

General Practitioner Remuneration Policy and Procedure

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Acknowledgement of Country

The Health and Community Services Directorate acknowledges the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

We respect the Aboriginal and Torres Strait Islander people, particularly our Aboriginal and Torres Strait Islander staff, and their continuing culture and contribution they make to the Canberra region and the life of our city.

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Policy Statement

General practice is the cornerstone of our healthcare system, linking patients to all other health services. The ACT Government recognises that General Practitioners (GPs) contribute to improvements in primary care in mainstream general practice settings and beyond. They enrich our teaching and research fields, medical and policy advisory committees, correctional services, and take on a range of liaison and leadership roles. Many have attained sub-specialisations in areas such as mental health, sexual and reproductive health, refugee health, immunology, skin, and alcohol and other drugs, which complements both their general practice clinical and nonclinical work.

The breadth of experience and practice-based knowledge held by GPs positions them as a valuable resource for Government in the design, refinement, and implementation of health system programs, and strategic planning.

With approximately one-third of all ACT hospital presentations coming from southern New South Wales (NSW), the Health and Community Services Directorate (HCSD) acknowledges the importance of seeking representation from both local and regional GPs, and their representative organisations.

HCSD engages with a range of organisations that represent general practice, for example the ACT Primary Health Network (Capital Health Network, CHN), South Eastern NSW Primary Health Network (COORDINARE), Royal Australian College of General Practitioners (RACGP), Australian Medical Association ACT (AMA ACT), and specific representative services. HCSD regularly requests the involvement of GPs representing these organisations, as well as individual GPs providing independent advice. HCSD recognises the considerable pressures under which general practitioners and practice owners operate, especially within the ACT's constrained workforce and financially vulnerable primary care environment. In light of these challenges, remuneration is offered to acknowledge the time commitment and operational impact associated with participating in HCSD-led consultations and initiatives.

Purpose

This statement aims to provide HCSD staff with guidance on how GPs should be remunerated appropriately for their time when they are directly consulted to contribute their expertise to non-clinical activities. It specifies a schedule that will ensure the consistent remuneration of GPs where they are acting independently.

Scope

This Policy applies to all HCSD staff involved in establishing processes and mechanisms of consultation and engagement, whether it be for policy formulation, health services planning, assessments, evaluations, recruitment or any other process where external advice may be sought.

This Policy applies when:

1. GPs are participating in HCSD non-clinical activities as a non-paid representative of an organisation. The organisation could be a private general practice or another organisation whose work may be considered relevant to the non-clinical activity (such as a Foundation or research institute).
2. GPs are participating in HCSD non-clinical activities in their independent capacity not representing any organisation.

3. GPs participation may be online only, in which case the Policy would apply in the same way as if the participation was in person.
4. GPs participation is within or outside of normal business hours.
5. The GP's invitation to participate is revoked less than 24 hours of the scheduled activity or event, for example where a meeting is cancelled. In such a situation GP is entitled to invoice HCSD for the entire duration of the scheduled event.

This Policy does not apply when:

6. Remuneration is for the provision of clinical services or clinical education. In this case, remuneration would be a matter for direct negotiation between the area of clinical operation and the general practitioner.
7. The GP is otherwise being remunerated for their time.
8. The GP is a government employee and the requested activities are a part of their normal duties.
9. Attendance is for the HCSD GP Policy Forum.
10. The GP is an apology to a meeting.
11. The GP undertakes work out-of-session in preparation for a meeting for which they are receiving remuneration. This would include (but would not be limited to) research and constituent consultation. Such out-of-session work is considered part of the GP's role as a committee member. Travel costs including travel time are similarly not additionally remunerated.

In all cases where remuneration is considered and before any activity commences, both parties should agree on an approximation of the expected total time for participating GPs in advance.

Roles and Responsibilities

There may be a requirement to outline the roles and responsibilities of positions or groups.

Position	Responsibility
EGM and EBM – HCSD	It is the responsibility of each Division/Branch to ensure that this policy is uniformly implemented. Responsibility for the costs of GP participation rests with the Division/Branch responsible for the activity.
Chief GP and Primary Care Advisor – OGPPC	It is the responsibility of OGPPC to support business areas in the interpretation of this Policy - in determining its applicability and relevance to their work, and advising staff on how to engage with GPs.
General Practitioner	It is the responsibility of the participating GP to provide for their own tax, superannuation and insurance arrangements, and to provide an invoice to the secretariat responsible for the HCSD activity within 30 days of the activity taking place, so that the GP remuneration can be processed (see References and Supporting Documents below).

