



Incentives and support for GPs, General Practices and other health professionals in MM 1 locations

The Australian Government funds a number of programs to provide incentives to encourage doctors and other health professionals to move to, and remain working in, regional, rural and remote Australia. Eligibility is generally based on the [Modified Monash Model](#) (MM) classification system. MM 1 encompasses metropolitan areas: Major cities accounting for 70% of Australia’s population and all areas categorised ASGS-RA1.

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Name	Description	Incentives (financial and other)
Undergraduate Health Professional Support		
Puggy Hunter Memorial Scholarship Program	The Program provides financial assistance to Aboriginal and Torres Strait Islander undergraduate students studying health related disciplines in a university, TAFE, or Registered Training Organisation. Support is limited to entry level studies that lead or are a direct pathway to registration or practice as a health professional. Research courses and postgraduate study is not supported.	<ul style="list-style-type: none"> • A Full-time scholarship holder will receive up to \$15,000 per year. • Part-time scholarship holders will receive a maximum of \$7,500 per year for the duration of the course.
GP and Advanced Skills Training Support		
Australian General Practice Training (AGPT) Program	<p>The AGPT program provides fully subsidized GP training with a yearly intake of 1,500 junior doctors, with at least 50% training to occur in regional, rural and remote areas.</p> <p>Training support payments for eligible registrars, supervisors and training practices are tiered according to the MM</p>	<p>AGPT participants are provided training support payments as follows:</p> <ul style="list-style-type: none"> • Supervisors providing teaching: <ul style="list-style-type: none"> ○ \$2,800 - \$11,700; depending on the training term (limited to the first three training terms).

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	<p>region registrars train in, with greater support for training occurring in rural and remote areas.</p>	<ul style="list-style-type: none"> • General Practice training practices: • \$7,500 - \$15,000; depending on the training term (limited to the first two training terms). • The AGPT Aboriginal and Torres Strait Islander Salary Support Program (SSP) payments for Aboriginal Community Controlled Health facilities: <ul style="list-style-type: none"> ○ Up to \$71 per hour (MM 1 -2) or at the facility's set registrar hourly rate.
<p>Pre-Fellowship Program (PFP)</p>	<p>The PFP supports Overseas Trained Doctors and Foreign Graduates of an Accredited Medical School (also known collectively as International Medical Graduates (IMGs) and other non-vocationally recognised (non-VR)) doctors to gain valuable general practice experience before joining a general practice college-led fellowship pathway.</p> <p>To be eligible for a PFP placement the practices must be located within a Distribution Priority Area (DPA). The PFP is not available at non-DPA locations unless:</p> <ul style="list-style-type: none"> • classified as an Aboriginal Medical Service (AMS) or that are the subject of a Ministerial direction under s19(2) or s19(5) of the Act; or • classified as an Aboriginal Community-Controlled Health Service or be the subject of Ministerial direction under s19(2) or s19(5) of the Act. 	<p>The PFP allows doctors to offer services under Medicare (note MBS rates for participants in MM1 may be less than in other MM locations). PFP provides only IMGs with provisional or limited registration financial support for supervision, learning and development.</p> <ul style="list-style-type: none"> • Learning and Development funding is scaled by level of supervision. • Supervision support payments are made quarterly in arrears if on level 1 supervision.
<p>Psychiatry Workforce Program</p>	<p>The Psychiatry Workforce Program provides funding to attract medical graduates to the Psychiatry profession and supports additional training posts – including support for supervisors. These training posts are located in regional, rural and remote Australia. Further, the funding supports a rural psychiatry training pathway and network and advanced training in psychiatry for medical practitioners such as GPs and emergency medicine specialists to address mental</p>	<p>Funding per training post is based on:</p> <ul style="list-style-type: none"> • a salary contribution of up to \$262,000 consisting of: <ul style="list-style-type: none"> ○ a base salary contribution of \$106,851 (for 1 FTE trainee) ○ a Private Infrastructure Clinical Supervision allowance of \$30,452 for private settings (where applicable)

