National Consistent Payments (NCP) Framework

**Under the college-led Australian General Practice Training (AGPT) Program**

**(2023-2025)**

**Revised – December 2024 (Version 2) for Semester 2 2025 Implementation**

# Purpose

The National Consistent Payments (NCP) framework outlines the support payments provided to eligible supervisors, practices and registrars participating in the college-led Australian General Practice Training (AGPT) program. The NCP commenced from semester one, 2023.

The NCP framework was developed to reduce red tape, increase accountability, and transparency around GP training support payment for the participants (supervisors, practices and registrars) and to attract doctors pursuing a GP career into regional, rural and remote areas.

The NCP framework increases clarity around financial support for AGPT training undertaken in regional, rural and remote areas, through the payment of a tiered rural loading (including the use of additional discretionary flexible funds) to support registrars who are training in rural and remote areas.

The support payments related to supervisors, practices and registrars are administered by Services Australia, in collaboration with the Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP) (the colleges), except for the flexible payments pool which is paid to participants by the colleges. Health allocates a flexible pool of funds to colleges as a part of their grant contracts.

# Supervisor (Teaching) Payments

### Definition

A payment to support supervisors for teaching activities associated with supervising a registrar, for example, in-practice mentoring, formal and informal teaching activities, case discussions and competency assessments.

### Scope and business rules

* Payments are made to the practice (to account for shared supervisor arrangements, part-time supervisors, supervisor leave, etc.) unless directed by the practice to make payment to the supervisor.
* Monthly payments are made in arrears either to the practice or directly to supervisors, based on individual practice models and in consultation with the individual practices.
* Payment is pro-rata per full-time equivalent (FTE) of registrar/s under supervision.
* Payments are for the first three core community general practice training terms only: general practice training (GPT1)/core generalist training (CGT1) – GPT3/CGT3.
* Payments are validated by the colleges and contingent upon college satisfaction of supervision activity.
* Base payments are weighted to reflect training term.
* Payment is comprised of a base rate and rural loading based on the Modified Monash (MM) model practice location MM 3-7.
* Payments can be made for supervision of registrar(s) at accredited practices that are delivering community general practice training under AGPT program including eligible practices owned by state and territory government health services as identified by the colleges for an exemption and approved by Health in appropriate circumstances. For example, practices involved in the Commonwealth Government’s Single Employment Model (SEM) trial or other Commonwealth Government GP training programs.

### Exclusions

* There will be no scope for the use of AGPT payments to fund state/territory government funded facilities unless otherwise approved by Health in appropriate circumstances.

### Activity

* Provide in-practice mentoring, formal and informal teaching activities, case discussions and competency assessments.
* Undertake early safety assessment of the registrar.
* Discuss the registrar’s learning needs and assist in the review and development of their learning plan.
* Determine teaching requirements based on the registrar’s learning plan.
* Adhere to college supervision requirements.
* Monitor and manage registrar workload for in-practice and off-site activities.
* Be available to meet with clinicians visiting from the college/s to support registrars.
* Discuss any practice staff/patient feedback with the registrar.
* Report any critical incidents relating to the registrar to the relevant college.
* Communicate with the college and medical educators on any concerns on the registrar’s wellbeing, progression and learning needs.
* Provision of additional supervisory and teaching support to registrars prior to remediation.
* Participate in cultural safety training.
* Engage the registrar in practice activities including clinical audits and research.
* Any additional activities specified as part of the college training site accreditation standards.

|  |
| --- |
| ***Does not include clinical supervision as this is not funded under current activities*.** |

### Rates

Payment made pro-rata FTE to supervisors for registrars located in MM 1-2:

* GPT1/CGT1 – $11,700
* GPT2/CGT2 – $6,750
* GPT3/CGT3 – $2,800

Payment made pro-rata FTE to supervisors for registrars located in MM 3-4:

* GPT1/CGT1 – $13,700
* GPT2/CGT2 – $8,750
* GPT3/CGT3 – $4,800

Payment made pro-rata FTE to supervisors for registrars located in MM 5:

* GPT1/CGT1 – $14,700
* GPT2/CGT2 – $9,750
* GPT3/CGT3 – $5,800

Payment made pro-rata FTE to supervisors for registrars located in MM 6-7:

* GPT1/CGT1 – $15,700
* GPT2/CGT2 – $10,750
* GPT3/CGT3 – $6,800

# Practice Payments

## Definition

A payment to incentivise and support practices to host registrars, including for the absence of a registrar while they are away training and the associated loss of income to the practice.

