

# Practice Incentives Individual general practitioner or nurse practitioner details (IP003)

## When to use this form

Use this form to:

- register or cease a general practitioner or nurse practitioner
- update procedural general practitioners (GPs) details for their participation in the Procedural General Practitioner Payment
- withdraw your consent to participate in the Procedural General Practitioner Payment.

## Important information

Health Professional Online Services (HPOS) provides secure and convenient online services for health professionals and administrators.

Using your Provider Digital Access (PRODA) account details, you can make claims and update your practice details through HPOS. Lodgements through HPOS are effective immediately.

To register for a PRODA account or to find out more about HPOS, go to [servicesaustralia.gov.au/hpos](https://servicesaustralia.gov.au/hpos)

## Structure of this form

This form has 6 parts:

- **Part A** – Practice details (mandatory for all changes)
- **Part B** – Registering a general practitioner or nurse practitioner (optional)
- **Part C** – Registering or updating a procedural general practitioner (optional)
- **Part D** – Ceasing a general practitioner or nurse practitioner (optional)
- **Part E** – Practitioner declaration (mandatory for Parts B, C or D)
- **Part F** – Practice declaration

When a practice completes Part B or C, Part E must be completed. The practice **must** complete Part F for all changes, unless a procedural GP is using this form to withdraw their consent on their own, in which case Part F is not required and would be optional.

## Definition of general practitioners and nurse practitioners

**For the purpose of the PIP and the WIP - Practice Stream, general practitioners include:**

- general practitioners
- non-specialist medical practitioners, known as other medical practitioners, who provide non-referred services but are not general practitioners
- fellows of the Royal Australian College of General Practitioners (RACGP)
- fellows of the Australian College of Rural and Remote Medicine (ACRRM)
- vocationally registered general practitioners
- medical practitioners undertaking approved training.

For the purpose of the PIP and the WIP - Practice Stream, a nurse practitioner is a person who is endorsed as a nurse practitioner by the Nursing and Midwifery Board of Australia.

Registration requirements for nurse practitioners can be found at the Nursing and Midwifery Board of Australia website [nursingmidwiferyboard.gov.au](https://nursingmidwiferyboard.gov.au)

## For more information

Go to [servicesaustralia.gov.au/pip](https://servicesaustralia.gov.au/pip) or [servicesaustralia.gov.au/practicestream](https://servicesaustralia.gov.au/practicestream)

You can email us using HPOS messaging. This is the most secure way to communicate electronically with us.

If you need help to complete this form, call **1800 222 032** Monday to Friday, 8:30 am to 5 pm, Australian Central Standard Time.

Call charges may apply.

## Filling in this form

You can fill and sign this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this  Go to 1 skip to the question number shown.

## PART A — Practice details

- 1 The practice is notifying of general practitioner or nurse practitioner details in the:

Tick all that apply

PIP

WIP - Practice Stream

- 2 PIP practice ID

- 3 WIP - Practice Stream practice ID

- 4 Practice name

- 5 Full practice address – **main** practice address

Building name

Unit  Suite  Shop  Floor number

Street number

Street name

Suburb

State

Postcode

## Notification type

- 6 What would you like to do?

Register a general practitioner or nurse practitioner  Go to PART B

Register or update a procedural general practitioner  Go to PART C

Cease a general practitioner or nurse practitioner  Go to PART D

## PART B — Registering a general practitioner or nurse practitioner

Practitioners are to complete Part B to register as a general practitioner or nurse practitioner at an existing PIP and/or WIP - Practice Stream practice. Practitioners must then sign **Part E - Practitioner declaration**.

- 7 Full name of general practitioner or nurse practitioner

- 8 Do you have current professional indemnity cover?

No  You are **not eligible** for the PIP and/or the WIP - Practice Stream.

Yes

- 9 If your provider number has an end date, you must notify the PIP and/or the WIP - Practice Stream if it has been extended by Medicare to continue participating in the PIP or the WIP - Practice Stream.

Provider number – main practice address (must match the address at question 5)

Start date (DD MM YYYY) – main practice address

- 10** Provider number and address for each additional practice branch (if applicable).