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	<p>health workforce shortages and maldistribution.</p> <p>Note: MM1 Support is available for 1.0 FTE training post only if the entire post is classified as being in “expanded” settings, defined under the STP Operational Framework as settings outside of major metropolitan public teaching hospitals. Otherwise, MM1 support to non-expanded settings (i.e., to public metropolitan hospitals) is only available for a maximum 50% (half) of a post, and maximum 33.3% (one third) of an IRTP post.</p> <p>Funding for psychiatry training and supervisor posts is provided to Health Services as a contribution to specialist medical training (with the health service funding the remaining costs) via the Royal Australian and New Zealand College of Psychiatrists.</p>	<ul style="list-style-type: none"> ○ a rural support loading of \$25,000 for rural settings (MM 2-7) (where applicable) ○ supervisor contribution of up to \$91,355 (for 0.33 FTE), and ○ administration costs.
<p>Specialist Training Program (STP)</p>	<p>Seeks to extend vocational training for specialist registrars (trainees) into settings outside traditional metropolitan teaching hospitals, including regional, rural, remote, and private facilities. This includes support for 920 fulltime equivalent (FTE) specialist training places, 100 FTE Integrated Rural Training Pipeline places annually, as well as funding for the Tasmanian Project.</p> <p>The STP aims to improve the quality of the future specialist workforce by providing non-GP specialty trainees with exposure to a broader range of health care settings.</p> <p>Note: MM1 Support is available for 1.0 FTE training post only if the entire post is classified as being in “expanded” settings, defined under the STP Operational Framework as settings outside of major metropolitan public teaching hospitals. Otherwise, MM1 support to non-expanded settings (i.e., to public metropolitan hospitals) is only available for a maximum 50% (half) of a post, and</p>	<p>Funds are available under the STP for the following activities:</p> <p>Salary support for trainees</p> <ul style="list-style-type: none"> • \$105,000 per annum (indexed annually from 2022) pro rata per FTE. <p>Rural Support Loading (RSL)</p> <ul style="list-style-type: none"> • \$25,000 per annum per eligible post, pro rata per FTE. <p>Private Infrastructure and Clinical Supervision (PICS)</p> <ul style="list-style-type: none"> • \$30,000 per annum per eligible private post, pro rata per FTE. <p>Support Projects</p> <ul style="list-style-type: none"> • \$100,000 base funding plus \$1,210 per post per annum. <p>Integrated Rural Training Pipeline</p> <ul style="list-style-type: none"> • Funding of up to \$150,000 per annum (indexed annually from 2022) pro rata per FTE. Funds can be used for IRTP salary support, RSL and PICS (if eligible). Up to 5% of funds may be retained by participating

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	<p>maximum 33.3% (one third) of an IRTP post.</p> <p>The following organisations are eligible to apply under the program:</p> <ol style="list-style-type: none"> 1. Public¹ and Private hospitals; 2. Local Health Networks; 3. Rural, regional and remote health services; 4. Private health care organisations / settings; 5. Aged Care services; 6. Aboriginal Community Controlled Health Services and Aboriginal Medical Services; and 7. Community health organisations. <p>Funding for training posts is provided to health services as a contribution to specialist medical training (with the health service funding the remaining costs) via the relevant Specialist Medical College.</p>	<p>colleges to assist in IRTP post administration, subject to the agreement of the Department.</p> <p>Tasmanian Project</p> <ul style="list-style-type: none"> • Indexed annually, pro rata per FTE.
General Practice Incentives and Support		
Workforce Incentive Program (WIP) – Practice Stream	<p>The WIP-Practice Stream provides financial incentives to support general practices with the cost of engaging nurses, midwives, Aboriginal and Torres Strait Islander health practitioners and Health workers, and eligible allied health professionals in MM 1-7 locations.</p>	<p>Up to \$130,000 plus indexation per annum for a single practice.</p>
Practice Incentives Program (PIP)	<p>The PIP incentives are available to support general practice activities that encourage continuing improvement and quality of care, enhance capacity and improve access and health outcomes for patients. It is administered by Services Australia on behalf of the Department of Health.</p> <p>The current incentives under the PIP include:</p> <ul style="list-style-type: none"> • eHealth • Teaching Payment 	<p>For further information on incentives and payments, please refer to individual Guidelines available at:</p> <p>Practice Incentives Program.</p>

¹ Public hospitals can participate under the program providing the setting has either an agreement in place for the position to rotate out to an expanded setting for a minimum of 0.5 FTE (e.g., private/rural rotation) or the public setting includes an expanded setting identified above (e.g., Aged Care services).

