



Australian Government

Department of Health, Disability and Ageing

National Consistent Payments (NCP) Framework

For Commonwealth funded General Practice training pathway programs

Revised – November 2025 (version 3.2) for semester one, 2026 implementation



Purpose

The National Consistent Payments (NCP) framework outlines the support payments provided to eligible supervisors, practices and registrars participating in the Commonwealth-funded General Practice training pathways programs:

- Australian General Practice Training (AGPT) program
- Remote Vocational Training Scheme (RVTS)

The NCP framework was initially developed for the college-led AGPT program and commenced from semester one, 2023. It aims to reduce red tape, increase accountability, and transparency around GP training support payments 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 such areas.

The support payments related to supervisors, practices and registrars for AGPT 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). A separate flexible payment pool is also available to support AGPT participants, paid directly by the colleges. The Department of Health, Disability and Ageing (the department) allocates this flexible pool of funds to the colleges as a part of their AGPT grant contracts. From semester one, 2026, payments provided to AGPT participants (including Salary Support payments) through the NCP framework, will be indexed.

From the commencement of semester one 2026, GP Training Incentive Payments (salary incentive, study leave incentive and parental leave incentive) will be available to eligible registrars participating in AGPT and RVTS. The incentive payments aim to attract more doctors to general practice training by removing the barriers often faced when transitioning from hospital-based training to GP training. The relevant training provider (ACRRM, RACGP and RVTS Ltd) will be responsible for determining a registrar's eligibility as per the [GP Training Incentive Payments Policy](#). Payments will be administered by Services Australia for AGPT registrars and by RVTS Ltd for RVTS registrars.

Table 1: Payments available to AGPT and RVTS participants, from semester one, 2026

Training Program	Eligible payment types						
	Registrar Payment	Practice Payment	Supervisor Payment	Salary Support Payment	Salary Incentive	Study Leave Incentive	Parental Leave Incentive
AGPT	✓	✓	✓	✓	✓	✓	✓
RVTS					✓	✓	✓

1 Supervisor (Teaching) Payments

1.1 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.

1.2 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 the payment directly 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.
- Payments are 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-GPT3) / primary care training (PCT1-PCT3).
- PCT refers to an ACRRM placement in a community general practice setting. This shows the level of the registrars training time within a community general practice setting and its sequence.
- Payments are validated by the colleges and contingent upon college satisfaction of supervision activity.
- Base payments are weighted to reflect training term.
- Payments are 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 the AGPT program, including eligible practices owned by state/ territory government health services as identified by the colleges for an exemption and approved by the department in appropriate circumstances. For example, practices involved in the Commonwealth's Single Employment Model (SEM) trial or other Commonwealth GP training programs.

1.3 Exclusions

There is no scope for the use of AGPT payments to fund state/territory government funded facilities unless otherwise approved by the department under appropriate circumstances.

1.4 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.
- Provide 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.

Eligible activity does not include clinical supervision as this is not funded under current activities.

1.5 Rates

All payments are made pro-rata FTE to supervisors dependent on registrar's MM location and training term.

Table 2: NCP Supervisor payments as of semester one, 2026

MM Location	Training Term	Payment amount
MM 1-2	GPT1/PCT1	\$11,945.70
	GPT2/PCT2	\$6,891.75
	GPT3/PCT3	\$2,858.80
MM 3-4	GPT1/PCT1	\$13987.70
	GPT2/PCT2	\$8,933.75
	GPT3/PCT3	\$4,900.80
MM 5	GPT1/PCT1	\$15,008.70
	GPT2/PCT2	\$9,954.75
	GPT3/PCT3	\$5,921.80
MM 6-7	GPT1/PCT1	\$16,029.70
	GPT2/PCT2	\$10,975.75
	GPT3/PCT3	\$6,942.80

2 Practice Payments

2.1 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.

