

Before and After the PNIP

Before 1st Jan 2012	After 1st Jan 2012
Practice must meet RACGP definition of a general practice	Practice must meet RACGP definition of a general practice
Practice Incentives Program (PIP) Practice Nurse Incentive (PNI) Registered Nurse (RN) Enrolled Nurse(EN)-must be supervised by an RN Aboriginal Health Worker (AHW) min. Cert III Allied Health Worker	Practice Nurse Incentive Program (PNIP)= Registered Nurse (RN) Enrolled Nurse (EN)-must be supervised by an RN Aboriginal Health Worker (AHW) min. Cert III Allied Health Worker in area of workforce need
PIP Payment made quarterly (Feb, May, Aug., Nov.)	PIP Payment made quarterly (Feb, May, Aug., Nov.)
Capped at \$35,000 for rural and remote accredited practices	Capped at \$125,000 for all accredited practices
Capped at \$40,000 for accredited practices in areas of workforce shortage and AMS/ACCHO in all urban areas	
Funding based on Standard Whole Patient Equivalent's (SWPE)	Funding based on SWPE's
Rural and Remote = \$7.00/SWPE Workforce shortage = \$8.00/SWPE	No SWPE amount
Rural loading for RRMA's 3-7	Rural loading for Australian Standard Geographical Classification (ASGC) 2-5
No differentiation in funding for ENs or RNs	\$25,000 per 1000 SWPEs for RNs or allied health where applicable \$12,500 per 1000 SWPEs for ENs
For practices with a SWPE value of 0-1499, the PN, AHW and/or allied health professional must be available for a minimum to two sessions per week, averaged over each PIP payment quarter. A session is a minimum of 3½ hours. The availability requirement increases by one session for each additional 500 SWPEs for those practices with a SWPE value greater than 1499	PN hours of employment=1000 SWPEs =12 hours + 40 mins /week for RN For \$125,000 (5000 SWPEs) you will need to employ a PN/AHW/Allied HW for a min. of 63 hrs + 20mins For the purposes of the PNIP, and FTE nurse equates to 38 hours per week.
No funding for practices wishing to be accredited to utilise the PNI, however practices who are registered for accreditation can join the PIP but must achieve full accreditation within 12 months of joining.	\$5,000 for practices to become accredited to utilise the PNIP (applications now being accepted 2011)

<p>Nothing documented re PN insurance, however in to participate in the overall PIP, the practice must maintain public liability insurance and ensure all practice GPs maintain current professional indemnity cover</p>	<p>Ensure that all PN's, AHW or Allied Health Professionals are covered by appropriate professional indemnity insurance arrangements must have adequate insurance To participate in the PNIP, the practice must maintain public liability insurance and ensure all practice GPs maintain current professional indemnity cover</p>
	<p>Additional loading for AMS's and ACCHS (50%)</p>
	<p>Additional loading for practices that provide GP services to the Department of Veterans' Affairs.</p>
<p>PN Item Numbers included: Immunisation – Item 10993 Wound Management – 10996 Chronic Condition Check – 10097 Healthy Kids Check – 10986 Aboriginal & Torres Strait Islander Health Check Follow-Up – 10987 Pap & preventive check – 10994 Pap > 4 yrs and preventive check – 10995 Pap Smear – 10998 Pap smear > 4 yrs – 10999 Antenatal – 16400</p>	<p>PN Item numbers that will remain: Chronic Condition Check – 10997 Healthy Kids Check – 10986 Aboriginal & Torres Strait Islander Health Check Follow-Up – 10987 Anti-Natel service provided by midwives, nurses or registered Aboriginal Health Workers - 16400</p>
	<p>Grandparenting arrangements for the 1st 3 yrs to ensure practices are not financially disadvantaged. Medicare will determine a practice's disadvantage based on details provided in the application form</p>