Automated Central Payment System
- The Manual Flexible Payment System
- Unsure

To answer each question, please select one number on the scale, where (1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; (5) Strongly Agree.

Impact

The WIP Doctor Stream payment has enabled me/my practice to hire more GPs to provide increased services in rural and remote communities.

1	2	3	4	5
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The WIP Doctor Stream payment has encouraged me/doctors to practice in rural and remote communities.

1	2	3	4	5
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The WIP Doctor Stream payment has encouraged me/doctors to practice for a longer period of time in rural and remote communities.

1	2	3	4	5
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The WIP Doctor Stream payment supports the viability for me/doctors to deliver primary care services outside of metropolitan and large regional centres.

1	2	3	4	5
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Administrative processes and eligibility requirements for the WIP Doctor Stream are appropriate and user-friendly.

1	2	3	4	5
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Administrative requirements are worth the benefit to me/my practice.

1	2	3	4	5
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Any concerns or difficulties I have with this payment can be easily raised and resolved with Government.

1	2	3	4	5
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The WIP Doctor Stream payment is structured in a way which is sustainable for me/my practice to continue to receive and to meet ongoing reporting requirements.

1	2	3	4	5
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Doctors can sustain the delivery of primary care in rural and remote areas **without** the incentives provided by the WIP Doctor Stream.

1	2	3	4	5
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Additional comments (optional – up to 500 words):

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WIP Rural Advanced Skills Payment

Do you want to answer questions about the WIP-Rural Advanced Skills Payment

- Yes
- No

Note: If you select 'No', you will skip all questions about the WIP-Rural Advanced Skills Payment.

Have you or your practice or considered applying the WIP-Rural Advanced Skills payment?

- Yes
- No
- N/A
- Unsure

The Rural Advanced Skills payment is a new annual incentive payment for General Practitioners and Rural Generalists providing primary care and advanced skills services in rural and remote communities (Modified Monash Model (MMM) 3-7 locations). There are two payment streams: Emergency Medicine and Advanced Skills. Payments will commence from 1 January 2024, recognising services delivered during 2023, 2024 and 2025.

Advanced skills include:

- Adult internal medicine
- Anaesthesia
- First Nations Health
- Mental Health
- Obstetrics and Gynaecology
- Paediatrics and Child Health
- Palliative Care
- Remote Medicine
- Surgery

To answer, please select one number on the scale, where (1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; (5) Strongly Agree

The WIP Rural Advanced Skills Guidelines are easy to understand.

1	2	3	4	5
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The WIP Rural Advanced Skills Payment provides sufficient additional reward for doctors with advanced skills working in rural and remote locations.

1	2	3	4	5
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The WIP Rural Advanced Skills payment will encourage doctors in my practice to increase or amend their service offering to meet the minimum eligibility for the emergency stream.

1	2	3	4	5
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The WIP Rural Advanced Skills payment will encourage doctors in my practice to increase or amend their service offering to meet the minimum eligibility for the advanced skill stream.

1	2	3	4	5
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The WIP Rural Advanced Skills payment will encourage doctors in training to consider a career in rural medicine or increase their training to meet the needs of rural communities.

1	2	3	4	5
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Administrative processes and reporting requirements for the WIP Rural Advanced Skills payment are clear and user-friendly.

1	2	3	4	5
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Administrative processes and reporting requirements are worth the benefit to me/my practice.

1	2	3	4	5
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Doctors in my practice will **not** change their service delivery arrangements for the eligible payment amount over a three-year period.

1	2	3	4	5
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Section 3 Practice Incentives Program

The Practice Incentives Program has three streams covering eight incentives. The Quality stream focuses on general quality improvement, Indigenous health, and preventative models of care. The Capacity stream aims to expand access to general practice across the population and includes the Teaching Payment. The Rural Support Stream promotes general practitioner upskilling and encourages service provision outside metropolitan areas.

This section will explore:

- **PIP Quality Stream**
 - Indigenous Health Incentive
 - Quality Improvement Incentive
- **PIP Capacity Stream**
 - After Hours Incentive
 - GP Aged Care Access Incentive
 - eHealth Incentive
 - Teaching Payment
- **PIP Rural Support Stream**
 - Procedural GP Payment
 - Rural Loading Incentive

Screening questions

Do you wish to answer questions concerning the Practice Incentives Program (PIP)?

Note; if you select 'No', you will skip all questions about the Practice Incentives Program.