2.2 Scope and business rules

Payments are made quarterly for the first two core community general practice training terms only (GPT1 and GPT2/PCT1 and PCT2), 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 the AGPT program, including practices owned by state/ territory government health services across Australia as identified by the colleges for an exemption and approved by the department in appropriate circumstances. For example, approved practices involved in the Commonwealth's SEM trial or other Commonwealth GP training programs.

2.3 Exclusions

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

2.4 Activity

- Ensure that registrars are employed by the practice under a written employment agreement that satisfies the minimum requirements of the National Terms and Conditions for the 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.

2.5 Rates

Table 3: NCP Practice payments as of semester one, 2026

MM/Location	Training Term	Payment amount
MM 1-2	GPT1/PCT1	\$15,315.00
	GPT2/PCT2	\$7,657.50
MM 3-4	GPT1/PCT1	\$17,357.00
	GPT2/PCT2	\$9,699.50
MM 5	GPT1/PCT1	\$18,378.00
	GPT2/PCT2	\$10,720.50
MM 6-7	GPT1/PCT1	\$20,420.00
	GPT2/PCT2	\$12,762.50

3 Practice Payments – Salary Support

This section should be read in conjunction with the [Salary Support Policy](#).

3.1 Definition

A contribution toward registrar salary for AGPT training in Aboriginal and Torres Strait Islander health facilities to increase training opportunities for GP registrars in Aboriginal and Torres Strait Islander health settings. The payment also promotes training innovation in Aboriginal and Torres Strait Islander health settings and improves access to appropriate and holistic health care for Aboriginal and Torres Strait Islander communities.

3.2 Scope and business rules

- Payments are made monthly in arrears.
- Payments are for core training terms (GPT1 – GPT4, CGT1-CGT4, Advanced Specialised Training (AST), Additional Rural Skills Training (ARST), Mandatory Elective Units).

- Payment is pro-rata per FTE of registrar/s.
- Accreditation (and re-accreditation) processes.

Application is based on [Salary Support Policy](#) eligibility.

- Resources required to host registrars when training.
- Rates are tiered based on practice location MM1-7.
- Salary Support payments may be available for registrars in a state/territory-government owned facility where agreed by the department. For example, practices involved in the Commonwealth's Single Employer Model trials.

3.3 Exclusion

For further information please refer to the [Salary Support Policy](#).

3.4 Activity

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

- Maintain their Category one or Category two training facility college accreditation status;
- Employ the registrar as an employee of the facility/practice;
- Assist registrars in meeting the training requirements of the AGPT program;
- Provide registrars with access to a Cultural Educator and Cultural Mentor associated with the training facility; and
- Support registrars to apply for a 3GA Medicare Provider Number specific to the placement.

3.5 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 rate per hour (maximum 38 hours a week), or at the facility's set hourly rate for their registrar/s (whichever is the lesser).

Table 4: NCP Practice - Salary Support payments as of semester one, 2026

MM Location	Payment rate (per hour)
MM1-2	\$72.49
MM3-5	\$86.79
MM6	\$102.10
MM7	\$112.31

4 Registrar Payments

4.1 Definition

A payment for registrars to use in a flexible manner to support quality education and training in accordance with their individual circumstances. The payment also incentivises and supports training in regional, rural and remote areas.

4.2 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/Extended Skills (ES), CGT1-CGT4).
- Registrars who commence their training later than the start of a training semester will be paid at the 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 are 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.

4.3 Exclusions

- Payments are not 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 terms for remediation purposes.
- Payments will not be made for the core hospital training term/s.

4.4 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; and
- learning materials e.g. textbooks, medical journals and research subscriptions.

4.5 Rates

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

Table 5: NCP Registrar payments as of semester one, 2026.

