



Strengthening Medicare Health workforce



\$662.6 million

total investment
in the health workforce

\$265.2 million

supporting more junior
doctors training to be
GPs than ever before

\$248.7 million

salary incentives
for junior doctors
to specialise in
general practice

\$10.5 million

scholarships for
nurses and midwives
to extend their skills

Summary

The 2025–26 Budget will strengthen Medicare by continuing to grow the primary healthcare workforce, through training and retaining more doctors, nurses and midwives. The investments in this Budget recognise that our healthcare system is nothing without a strong workforce.

The Budget continues to support general practice and primary health care, with hundreds more GP and rural generalist training places available to grow the pipeline of future GPs. Junior doctors who choose general practice as their specialty will receive fairer salary incentives. Their entitlements will be more in line with their hospital colleagues, and they'll be able to access paid parental leave and study leave while on Commonwealth-funded GP training programs. There will also be more Commonwealth Supported Places (CSPs) for medical students and extra rotations for junior doctors to support students and junior doctors to build their careers in primary health care.



More nurses and midwives will be able to access scholarships to extend their skills and qualifications, and to support them to work in primary health care.

The 2025–26 Budget builds on previous government initiatives that have grown the health workforce, with an extra 17,000 doctors registering to practise in the past 2 years – more than at any time in the past decade.

Who benefits

All Australians benefit from having a stronger Medicare, with care delivered by a highly skilled and well-supported workforce that works to its full scope of practice.

There will be hundreds more government-funded GP and rural generalist training places, with an additional 1,300 doctors entering GP training over 4 years from 2026 (\$265.2 million). By 2028, the government will fund the training of more than 2,000 new GP trainees each year. This additional GP and rural generalist training will occur through the Australian General Practice Training Program, and the Remote Vocational Training Scheme, which supports training in rural and remote and hard-to-fill locations.

Junior doctors who choose general practice or rural generalism as their specialty on a Commonwealth-funded training program will receive a salary incentive payment of \$30,000. This will help bridge the estimated average pay gap that new GP trainees face when they choose to leave the state-funded hospital system and begin GP training (\$204.8 million).

GP trainees participating in a government-funded training program will also be able to access payments equivalent to up to 20 weeks of paid parental leave, and 5 days of study leave per year (\$43.9 million). This will help compensate for the loss of entitlements junior doctors face when moving out of the hospital system.

Junior doctors and medical students will also have greater opportunity to work and learn in primary healthcare settings.

This will include more prevocational training rotations, which will support up to 1,300 early career doctors to gain exposure to primary health care (\$44.0 million).



There will be more medical places at universities focused on primary health care, with an additional 100 medical Commonwealth Supported Places per year from 2026, increasing to 150 per year by 2028, and demand-driven places for First Nations students to study medicine (\$48.4 million).

Hundreds more nurses and midwives will be able to extend their skills through an expansion of the Primary Care Nurse and Midwifery Scholarship Program (\$10.5 million). An additional 400 scholarships will support registered nurses and midwives to undertake postgraduate study to become nurse practitioners and endorsed midwives, and work in primary health care.

Funding will support the construction of the Nursing and Midwifery Academy in Victoria, to be operated by the Epworth Medical Foundation. This will provide professional development pathways to enable nurses and midwives to enhance their leadership, research and training and education skills (\$28.0 million).

These measures will encourage more nurses and midwives to join the primary healthcare workforce, which will help improve patient access to multidisciplinary teams, and reduce the burden on GPs and the hospital system.



Case study

Georgia is a 29-year-old junior doctor from the outer suburbs of Perth, an area where there is a shortage of GPs.

Georgia works at her local hospital and is considering starting specialty training to become a GP. While Georgia is interested in working in primary health care, she expects that her base salary won't be as high as at the hospital she works in.

Georgia and her partner are also thinking about having their first child in the next couple of years, and she is worried that she won't be able to access the same level of paid parental leave while undertaking GP training, when compared with her current hospital job.

Thanks to new, fairer incentives for GP trainees, Georgia decides to start GP training. She receives a salary incentive payment of \$30,000, which means her new base salary is in line with what she was earning in her previous hospital role. Georgia also benefits from being able to access up to 20 weeks of paid parental leave, if she has a baby while completing her GP training.