- Yes
- No

Have you or your practice received, or considered applying for, a Practice Incentives Program (PIP) payment?

- Yes
- No
- Unsure

PIP Quality Stream

PIP Indigenous Health Incentive

Do you want to answer questions about the PIP Indigenous Health Incentive?

- Yes
- No

Note: If you select 'No', you will skip all questions about the PIP Indigenous Health Incentive.

Have you or your practice received, or considered applying for, the PIP Indigenous Health Incentive?

- Yes
- No
- N/A
- Unsure

The Indigenous Health Incentive supports general practices, Aboriginal and Torres Strait Islander medical services, and Aboriginal Community Controlled Health Services (ACCHSs) to provide better health care for Aboriginal and Torres Strait Islander patients, with specific attention to best practice management of chronic diseases and mental health.

To answer each question, please select one number on the scale, where (1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; (5) Strongly Agree.

The Indigenous Health Incentive has enabled me/my practice to provide better care for Aboriginal and Torres Strait Islander patients.

1	2	3	4	5
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The Indigenous Health Incentive has encouraged me/my practice to develop and implement culturally safe models of care for Aboriginal and Torres Strait Islander patients.

1	2	3	4	5
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The Indigenous Health Incentive is effective in supporting better health care for Aboriginal and Torres Strait Islander patients.

1	2	3	4	5
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The Indigenous Health Incentive is an effective funding model that encourages practices to deliver better healthcare for Aboriginal and Torres Strait Islander patients.

1	2	3	4	5
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I/My practice is aware of the payment value for the Indigenous Health Incentive.

1	2	3	4	5
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I/My practice is aware of what activity the practice or GP has to undertake to receive and maintain the payment.

1	2	3	4	5
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I/My practice passes on part or all of the incentive payment to GPs/other practitioners.

1	2	3	4	5
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Administrative processes and eligibility requirements for the Indigenous Health Incentive are appropriate and user-friendly.

1	2	3	4	5
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Administrative requirements are worth the benefit to me/my practice.

1	2	3	4	5
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Any concerns or difficulties I have with this payment can be easily raised and resolved with Government.

1	2	3	4	5
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The Indigenous Health Incentive is structured in a way which is sustainable for general practices to continue to receive and to meet ongoing reporting requirements.

1	2	3	4	5
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General practices can sustain the delivery of best practice management of chronic diseases and mental health supports for Aboriginal and Torres Strait Islander patients **without** the payments provided by the Indigenous Health Incentives.

1	2	3	4	5
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Additional comments (optional – up to 500 words):

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PIP Quality Stream

PIP Quality Improvement Incentive

Do you want to answer questions about the PIP Quality Improvement Incentive?

- Yes
- No

Note: If you select 'No', you will skip all questions about the PIP Quality Improvement Incentive.

Have you or your practice received, or considered applying for, the PIP Quality Improvement Incentive?

- Yes
- No
- N/A
- Unsure

The Quality Improvement Incentive provides payments to general practices that participate in quality improvement activities to improve patient outcomes and deliver best practice care. Activities include screenings and other elements of preventative models of care, along with health data collection.

To answer each question, please select one number on the scale, where (1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; (5) Strongly Agree.

The Quality Improvement Incentive has led me/my practice to improve patient outcomes (including for patients with chronic disease).

1	2	3	4	5
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The Quality Improvement Incentive is effective in driving the adoption of best practice models of care.

1	2	3	4	5
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The Quality Improvement Incentive has enabled me/my practice to change service delivery approaches. *For example performing more preventative screenings and/or primary health data collection and analysis.*

1	2	3	4	5
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The Quality Improvement Incentive is effective in driving the adoption of health data collection for the purposes of quality improvement.

1	2	3	4	5
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The Quality Improvement Incentive has led me/my practice to improve data-informed decision-making.

1	2	3	4	5
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The data my practice provides to the PHN is used effectively by the PHN to support data-informed quality improvement in my practice.

1	2	3	4	5
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I/My practice is aware of the payment value for the Quality Improvement Incentive.

1	2	3	4	5
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I/My practice is aware of what activity the practice or GP has to undertake to receive and maintain the payment.

1	2	3	4	5
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I/My practice passes on part or all of the incentive payment to GPs/other practitioners.

1	2	3	4	5
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Administrative processes and eligibility requirements of the Quality Improvement Incentive are appropriate and user-friendly.