**Additional practice branch 1**

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode

Provider number – additional practice branch

\_\_\_\_\_

Start date (DD MM YYYY) – additional practice branch

\_\_\_\_

\_\_\_\_

\_\_\_\_\_

**Additional practice branch 2**

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode

Provider number – additional practice branch

\_\_\_\_\_

Start date (DD MM YYYY) – additional practice branch

\_\_\_\_

\_\_\_\_

\_\_\_\_\_

If you have more than 2 additional practice branch provider numbers, provide a separate sheet with details.

- 11** Would you like to Register or update a procedural general practitioner?

No  **Go to PART D**

Yes  **Go to PART C**

## PART C — Registering or updating a procedural general practitioner

To be eligible for the PIP Procedural General Practitioner Payment, the practice **must be located** in a Rural, Remote and Metropolitan Areas (RRMA) classification 3–7 and meet the requirements as set out in the **PIP Procedural General Practitioner Payment Guidelines** available at [servicesaustralia.gov.au/pip](http://servicesaustralia.gov.au/pip)

- 12** Are you registering or updating details, including withdrawal for a procedural general practitioner?

A procedural general practitioner provides non-referred services, normally in a hospital theatre, maternity care setting or appropriately equipped facility, which in urban areas are typically the province of a specific referral-based specialty. These services are provided in obstetrics, surgery and anaesthetics. The PIP Procedural General Practitioner Payment can only be made to one practice per 6 month reference period per procedural general practitioner. If you choose this practice to receive the PIP Procedural General Practitioner Payment, indicate the provider number to be used below that is associated with this practice.

No  **Go to PART D**

Yes  Full name of general practitioner

\_\_\_\_\_

Provider number

\_\_\_\_\_

- 13** What change(s) are you making to the procedural general practitioner's details?

Transferring consent from another practice  **Go to 14**

Changing or adding tier level  **Go to 16**

Withdraw consent from the incentive  **Go to 17**

- 14** Provider number – old location

\_\_\_\_\_

- 15** Date consent transferred (DD MM YYYY)

\_\_\_\_

\_\_\_\_

\_\_\_\_\_

**16** Indicate the tier level you met or will meet and the date this applies.

Note the requirements that need to be met for each tier level.

**Tick one only**

**Tier 1** I provide at least one procedural service in the 6 month reference period. Refer to the **PIP Procedural General Practitioner Payment Guidelines** for the definition of a procedural service.

**Tier 2** I meet the Tier 1 requirements and provide procedural services after hours (as defined in the **PIP Procedural General Practitioner Payment Guidelines**) on a regular or rostered basis throughout the entire 6 month reference period.

**Tier 3** I meet the Tier 2 requirements and provide 25 or more eligible surgical and/or anaesthetic and/or obstetric services in the 6 month reference period.

**Tier 4** I meet the Tier 2 requirements and deliver 10 or more babies in the 6 month reference period.

Start date (DD MM YYYY) (if different to question 14)

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Contact us if you are a single general practitioner practice and may not meet the requirements of Tier 4 but expect to meet the obstetric needs of your community.

General practitioners are individually assessed. Practices with more than one procedural general practitioner cannot count the combined number of deliveries to qualify for Tier 4. For more information on reference periods and the point-in-time date for the 6 monthly payments, refer to the **PIP Procedural General Practitioner Payment Guidelines**.

We must be advised **at least 7 days** before the relevant point-in-time date if the required number of procedural services have not been provided in the 6 month reference period.

**17** Does the procedural general practitioner withdraw their consent, or no longer meet the participation requirements for the Procedural General Practitioner Payment?

Procedural General Practitioners using this form to withdraw their consent on their own do not need the practice to sign at Part F.

No

Yes  Date of withdrawal or no longer meeting the requirements

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**18** Would you like cease a general practitioner or nurse practitioner?

No  **Go to PART E**

Yes  **Go to PART D**

## PART D — Ceasing a general practitioner or nurse practitioner

If you are ceasing details for more than one registered location, complete separate details for each location.  
If you are a general practitioner you can only cease your own registrations.

**19** List all general practitioners or nurse practitioners who have ceased working at the practice.

### General practitioner or nurse practitioner 1

Dr  Mr  Mrs  Miss  Ms  Other

Family name

  

First given name

  

Provider number

  

Date ceased working at the practice (DD MM YYYY)

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### General practitioner or nurse practitioner 2

Dr  Mr  Mrs  Miss  Ms  Other

Family name

  

First given name

  

Provider number

  

Date ceased working at the practice (DD MM YYYY)

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### General practitioner or nurse practitioner 3

Dr  Mr  Mrs  Miss  Ms  Other

Family name

  

First given name

  

Provider number

  

Date ceased working at the practice (DD MM YYYY)

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### General practitioner or nurse practitioner 4

Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Provider number

Date ceased working at the practice (DD MM YYYY)

If more than 4 general practitioners or nurse practitioners' details are required, provide a separate sheet with details.