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	<ul style="list-style-type: none"> • Indigenous Health (IHI) • General Practitioner Aged Care Access (ACAI) • Procedural General Practitioner Payment • After Hours • Quality Improvement (PIPQI) and • Rural Loading: To be eligible for rural loading, the main practice must be located in RRMA 3-7 (rural and remote zones). The rural loading is automatically applied to PIP payments. 	
Bulk Billing Incentive (BBI)	<p>Bulk billing incentives (BBI) are payable to medical practitioners who provide bulk billed services to eligible patient groups, such as people with a Commonwealth concession card and children under 16 years of age.</p> <p>As of 1 November 2023, the BBI rate has been tripled for a range of general practice consultation items. These include:</p> <ul style="list-style-type: none"> • All face-to-face general attendance consultations that are: <ul style="list-style-type: none"> ○ longer than 6 minutes (that is Levels B, C, D and E), ○ in any location (in and out of consulting rooms, residential aged care facilities), and ○ at any time (business and after-hours items). • MBS Level B video and telephone general attendance consultations. • Video and telephone consultations that are: <ul style="list-style-type: none"> ○ longer than 20 minutes (Levels C, D and E (video only)), and ○ the patient is registered with the practice through MyMedicare. <p>The standard BBI payments will continue to be available for doctors to co-claim when bulk billing:</p> <ul style="list-style-type: none"> • MBS Level A (and equivalent) general attendance consultations, • Level C, D and E video general attendance consultations where the 	<p>The value of MBS BBI are scaled and increase based on the remoteness of the general practice, using the MM.</p> <p>Further information on the BBI changes, including reference tables by MM can be found on MBSOnline at MBS Online – Bulk Billing in General Practice from 1 November 2023. .</p>

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	<p>patient is not enrolled in MyMedicare, and</p> <ul style="list-style-type: none"> • all other relevant MBS unreferred services, for example: <ul style="list-style-type: none"> ○ chronic disease management items ○ Better Access mental health items ○ eating disorder items ○ health assessments ○ minor procedures. <p>The tripling of the BBI is addressing declining bulk billing rates and doctor availability, supporting viability of general practices and starting to rebuild primary care as the core of an effective modern care system for all Australians.</p>	
General Practice in Aged Care Incentive	<p>The General Practice in Aged Care Incentive aims to improve access to quality, proactive general practice care for older people who live in aged care homes by incentivising proactive visits, regular, planned reviews and coordinated care planning.</p> <p>Primary care providers and practices registered in MyMedicare receive incentive payments for providing their MyMedicare registered patients who permanently live in residential aged care homes with care planning services and regular visits.</p> <p>Rural loadings apply to provider and practice incentive payments for practices located in MM 3 - 7.</p>	<p>Practices and providers eligible for the General Practice in Aged Care Incentive payment are paid:</p> <ul style="list-style-type: none"> • \$300 per patient, per year (75 per patient, per quarter), paid to the Responsible Provider. • \$130 per patient, per year (\$32.50 per patient, per quarter), paid to the practice. <p>Rural Loading:</p> <p>MM 3 - 20%</p> <p>MM 4 - 30%</p> <p>MM 5 - 30%</p> <p>MM 6 - 50%</p> <p>MM 7 - 50%</p>
Multidisciplinary Support (including Nursing and Allied Health Programs)		
Health Workforce Scholarship Program	<p>Provides postgraduate/continuous professional development scholarships targeted to GPs, Nursing and Allied Health Professionals.</p> <p>Eligible locations include:</p> <ul style="list-style-type: none"> • Qualified health professionals providing primary health care in MM 1-2 locations only if employed by an Aboriginal Medical Service or 	<ul style="list-style-type: none"> • Scholarship - Students receive \$10,000 per year for 2 years. • Bursary - Covers the cost of training, accommodation, travel or course fees and/or cover or partially cover training related expenses.