MM Location	Payment amount
MM1	\$0.00
MM2	\$1,837.80
MM3-MM4	\$3,496.93
MM5	\$4,911.01
MM6-MM7	\$9,444.25

5 Flexible Payments Pool

5.1 Definition

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

5.2 Governance

- Funding is governed through college-led GP training grant agreements.
- This payment is not made by Services Australia.
- The colleges have scope to change the planned payments through yearly budget submissions, if required, to allocate funding to other areas of need.
- The colleges 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 need to be transparent ([ACRRM policy](#) and [RACGP policy](#)) regarding the funding of this flexible payments pool so that supervisors, practices 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 the department, will ensure governance of this pool of payments.

5.3 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.
- Overseas travel.

- Major capital expenditure such as the purchase of land, motor vehicle, real estate or for building or construction.

5.4 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 ARST or 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.
- Pandemic response 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, initial 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.

Examples of uses for discretionary funds by colleges under exceptional situations:

- Colleges may seek the department's approval to use the Flexible Funds for targeted capacity building activities that do not involve direct payments to either supervisors, practices or registrars.

6 Salary Incentive

This Section should be read in conjunction with the [GP Training Incentive Payments Policy](#).

6.1 Definition

A payment for eligible doctors as they enter GP training and commence their first placement in community-based primary care. This payment applies across all MM regions.

6.2 Scope and business rules

- Paid to registrars during their first core training term in community-based primary care.
- Paid to Commonwealth-funded GP registrars.
- Paid to registrars monthly in arrears
- Payments are pro-rated per FTE of the registrar.
- Payments activated with a declaration signed by registrars at the beginning of training.

6.3 Exclusions

- Refer to policy guidelines

6.4 Activity

A salary incentive payment for registrars to reduce the pay gap between hospital-based speciality training and community-based GP training, and to support a registrar's transition to MBS billing.

6.5 Rates

Rates are available in the [GP Training Incentive Payments Policy](#).

7 Study Leave Incentive

This Section should be read in conjunction with the [GP Training Incentive Payments Policy](#).

7.1 Definition

The study leave incentive funds GP registrars to access study leave.

7.2 Scope and business rules

- Commonwealth-funded registrars undertaking either GPT1-3; ES; CGT1-4; AST; ARST or RVTS Year 1-3.
- Eligible registrars will have access to up to 5 days (or 38 hours) of study leave per training year.

- Payments activated with an application to the relevant training provider, paid monthly in arrears or as received.
- Duration of provision (rather than hourly rate) is pro-rata per FTE of the registrar.
- It does not replace, nor can it be used for, educational release.
- Training providers may set their own cut off dates for each semester and communicate these with registrars, to ensure timely and accurate payments for the semester.
- Any unused study leave per training year will be forfeited and cannot be carried over.

7.3 Exclusions

- Refer to policy guidelines.

7.4 Activity

The study leave incentive is intended to offset the loss of income for GP registrars while they study for and attend exams and/or attend relevant professional development activities.

7.5 Rates

Rates are available in the [GP Training Incentive Payments Policy](#).

8 Parental Leave Incentive

This Section should be read in conjunction with the [GP Training Incentive Payments Policy](#).

8.1 Definition

The parental leave incentive provides GP registrars access to parental leave for primary caregivers, and secondary caregivers.

8.2 Scope and business rules

- Commonwealth-funded registrars undertaking either GPT1-3, ES, CGT1-4, AST, ARST or RVTS Year 1-3.
- Eligible registrars will have access to up to 20 weeks of parental leave as a primary caregiver and up to 2 weeks of parental leave as a secondary caregiver.
 - The duration of the parental leave incentive is fixed for both primary and secondary caregivers.
- Payments will be made monthly in arrears upon commencement of the leave period.
- Application must be made with relevant training provider with supporting evidence.
- Weekly payment rate is pro-rata per FTE of the registrar.

8.3 Exclusions

Refer to the policy guidelines

8.4 Activity

The parental leave incentive can be accessed by GP registrars to support time away from GP training and work due to being a:

- Primary caregiver as the result of:
 - the birth of their child, or
 - the adoption, or
 - long-term fostering of a child up to the age of 16, or
 - the birth of their child through a surrogacy arrangement.
- Secondary caregiver:
 - Supporting the above.