- 20** If you are a:
- general practitioner or nurse practitioner ► **Go to PART E**
  - practice owner or authorised contact person ► **Go to PART F**

For most changes Part E and Part F will need to be completed.

## PART E — Practitioner declaration

Part E must be completed where Part B and/or Part C are completed or if a general practitioner or nurse practitioner has completed Part D.

### Privacy notice

- 21** Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) – Practice Stream.
- Your personal information will be disclosed to the Australian Government Department of Health and Aged Care and the Australian Government Department of Veterans' Affairs to enable those departments to administer aspects of PIP and/or WIP – Practice Stream, including for program compliance purposes, for statistical and research purposes and to inform policy development.
- Your personal information may be used by Services Australia, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).
- You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy, at [servicessaustralia.gov.au/privacypolicy](https://servicessaustralia.gov.au/privacypolicy)

## Declaration

### 22 I consent to:

- the owner and/or authorised contact person(s) informing Services Australia of any changes to my arrangements on my behalf, **within 7 days** of the change or **at least 7 days** before the point-in-time date.

### I agree to:

- advise Services Australia about changes to practice arrangements **within 7 days** of the change or **at least 7 days** before the point-in-time date.

### I declare that:

- I have not claimed procedural services at another practice.
- the information I have provided in this form is complete and correct.

### I understand that:

- if Services Australia is not informed of any changes to my arrangements, incentive payments may be reduced, recovered, suspended or ceased.
- Services Australia may provide reports regarding information on this application and services provided by me to the authorised contact person.
- giving false or misleading information is a serious offence.

### General practitioner or nurse practitioner

Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Signature

Date (DD MM YYYY)

► **Go to PART F**

## PART F — Practice declaration

Part F must be completed for all changes, unless a procedural GP is using this form to withdraw their consent.

### Privacy notice

**23** Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) – Practice Stream.

Your personal information will be disclosed to the Australian Government Department of Health and Aged Care and the Australian Government Department of Veterans' Affairs to enable those departments to administer aspects of PIP and/or WIP – Practice Stream, including for program compliance purposes, for statistical and research purposes and to inform policy development.

Your personal information may be used by Services Australia, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy, at [servicesaustralia.gov.au/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

### Declaration

**24** I agree to:

- advise Services Australia about changes to practice arrangements **within 7 days** of the change or **at least 7 days** before the point-in-time date.

**I declare that:**

- I will adhere to the eligibility requirements for the Practice Incentives Program and the Workforce Incentive Program - Practice Stream as set out in the relevant guidelines.
- the information provided in this form is complete and correct.

**I understand that:**

- the Australian Government Department of Health and Aged Care may conduct program audits of a practice's compliance with eligibility requirements for payments under the Practice Incentives Program and the Workforce Incentive Program - Practice Stream.
- the practice is required to keep practice documentation for a minimum of 6 years.
- I may be required to provide information to the Australian Government Department of Health and Aged Care as evidence of the practice's compliance with the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream eligibility requirements.
- if I cannot provide information as requested by the Australian Government Department of Health and Aged Care, to establish the practice's compliance with the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream eligibility requirements, payments may be reduced, recovered, suspended or ceased.

- if I do not notify Services Australia of changes to practice arrangements and authorised contact person(s), incentive payments for the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream may be reduced, recovered, suspended or ceased.
- the authorised contact person will receive all correspondence from Services Australia and will be responsible for advising Services Australia of changes.
- the practice will be liable for all claims and documentation submitted by the authorised contact person to Services Australia in relation to the Practice Incentives Program and the Workforce Incentive Program - Practice Stream
- giving false or misleading information is a serious offence.

### Owner/authorised contact

Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Signature

Date (DD MM YYYY)

### Returning this form

Check that all required questions are answered and that the form is signed and dated. Forms must be received **at least 7 days** before the relevant point-in-time date.

Return the completed form, including all pages online, upload through Health Professional Online Services (HPOS) at [servicesaustralia.gov.au/hpos](https://servicesaustralia.gov.au/hpos).