1	2	3	4	5
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Administrative requirements are worth the benefit to me/my practice.

1	2	3	4	5
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Any concerns or difficulties I have with this payment can be easily raised and resolved with Government.

1	2	3	4	5
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The Quality Improvement Incentive is structured in a way which is sustainable for general practices to continue to receive and to meet ongoing reporting requirements.

1	2	3	4	5
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General practices can sustain the delivery of quality improvements and health data monitoring **without** the payments provided by the Quality Improvement Incentive.

1	2	3	4	5
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Additional comments (optional – up to 500 words):

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PIP Capacity Stream

PIP After Hours Incentive

Do you want to answer questions about the PIP After Hours Incentive?

- Yes
- No

Note: If you select 'No', you will skip all questions about the PIP After Hours Incentive.

Have you or your practice received, or considered applying for, the PIP After Hours Incentive?

- Yes
- No
- N/A
- Unsure

The After Hours Incentive delivers payment to general practices that provide patients with appropriate access to after hours care. The PIP after hours period is:

- Outside 8 am to 6 pm weekdays
- Outside 8 am to 12 noon on Saturdays, and
- All day Sundays and public holidays.

To answer each question, please select one number on the scale, where (1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; (5) Strongly Agree.

The After Hours Incentive has enabled me/my practice to deliver care outside normal hours.

1	2	3	4	5
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The After Hours Incentive has enabled my practice/me to change service delivery approaches and improve patient access outside of our normal hours.

1	2	3	4	5
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The After Hours Incentive is effective in providing increased access to after hours care in the community.

1	2	3	4	5
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I/My practice is aware of the payment value for the After Hours Incentive.

1	2	3	4	5
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I/My practice is aware of what activity the practice or GP has to undertake to receive and maintain the payment.

1	2	3	4	5
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I/My practice passes on part or all of the incentive payment to GPs/other practitioners.

1	2	3	4	5
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Administrative processes and eligibility requirements of the After Hours Incentive are appropriate and user-friendly.

1	2	3	4	5
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Administrative requirements are worth the benefit to me/my practice.

1	2	3	4	5
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Any concerns or difficulties I have with this payment can be easily raised and resolved with Government.

1	2	3	4	5
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The After Hours Incentive is structured in a way which is sustainable for general practices to continue to receive and to meet ongoing reporting requirements.

1	2	3	4	5
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General practices can sustain the delivery of after hours service provision **without** the payments provided by the After Hours Incentive.

1	2	3	4	5
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Additional comments (optional – up to 500 words):

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PIP Capacity Stream

GP Aged Care Access Incentive

Do you want to answer questions about the PIP General Practice Aged Care Access Incentive?

- Yes
- No

Note: If you select 'No', you will skip all questions about the PIP General Practice Aged Care Access Incentive.

Have you or your practice received, or considered applying for, the PIP General Practice Aged Care Access Incentive?

- Yes
- No
- N/A
- Unsure

The GP Aged Care Access Incentive provides payments directly to general practitioners when the general practitioner provides services in Australian Government funded residential aged care facilities, scaling with the volume of services provided in facilities.

To answer each question, please select one number on the scale, where (1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; (5) Strongly Agree.

The GP Aged Care Access Incentive encourages me/my practice to provide services in residential aged care facilities.

1	2	3	4	5
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The GP Aged Care Access Incentive has improved access to health care within residential aged care facilities.

1	2	3	4	5
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The GP Aged Care Access Incentive is effective in providing increased access to health care in residential aged care facilities.

1	2	3	4	5
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I/My practice is aware of the payment value for the GP Aged Care Access Incentive.

1	2	3	4	5
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I/My practice is aware of what activity the practice or GP has to undertake to receive and maintain the payment.

1	2	3	4	5
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Administrative processes and eligibility requirements of the GP Aged Care Access Incentive are appropriate and user-friendly.

1	2	3	4	5
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Administrative requirements are worth the benefit to me/my practice.

1	2	3	4	5
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Any concerns or difficulties I have with this payment can be easily raised and resolved with Government.

1	2	3	4	5
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GP Aged Care Access Incentive is structured in a way which is sustainable for general practices to continue to receive and to meet ongoing reporting requirements.

1	2	3	4	5
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General practices can sustain the delivery of service provision within residential aged care facilities **without** the payments provided by the GP Aged Care Access Incentive.