8.5 Rates

Rates are available in the [GP Training Incentive Payments Policy](#).

9 Glossary

Terms	Descriptions
3GA programs	3GA programs are GP training programs for non-vocationally registered registrars who satisfy section 19AA of the <i>Health Insurance Act 1973</i> .
ACCHS	Aboriginal Community Controlled Health Services
ACRRM	Australian College of Rural and Remote Medicine
ACRRM Leave	Leave from Training Policy (acrrm.org.au)
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 Specialised Training – refers to an approved training post comprising 52 weeks FTE on the Rural Generalist pathway through ACRRM.
CGT	Core Generalist Training
Core training term	Training terms refers to the core training terms for each GP college and the RVTS as follows: ACRRM (Unit Type): CGT1, CGT2, CGT3, CGT4, ACRRM (Sub-type): PCT1, PCT2, PCT3 RACGP: GPT1, GPT2, GPT3, ES/GPT4 RVTS: RVTS1, RVTS2, RVTS3 The core GP college training terms (CGT1-CGT4), ((subtype PCT1-PCT3), GPT1-GPT3, ES/GPT4) are 26 FTE weeks each.

Terms	Descriptions
	The core training terms for RVTS are usually 52 weeks. RVTS registrars can undertake an additional 52 weeks of core vocation training through an AST or ARST term.
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, starts at the second year of training
GPTP	General Practice Training Payment – Services Australia refers to NCP as GPTP
The department	Australian Government Department of Health, Disability and Ageing
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.
Indexation	From semester one, 2026, indexation is applied to existing NCP's (Supervisors, Practices, including Salary Support and Registrars payments). Indexation will be updated annually using the WCI1 rate based on advice from the department's internal Finance Business team.
Mandatory Elective Unit	A Mandatory Elective Unit is an extra period training for registrars who have completed the required 52 weeks of mandatory hospital placement at a level of PGY2 or above but have not met the minimum requirements of the training provider's Hospital Training Term.
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 information please visit: 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.
PCT	ACRRM Subtype Primary Care Training

Terms	Descriptions
	Unit Type: Indicates the stage of the ACRRM registrar training (CGT1, CGT2, CGT3, CGT4), this is the training following the registrar's PGY2 year. Unit Subtype (PCT1, PCT2, PCT3): refers to ACRRM placement is in a community primary care placement and its sequence. This shows the level of the registrars training time in a community general practice setting.
PRODA	Provider Digital Access - an online identity verification and authentication system which enables secure access for providers to a range of government online services.
PGY2	Post-Graduate Year 2 is the level of training upon which the registrar has met the standards and requirements of PGY2 as per the AMC National Framework.
Pro-rata	Part-time payment based on the number of hours/weeks worked.
RACGP	Royal Australian College of General Practitioners
RACGP Leave	https://www.racgp.org.au/education/gp-training/gp-training/education-policy-and-supporting-documents/training-program-policies/leave-policy www.racgp.org.au/education/gp-trainings/leave-policy
RG	Rural Generalist
RVTS	Remote Vocational Training Scheme aims to: Facilitate access to vocational training for doctors in rural, remote and First Nations communities across Australia; Contribute to the recruitment and retention of rural and remote doctors; and Improve the quality of services available to remote communities by enabling access to vocational training and ensuring continuity of medical services.
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

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Version 2	February 2025	Semester one, 2025
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Version number	Publication date	Implementation date
Version 3.2	November 2025	Semester one, 2026

Supporting Documents: [NCP guidelines](#), NCP Business Rules (for colleges and Services Australia), [Salary Support Policy](#), [GP Training Incentive Payments Policy](#), [ACRRM Flexible fund policy](#), [RACGP Flexible Fund Policy](#).

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All information in this publication is correct as at November 2025