Requirements

Remuneration Schedule and Procedure

Step	Method	Responsibility
1.	<ul style="list-style-type: none"> • Within one week of the meeting occurring, the GP is provided with: • A copy of the General Practitioner Remuneration Policy and Procedure • A partially filled invoice template (and cover sheet - these must have the HCSD contact/coder name to assist ACT Shared Services to direct the invoice to the correct place/person to process. This will ensure that the invoice has the correct information to complete the processing in a timely manner. 	HCSD Meeting Organiser
2.	<ul style="list-style-type: none"> • At the meeting, the HCSD event organiser or secretariat will record the attendance of the GP. 	HCSD Meeting Organiser
3.	<ul style="list-style-type: none"> • Within 30 days of the meeting occurring, the GP will submit an invoice (using the template sent to them) to the HCSD event organiser. 	Individual GP
4.	<ul style="list-style-type: none"> • Within 5 days of receiving the invoice, the HCSD event organiser (including the Delegate) will progress the invoice to either: • [Invoice with ABN] apinvoice@act.gov.au. A supplier's registration is to be completed online (See References and Related Documents 'Oracle supplier request') if not already registered in the system, or • [Invoice without ABN] apsupport@act.gov.au. This will require an 'Accounts Payable Invoice Cover Sheet', located on the Shared Services Finance intranet site. It will also be necessary to submit a 'PAYG payment summary – withholding' or 'A Statement of Supplier without quoting ABN'. (See References and Related Documents for relevant links). 	HCSD Meeting Organiser
5.	<ul style="list-style-type: none"> • GPs are to be remunerated at the hourly rate of \$160 plus GST, or pro-rata in half hourly increments, when participating in ACT Health Directorate non-clinical activities. • GPs should notify if they are registered for GST and this can be verified by the HCSD event organiser through an ABN look-up system (See References and Related Documents for relevant link). • Invoices are processed each pay cycle so a GP should expect to receive payment 2-4 weeks after sending in their invoice. • If an invoice is submitted without an ABN, remuneration will be taxed at a rate of 47%. 	HCSD Meeting Organiser
6.	<ul style="list-style-type: none"> • It is important that records associated with General Practitioner Remuneration are collectively gathered within a shared reporting mechanism. It is the responsibility of each Division/Branch to provide the relevant Cost Centre Code on the Accounts Payable Invoice Cover Sheet and to ensure the Project Code of 29568 is utilised correctly on the Accounts Payable Invoice Cover Sheet. The cost centre should be that of the HCSD unit or project engaging the GP. 	HCSD Meeting Organiser

The Office of General Practice and Primary Care (OGPPC), which has prepared this guidance, requires HCSD staff to contact OGPPC@act.gov.au in the first instance, when considering reaching out to GPs for advice or engagement. OGPPC can help:

- Ascertain whether internal GP staff may be able to fulfill HCSD requirements.
- Where that is not possible, to link HCSD staff to appropriate GPs or alternative expertise.
- Advise on the relevance and applicability of this Remuneration Policy and Procedure to the specific pieces of work where GP expertise is being sought, including in situations where funding is not available.

The OGPPC was formed in February 2024 with the aim to:

- Ensure that general practice is represented in the development of local and national policy and inform the Directorate's whole of health system approach.
- Bridge the gap between community general practice and the ACT health system;
- Support and advocate for general practice workforce development, and GP education and training in particular, including by partnering with the Australian National University (ANU) School of Medicine and Psychology and administering HCSD programs supporting education in general practice.
- Build linkages between the HCSD, the other ACT Government Directorates, and with the GP Liaison Units in Canberra Health Services.
- Build linkages outside of the ACT Government, including with other jurisdictional health departments, the Federal health department, and non-government organisations including the Capital Health Network and professional colleagues.

Records Management

All records relating to this policy and procedure, including agreements, communications, remuneration details, and outcomes, must be created, received, and maintained in accordance with the *Territory Records Act 2002*. These records serve as evidence of business activity and must be managed to ensure accountability, transparency, and compliance with legal obligations. The designated responsible officer (e.g., Program Manager or Contract Administrator) must ensure that records are accurately filed, stored securely, and retained in a format that preserves their content, structure, and context. Records should be stored in approved ACT Government systems that meet the standards for accessibility, protection, and retention as outlined in the *Standard for Records and Information Governance*. This includes ensuring metadata is applied appropriately and that records are accessible for audit and review purposes. Remuneration records must clearly document the basis for payment, time commitment, and any associated approvals, and be retained in accordance with financial and administrative recordkeeping requirements.

Evaluation

Outcome Measures	Method	Responsibility
<p>GPs respond to requests for participation in non-clinical activities, and such participation is in all cases supported by documented offers of adequate remuneration</p>	<ul style="list-style-type: none"> • Number of requests for participation of GPs. • Number of such requests accompanied by documented offers of remuneration. • Number of instances in which GPs have accepted such offers each FY since the inception of the Policy reflecting year on year trends. • Survey of GPs who have been approached by the ACT Government to participate and their feedback on: <ol style="list-style-type: none"> 1. Whether the remuneration offered was reflective of GP contribution of their expertise? 2. Whether they have any recommendations on the Scope outlining eligibility for remuneration? 3. Whether the procedure by which such remuneration is offered and processed is easy to use and clear? 	<p>Office of General Practice and Primary Care will lead this process, with advice from HCSD's Finance area.</p>

References and Related Documents

Legislation

- Financial Management Act 1996
- [Territory Records Act 2002](#)

Supporting Documents

- [Statement by a supplier not quoting an ABN | Australian Taxation Office \(ato.gov.au\)](#)
- [HCSD Fraud and Corruption Control Plan](#)
- [HCSD Director-General's Financial Instructions](#)
- [Oracle Supplier Request \(act.gov.au\)](#)
- [PAYG payment summary withholding where ABN not quoted](#)
- [HealthHQ - AP Invoice Cover Sheet.pdf - All Documents \(sharepoint.com\)](#)
- [Recipient Created Tax Invoice - Health and Community Services Directorate.xlsx](#)
- [Standard for Records and Information Governance - Territory Records Office](#)

Definitions

If applicable.

Term	Definitions
Activities:	'Activities' refer to all non-clinical HCSD events that GPs may be asked to participate in. These may include meetings, committees, forums and workshops where GP input is sought.
Core Business:	Activities that involve GP engagement which are funded through an existing HCSD Service Funding Agreement or Deed of Grant.

Review Date

The next review of this document is due by 30 September 2027.

Version Control

Version	Date	Comments
1	May 2021	General Practitioner Reimbursement Policy
2	July 2023	Incorporated the procedure
3	June 2025	Policy and procedure reviewed, updated and shared for consultation
4	25 September 2025	Updated General Practitioner Reimbursement Policy and Procedure endorsed.
5	29 January 2026	Updated General Practitioner Reimbursement Policy and Procedure endorsed.