1	2	3	4	5
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Additional comments (optional – up to 500 words):

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PIP Capacity Stream

eHealth Incentive

Do you want to answer questions about the PIP eHealth Incentive?

- Yes
- No

Note: If you select 'No', you will skip all questions about the PIP eHealth Incentive.

Have you or your practice received, or considered applying for, the PIP eHealth Incentive?

- Yes
- No
- N/A
- Unsure

The eHealth Incentive aims to encourage general practices to adopt and keep up to date with digital health technology, along with support to improve administration processes and patient care.

To answer each question, please select one number on the scale, where (1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; (5) Strongly Agree.

The eHealth Incentive motivates me/my practice to actively use and engage with My Health Record.

1	2	3	4	5
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The eHealth Incentive has enabled me/my practice to adopt new technologies such as telehealth and electronic prescriptions.

1	2	3	4	5
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The eHealth Incentive has motivated my practice to adopt best-practice policies in digital health and cybersecurity.

1	2	3	4	5
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The eHealth Incentive is fit-for-purpose as a funding mechanism.

1	2	3	4	5
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The eHealth Incentive is an effective funding model that encourages general practitioners in my practice to adopt new digital health technology.

1	2	3	4	5
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The eHealth Incentive drives adoption of technology and systems change beyond the minimum requirement to receive the eHealth Incentive.

1	2	3	4	5
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I/My practice is aware of the payment value for the eHealth Incentive.

1	2	3	4	5
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I/My practice is aware of what activity the practice or GP has to undertake to receive and maintain the payment.

1	2	3	4	5
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I/My practice passes on part or all of the incentive payment to GPs/other practitioners.

1	2	3	4	5
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Administrative processes and eligibility requirements of the eHealth Incentive are appropriate and user-friendly.

1	2	3	4	5
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Administrative requirements are worth the benefit to me/my practice.

1	2	3	4	5
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Any concerns or difficulties I have with this payment can be easily raised and resolved with Government.

1	2	3	4	5
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The eHealth Incentive is structured in a way which is sustainable for general practices to continue to receive and to meet ongoing reporting requirements.

1	2	3	4	5
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General practices can sustain the adoption and implementation of digital health technologies **without** the payments provided by the eHealth Incentive.

1	2	3	4	5
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Additional comments (optional – up to 500 words):

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PIP Capacity Stream

Teaching Payment

Do you want to answer questions about the PIP Teaching Payment?

- Yes
- No

Note: If you select 'No', you will skip all questions about the PIP Teaching Payment.

Have you or your practice received, or considered applying for, the PIP Teaching Payment?

- Yes
- No
- N/A
- Unsure

Is/your practice provides clinical teaching and supervision to medical students or doctors in training?

- Yes
- No
- N/A

If the respondent answers yes, proceed to question 2. If the respondent answers no, proceed to question 3.

Question 2: Is/your practice teaches and trains (tick all that apply):

- Medical students
- Early career doctors not on a vocational training program/pathway (e.g., PGY1-2 doctors)
- GP registrars (vocational trainees)
- Other - specify (e.g., GP-Rural Generalist trainee)

Question 3: What, if any, role do financial incentives play in my/practice decisions to engage in teaching and training medical students and doctors-in-training?

Respondents will now move to the below questions if they indicated they wish to answer questions concerning the PIP-Teaching Payment

To answer each question, please select one number on the scale, where (1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; (5) Strongly Agree.

The Teaching Payment encourages me/my practice to hold teaching sessions for medical students.

1	2	3	4	5
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The Teaching Payment supports me/my practice to contribute to the general practitioner training pipeline.

1	2	3	4	5
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The Teaching Payment is an effective funding model that encourages general practitioners to train medical students.

1	2	3	4	5
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I/My practice is aware of the payment value for the Teaching payment.

1	2	3	4	5
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I/My practice is aware of what activity the practice or GP has to undertake to receive and maintain the payment.

1	2	3	4	5
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I/My practice passes on part or all of the incentive payment to GPs/other practitioners.

1	2	3	4	5
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Administrative processes and eligibility requirements for the Teaching Payment are appropriate and user-friendly.

1	2	3	4	5
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Administrative requirements are worth the benefit to me/my practice.

1	2	3	4	5
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Any concerns or difficulties I have with this payment can be easily raised and resolved with Government.

1	2	3	4	5
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The Teaching Payment is structured in a way which is sustainable for me/my practice to continue to receive and to meet ongoing reporting requirements.