### Scope and business rules

* Payments are made quarterly for the first two core community general practice training terms only (GPT1/CGT1 and GPT2/CGT2), with the first quarterly payment made at the start of the first term.
* Payment is pro-rata per FTE of registrar/s.
* Payments are made for resources required to host registrars when training (orientation, infrastructure and equipment).
* Payments are made to eligible practices for training accreditation (and re-accreditation) processes.
* Payment is comprised of a base rate and rural loading based on the MM 3-7 practice location.
* Payments can be made to eligible accredited practices that are hosting registrars and delivering community general practice training under AGPT program practices owned by state and territory government health services across Australia as identified by the colleges for an exemption and approved by Health in appropriate circumstances. For example, approved practices involved in the Commonwealth Government’s Single Employment Model (SEM) trial or other Commonwealth Government GP training programs.

### Exclusions

* There will be no scope for the use of AGPT payments to fund state/territory government funded facilities unless otherwise approved by Health in appropriate circumstances.

### Activity

* Ensure that registrars are employed by the practice under a written employment agreement that satisfies the minimum requirements of the GP National Terms and Conditions for Employment of Registrars (NTCER).
* Provide orientation and induction support to the registrar.
* Ensure, as far as is reasonably practicable, the health and safety of the registrar during the placement.
* Confirm that the registrar’s indemnities are current at the time of employment.
* Ensure that all supervisors within the practice have completed the college’s initial induction program before engaging with GP training.
* Ensure that on-site/off-site supervision recommendations are being adhered to.
* Release the registrar to attend educational activities as per college requirements.
* Accreditation and provider number onboarding.
* Ensure all supervisors within the practice maintain full and unrestricted registration.
* Ensure that registrars have protected teaching time.
* Ensure the registrar’s patient load aligns with their capabilities.
* Ensure registrars have access to resources for clinical decision making.
* Report any critical incidents relating to the practice to the relevant college.
* Any additional activities specified as part of the college training site accreditation standards.

### Rates

Payment made to practices pro-rata FTE for registrars located in MM 1-2:

* GPT1/CGT1 – $15,000
* GPT2/CGT2 – $7,500

Payment made to practices pro-rata FTE for registrars located in MM 3-4:

* GPT1/CGT1 – $17,000
* GPT2/CGT2 – $9,500

Payment made to practices pro-rata FTE for registrars located in MM 5:

* GPT1/CGT1 – $18,000
* GPT2/CGT2 – $10,500

Payment made to practices pro-rata FTE for registrars located in MM 6-7:

* GPT1/CGT1 – $20,000
* GPT2/CGT2 – $12,500

# Practice Payments – Salary Support

### Definition

An additional support payment for practices (a contribution towards registrar salary) for AGPT training in community controlled Aboriginal and Torres Strait Islander health facilities to:

* increase training opportunities for GP registrars in Aboriginal and Torres Strait Islander health settings.
* promote training innovation in Aboriginal and Torres Strait Islander health settings.
* improve access to appropriate, holistic health care for Aboriginal and Torres Strait Islander communities.

### Scope and business rules

* Paid monthly in arrears.
* Payment per FTE of registrar.
* Accreditation (and re-accreditation) processes.
* Application based on [Salary Support Policy](https://www.health.gov.au/resources/publications/agpt-program-aboriginal-and-torres-strait-islander-salary-support-program-policy-2023?language=en) eligibility.
* Resources required to host registrars when training.
* Rates tiered based on practice location MM 1-7.
* Salary Support payments may be available for GP training of registrars in a state and territory government owned facility or initiative where agreed by Health. For example, practices involved in the Commonwealth Government’s SEM or other Commonwealth Government GP training trials.

### Exclusion

Salary Support is not available for registrars pursuing:

* An extension of training time.
* Training for remediation purposes.
* [Salary](mailto:Salary) Support payments are intended to provide a contribution to support registrar salary and is not intended to provide a complete salary replacement for eligible registrars. Practices must meet their employment obligations (e.g. with respect to superannuation and leave loading) regardless of the level of salary support provided for a registrar.
* Salary support is not intended to cover overtime in state and territory government facility.

Exceptions to the AGPT Aboriginal and Torres Strait Islanders salary support program policy must be applied for in writing via email to [**FNGPTC@health.gov.au**](mailto:FNGPTC@health.gov.au).

### Activity

Meet training facility requirements under the salary support policy, including:

* Maintain their Category 1 or Category 2 training facility college accreditation status;
* Employ the registrar on a ‘PAYG’ basis;
* Assist registrars in meeting the training requirements of the AGPT program;
* Provide the registrar with access to a Cultural Educator and Cultural Mentor associated with the training facility; and
* Support the registrar to apply for a 3GA Medicare Provider Number specific to the placement.