Name	Description	Incentives (financial and other)
	<p>Aboriginal Community Controlled Health Organisation; or</p> <ul style="list-style-type: none"> Qualified health professionals providing primary health care in rural and remote locations in MM 3-7 locations. 	
<p>Indigenous Health Workforce Traineeship (IHWT) Program</p>	<ul style="list-style-type: none"> The Indigenous Health Workforce Traineeships (IHWT) program provides funding to approved National Aboriginal Community Controlled Health Organisation (NACCHO) affiliates, or equivalent organisations to: increase the number of skilled Aboriginal and Torres Strait Islander people working in the Aboriginal and Torres Strait Islander primary health care sector create viable career pathways in health for Aboriginal and Torres Strait Islander people build the capacity of Aboriginal Community Controlled Health Services (ACCHSs) to provide culturally appropriate health care to its Aboriginal and Torres Strait Islander clients. Organisations funded under the IHWT program administer the program on the department's behalf, and work with ACCHSs to identify, recruit and support Aboriginal and Torres Strait Islander trainees. 	<p>The Indigenous Health Workforce Traineeships (IHWT) program supports completion of approved nationally-recognised Certificate II to Diploma-level qualifications including those listed under the Health Training Package (HLT) and some approved courses under the Community Services Training Package (CHC).</p> <p>IHWT program comprises administration activities to support employment of a IHWT Program Coordinator, provide trainee supports such as mentors, promotes the program, and provides ongoing engagement and support to ACCHSs and RTOs. The Traineeship component provides trainee wages, travel and accommodation support for trainees.</p>
<p>First Nations Health Worker Traineeship Program</p>	<p>The First Nations Health Worker Traineeship Program provides funding to the National Aboriginal Community Controlled Health Organisation (NACCHO) to deliver the program.</p> <p>This program aims to:</p> <ul style="list-style-type: none"> increase the supply of health workers and practitioners. address health workforce shortages in rural, regional and remote Australia ensure a capable and qualified workforce. 	<p>The First Nations Health Worker Traineeship Program funds the relevant Aboriginal Community Controlled Health Organisation to support the trainee's clinical placement requirements are met, and the RTO, to support successful completion of the qualification. During the program, trainees will be able to access tutoring and mentoring, help with English literacy, travel and accommodation, as well as other supports.</p>

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Lowitja O'Donoghue Foundation – Nursing Scholarships	<p>The Lowitja O'Donoghue Foundation Nursing Scholarships support aspiring and current nurses in advancing their qualifications. Funding is provided to the National Indigenous Australians Agency (NIAA) to support the Lowitja O'Donoghue Foundation Nursing Scholarships.</p> <p>The scholarships will increase the number of Aboriginal and Torres Strait Islander nurses who are able to provide culturally safe care, which positively impacts on all Aboriginal and Torres Strait Islander people.</p>	<p>The first round of scholarship applications opened in November 2024 and closed in January 2025. The scholarships are open to all Aboriginal and Torres Strait Islander students enrolled in either a Diploma of Nursing, Bachelor of Nursing or higher-degree course, across all MM locations. The scholarships can be used to cover course fees and/or some study costs (such as course-related accommodation and transport).</p>
Nursing in Primary Health Care (NiPHC) program	<p>The NiPHC program aims to build capability and capacity among the primary health care (PHC) nursing workforce by promoting employment of and providing training and mentoring to, nurses working in primary care settings. The program includes three projects: the Transition to Practice Program (TPP), Building Nurse Capacity (BNC) clinics and Chronic Disease Management and Healthy Ageing workshops.</p>	<p>Payments are made to nurses and mentors in the TPP.</p> <p>Primary health care organisations are paid to participate in BNC clinics. Primary Health Networks (PHNs) also subsidise some participation of nurses in projects.</p>
Outreach Service Delivery Support		
Medical Outreach Indigenous Chronic Disease Program (MOICDP)	<p>Incentives are payable to health professionals providing chronic disease outreach services for Aboriginal and Torres Strait Islander people in MM 1-7 locations where the relevant State/Territory fund holder has identified a gap in services.</p>	<p>Costs associated with delivering outreach services are payable to eligible health professionals to remove a range of financial disincentives (e.g., travel, meals and accommodation).</p>
Visiting Optometrists Scheme (VOS)	<p>Provides outreach optometry services to Indigenous and non-Indigenous people in regional, rural, and remote locations by addressing financial disincentives incurred by optometrists providing outreach services in MM 2-7 (travel, accommodation and facility hire).</p> <p>However, in recognition of the need for culturally sensitive services, VOS-funded outreach services may be provided to First Nations people in major cities (MM 1),</p>	<p>Costs associated with delivering outreach services are payable to optometrists to remove a range of financial disincentives (e.g., travel, meals and accommodation).</p>

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	provided the service is delivered in an Aboriginal Community Controlled Health Service, Aboriginal Medical Service or other culturally safe host organisation.	