1	2	3	4	5
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General practices can sustain the training of medical students **without** the incentives provided by the Teaching Payment.

1	2	3	4	5
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Additional comments (optional – up to 500 words):

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PIP Rural Support Stream

Procedural GP Payment

Do you want to answer questions about the PIP Procedural GP Payment?

- Yes
- No

Note: If you select 'No', you will skip all questions about the PIP Procedural GP Payment.

Have you or your practice received, or considered applying for, the PIP Procedural GP Payment?

- Yes
- No
- N/A
- Unsure

The Procedural GP Payment encourages general practitioners in rural and remote areas to provide local access to surgical, anaesthetic, and obstetric services, including:

- obstetric delivery
- general anaesthetic
- major regional blocks
- abdominal surgery
- gynaecological surgery requiring general anaesthetic, and
- endoscopy

I/my practice also benefits from the [Rural Procedural Grants Scheme](#).

- Yes
- No
- Unsure

To answer each question, please select one number on the scale, where (1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; (5) Strongly Agree.

The Procedural GP Payment encourages me/my practice to provide local access to procedural primary healthcare services.

1	2	3	4	5
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The Procedural GP Payment is effective in increasing access to procedural primary healthcare services in rural and remote areas.

1	2	3	4	5
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The Procedural GP Payment is an effective funding model that encourages general practitioners to deliver surgical, anaesthetic and obstetric services in rural and remote areas.

1	2	3	4	5
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I/My practice is aware of the payment value for the Procedural GP Payment.

1	2	3	4	5
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I/My practice is aware of what activity the practice or GP has to undertake to receive and maintain the payment.

1	2	3	4	5
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Administrative processes and eligibility requirements for the Procedural GP Payment are appropriate and user-friendly.

1	2	3	4	5
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Administrative requirements are worth the benefit to me/my practice.

1	2	3	4	5
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Any concerns or difficulties I have with this payment can be easily raised and resolved with Government.

1	2	3	4	5
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The Procedural GP Payment is structured in a way which is sustainable for me/my practice to continue to receive and to meet ongoing reporting requirements.

1	2	3	4	5
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GPs can sustain the delivery of surgical, anaesthetic and obstetric services in rural and remote areas **without** the incentives provided by the Procedural GP Payment.

1	2	3	4	5
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Additional comments (optional – up to 500 words):

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PIP Rural Support Stream

Rural Loading Incentive

Do you want to answer questions about the PIP Rural Loading Incentive?

- Yes
- No

Note: If you select 'No', you will skip all questions about the PIP Rural Loading Incentive.

Have you or your practice received, or considered applying for, the PIP Rural Loading Incentive?

- Yes
- No
- N/A
- Unsure

The Rural Loading Incentive supports general practices that provide services outside of metropolitan centres, paid automatically based on the total value of other eligible PIP incentives and scaling with the remoteness of the practice.

To answer each question, please select one number on the scale, where (1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; (5) Strongly Agree.

The Rural Loading Incentive encourages me/my practice and staff to remain in rural areas and provide general practice services.

1	2	3	4	5
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The Rural Loading Incentive has improved access to general practice services in rural and remote areas

1	2	3	4	5
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The Rural Loading Incentive is effective in improving GP service provision in regional, rural and remote areas of Australia.

1	2	3	4	5
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Administrative processes and eligibility requirements of the Rural Loading Incentive are appropriate and user-friendly.

1	2	3	4	5
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Administrative requirements are worth the benefit to me/my practice.

1	2	3	4	5
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Any concerns or difficulties I have with this payment can be easily raised and resolved with Government.

1	2	3	4	5
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The Rural Loading Incentive is structured in a way which is sustainable for general practices to continue to receive and to meet ongoing reporting requirements.

1	2	3	4	5
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General practices can sustain the delivery of service provision in regional, rural and remote areas **without** the payments provided by the Rural Loading Incentive.

1	2	3	4	5
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Additional comments (optional – up to 500 words):

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Section 4 End of Survey

Thank you for your time and participation today. Your insights are valuable and will contribute directly to the development of the Effectiveness Review of General Practice Incentives.

Please share this survey with your colleagues and friends in the primary healthcare sector for them to have their say: <https://consultations.health.gov.au/primary-care-reform-branch-primary-care-division/review-of-general-practice-incentives>.

If you have any questions regarding this survey or the review, please contact: primaryhealthcarereform@health.gov.au.