### Rates

Maximum salary support hourly rates are determined by the MM geographical classification system. The MM location of the Aboriginal and Torres Strait Islander health training facility will be paid up to the following set rates per hour, or at the facility’s set hourly rate for their registrars (whichever is the lesser). An exception applies for any registrars in an eligible facility that is participating in a SEM trial at the set rate below:

* A (MM 1-2) $71.00
* B (MM 3-5) $85.00
* C (MM 6) $100.00
* D (MM 7) $110.00

It is the responsibility of the colleges to ensure the correct rate of payment is provided through their validation processes and payments are in accordance with the scope and business rules outlined above.

Enquiries about the AGPT Aboriginal and Torres Strait Islander salary support program policy, eligibility requirements and payment rates should be directed to: [**FNGPTC@health.gov.au**](mailto:FNGPTC@health.gov.au).

# Registrar Payments

### Definition

A payment:

* for registrars to use in a flexible manner to support quality education and training in accordance with their individual circumstances; and
* to incentivise and support training in regional, rural and remote areas.

### Scope and business rules

* Paid to the registrar in advance, at the start of each semester where possible for the core training terms (GPT1-GPT3, GPT4/ES, CGT1-CGT4).
* Registrars who commence their training later than the start of a training semester will be paid at commencement of their training term.
* Payment is pro-rata per FTE of the registrar.
* Part-time registrars whose core training term extends across multiple semesters will be paid pro-rata payments. Hence, a part-time registrar’s multiple payments will be equivalent to a full-time registrar’s single payment (i.e. full payments will not be made for each part-time training placement).
* Payments tiered according to MM 2-7, to incentivise and support training in regional, rural and remote locations.
* Payments to be activated at the site placement with a declaration signed by registrars at the beginning of training.

### Exclusions

* Payments will not be provided to registrars training in MM1 locations.
* Registrar payments should not be used to fund college courses or used as salary.
* While exam preparation courses are not excluded, courses should be discussed and endorsed by the colleges.
* Payments will not be provided to registrars in an extended training term, such as extension assessment term, extended clinical training and skills in hospital, administrative assessment, waiting fellowship and fellowship examinations, rural generalist extensions and extension of training term for remediation purposes.
* Payments will not be made for the core hospital training term/s.

### Activity

As a guideline, the payment may be used for (but are not limited to):

* registrar relocation
* rental assistance
* travel and accommodation for education and training activities
* self-directed learning support
* wellbeing and psychological support
* learning materials e.g. textbooks, medical journals and research subscriptions.

### Rates

Payments are for each core training term (GPT1-GPT3, GPT4/ES, CGT1-CGT4,) and based on pro-rata FTE of the registrar.

* Payment for registrars training in MM 2: $1,800
* Payment for registrars training in MM 3-4: $3,425
* Payment for registrars training in MM 5 : $4,810
* Payment for registrars training in MM 6-7: $9,250

# Flexible Payments Pool

### Definition

A singular flexible pool of funds which will be utilised by the college to support participants and address specific needs to build capacity and support training in areas of workforce need.

### Governance

* Funding will be governed through college-led GP training grant agreements.
* This payment is not made by Services Australia.
* The colleges will have scope to change the planned payments through yearly budget submissions, if required, to allocate funding to other areas of need.
* The colleges will also have scope to develop an appropriate model by utilising the flexible payments pool to support training and education, expand training capacity in areas of need, particularly in rural and remote areas.
* The colleges will need to be transparent ([ACRRM policy](https://www.acrrm.org.au/docs/default-source/all-files/acrrm-flexible-funds-guidelines.pdf?sfvrsn=a0b1fcb3_6) and [RACGP policy](https://www.racgp.org.au/education/gp-training/gp-training/education-policy-and-supporting-documents/training-program-policies/flexible-funds-policy)) regarding the funding of this flexible payments pool so that practices, supervisors and registrars are aware of any additional support available from the flexible payments pool.
* Data and reporting by the colleges on the use of funds, provided to Health, will ensure governance of this pool of payments.

### Exclusions

* Activities that are already funded by Commonwealth or jurisdictional governments.
* Contribution to the salary of a registrar or supervisor, or payment to the family of a registrar or supervisor.

### Activity

College training models may include flexible payments to supervisors, practices and registrars outside of the payment scope specified to build training capacity, particularly in rural and remote Australia, and to ensure quality supervision is provided to registrars.

Examples of uses for discretionary funds for supervisors include:

* An additional payment to a supervisor for undertaking professional development as per each college’s supervisor accreditation policy.
* An additional payment for supervisors hosting compulsory Additional Rural Skills Training (ARST) or Advanced Skills Training (AST) posts.
* Professional pastoral care and psychological support.
* Additional supervisory requirements including remote supervision.
* Supervisor orientation to training.
* Travel requirements for mandatory workshops in line with the college travel policy and guidelines.

Examples of uses for discretionary funds for practices include:

* Additional training costs and funding for practices that are located in an area of high workforce need, to support and attract registrars to the area.
* COVID and disaster relief.
* Practice orientation to training.
* Communication with potential practices.
* Virtual and in person visits to current and potential practices.

Examples of uses for discretionary funds for registrars include:

* To support relocation costs, housing rental assistance, childcare and education costs, travel for personal wellbeing, internet connectivity to support work, education and training.
* An additional payment to support training in approved ARST or AST posts.
* To support registrars who regularly undertake Visiting Medical Officer (VMO) work in public hospitals.
* An additional incentive to be provided to registrars per training term who train in areas of high workforce need or importance.
* Requirements associated with individual placement and for pre-placement visits, particularly in rural and remote locations.
* Professional pastoral care and psychological support.
* Subscriptions to resources and materials that provide clinical guidance to support registrar training and education.

# Glossary

|  |  |
| --- | --- |
| ACCHS | Aboriginal Community Controlled Health Services |
| ACRRM | Australian College of Rural and Remote Medicine |
| ACRRM Leave | [Leave from Training Policy (acrrm.org.au)](https://www.acrrm.org.au/docs/default-source/all-files/leave-from-training-policy.pdf?sfvrsn=5262372a_10) |
| AGPT | Australian General Practice Training program |
| AMS | Aboriginal Medical Service |
| ARST | Additional Rural Skills Training – final year in an approved training post comprising 52 weeks FTE on the Rural Generalist pathway through RACGP. |
| AST | Advanced Skills Training – final year in an approved training post comprising 52 weeks FTE on the Rural Generalist pathway through ACRRM |
| CGT | Core Generalist Training |
| Core vocational training term | Training terms refers to the core vocational training terms for each college (ACRRM & RACGP). They are:  ACRRM: CGT1, CGT2, CGT3, CGT4 and  RACGP: GPT1, GPT2, GPT3, ES/GPT4.  The training terms (CGT1-CGT4, GPT1-GPT3, ES/GPT4) are 26 FTE weeks each. |
| ES | Extended Skills |
| FTE | Full Time Equivalent. 1 FTE week = 38 hours, and 26 weeks per term |
| Full time registrar | Undertaking 38 hours of training per week |
| GPT | General Practice Training |
| GPTP | General Practice Training Payment – Services Australia to refers to NCP as GPTP |
| Health | Commonwealth Government Department of Health and Aged Care |
| HPOS | Health Professional Online Services - an online system where medical practitioners can do business online with Services Australia. Most changes made through HPOS are effective immediately. |
| MM | Modified Monash (MM) model is a classification system that categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and population size. The system was developed to recognise the challenges in attracting health workers to regional, rural and remote areas. Categories are: MM1 metropolitan areas; MM2 regional centres; MM3 large rural towns; MM4 medium rural towns; MM5 small rural towns; MM6 remote communities; MM7 very remote communities. For more see <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm> |
| MPN | Medicare Provider Number - uniquely identifies a medical practitioner and the practice location from which they perform professional services. MPNs are issued by Services Australia. |
| NCP | National Consistent Payments |
| Part-time registrar | Undertaking less than 38 hours of training per week and/or 26 full time weeks in a semester. Part-time registrars generally receive pro-rata entitlements, based on the number of hours worked. |
| PRODA | Provider Digital Access - an online identity verification and authentication system which enables secure access for providers to a range of government online services. |
| Pro-rata | Part-time payment based on the number of hours/weeks worked. |
| RACGP | Royal Australian College of General Practitioners |
| RACGP Leave | [RACGP - Leave Policy](https://www.racgp.org.au/education/gp-training/gp-training/education-policy-and-supporting-documents/training-program-policies/leave-policy#:~:text=This%20leave%20is%20available%20to%20all%20Registrars%20and,with%20valid%20certificates%2C%20and%20Training%20Program%20administrative%20constraints.) |
| RG | Rural Generalist |
| SEM | Single Employer Model |
| Semester | There are two training semesters in a calendar year and semesters are usually 26 weeks each. |
| Training Placement | Training placement refers to the training the registrar is undergoing. |
| Training Post | Training post is the practice where the registrar has been placed. |
| VMO | Visiting Medical Officer |

**Version Details:**

*The previous NCP framework was in effect from Semester 1, 2023 until end of Semester 1, 2025.*

*The revised NCP framework (Version2) is in effect for all participants from the start of Semester 2, 2025.*

**Supporting Document: NCP guidelines**