Australian Government
Department of Health, Disability and Ageing

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 populationsingle and all areas categorised ASGS-RA1.

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Undergraduate Health Professional Support		
Puggy Hunter Memorial Scholarship Scheme (PHMSS)	The PHMSS provides financial assistance to Aboriginal and Torres Strait Islander students studying an entry-level course in a health-related discipline in a university, higher education provider, TAFE, or Registered Training Organisation. The PHMSS aims to: • Improve the capacity and quality of the First Nations' health workforce • Encourage health professionals to deliver outreach activities in regional, rural and remote locations • Improve the health outcomes of First Nations people living in regional, rural and remote locations.	The PHMSS is administered by Indigenous Allied Health Australia (IAHA). Applicants living and working in areas classified under MM 2 locations are given preference in scholarship allocations. • 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.

Name	Description	Incentives (financial and other)
Indigenous Health Scholarship Program (IHSP)	The IHSP provides financial assistance and social and emotional wellbeing support to Aboriginal and Torres Strait Islander students who are intending to enrol or are enrolled in an entry-level or graduate-level qualification in an eligible health-related course in a university, higher education provider, TAFE or Registered Training Organisation (RTO).	The IHSP is administered by Indigenous Allied Health Australia (IAHA). Consideration is given to applicants coming from regional, rural and remote areas. Scholarships are $5,000 annually for day-to-day expenses such as books and stationery.
Bonded Medical Program	Provides Commonwealth Supported Places at an Australian university in exchange for recipients working for 156 weeks as a medical practitioner in areas of workforce shortage.	Participants receive a Commonwealth Supported Place in a medical course at an Australian university.
GP and Advanced Skills Training Support		
Australian Primary Care Prevocational Program – Metro Stream	The Australian Primary Care Prevocational Program (APCPP) gives junior and prevocational doctors the opportunity to undertake a primary care training rotation during their hospital training years. The APCPP aims to provide junior doctors with positive exposure to primary care, encouraging them to choose general practice career pathways and strengthening training networks.	The APCPP will contribute $44.0 million (2025-26 to 2028-29) to support the delivery of metropolitan primary care rotations for hospital based prevocational doctors in MM 1. The APCPP Metro Stream will offer 200 rotations in 2026 progressively increasing to 400 rotations from 2028.
Private Hospital Stream (PHS)	The objective of the Junior Doctor Training Program - Private Hospital Stream (PHS) is to expand training places in the private hospital sector, with a strong focus on supporting training for junior doctors in rural, regional, and remote areas (MM 2-7). This includes fostering partnerships between private hospital	The PHS is a key element of the Stronger Rural Health Strategy. It provides up to $25.0 million annually to support up to 115 internships and 80 PGY2 and PGY3 places in participating private hospitals.

Name	Description	Incentives (financial and other)
	providers, rural public hospitals, and other rural training settings (such as Aboriginal Medical Services) working as part of expanded training networks. While the program has a focus on training in MM 2-7 locations, many of the participating PHS private hospitals are located in MM 1 locations and some training will be undertaken in MM 1 locations.	
Australian General Practice Training (AGPT) Program	The AGPT program provides fully funded GP training for junior doctors, with at least 50% training to occur in regional, rural and remote areas. Training under the AGPT Program is delivered by the two GP Colleges: the Royal Australian College of General Practitioners. (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). Training support payments (National Consistent Payments) for eligible registrars, supervisors and training practices are tiered according to the MM region registrars train in, with greater support for training occurring in rural and remote areas. From 2026, all payments under the National Consistent Payments (NCP) Framework will be indexed.	AGPT participants are provided training support payments as follows: • Supervisors providing teaching: ○ $2,858.80 - $11,945.70; depending on the training term (limited to the first three training terms). • General Practice training practices: ○ $7,657.50 - $15,315.00; 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 to support registrar training: ○ Up to $72.49 per hour (MM 1 -2) or at the facility's set registrar hourly rate.
GP Training Incentive Payments	The GP Training Incentive Payments aim to encourage more doctors to specialise in general practice or rural generalism.	The incentives provide Commonwealth-funded GP and RG registrars with access to: • a $30,000 salary incentive when they commence their first core training term in community-based primary care.

Name	Description	Incentives (financial and other)
		• up to 5 days' study leave incentive per training year; and up to 20 weeks' parental leave incentive.
Pre-Fellowship Program (PFP)	The PFP supports International Medical Graduates (IMGs) to gain valuable general practice experience before joining a GP training pathway. To be eligible for a PFP placement the practice must be located within a Distribution Priority Area (DPA). The PFP is not available at non-DPA locations unless: • classified as an Aboriginal Medical Service (AMS); or • classified as an Aboriginal Community Controlled Health Service.	The PFP allows doctors to offer services under Medicare (note MBS rates for participants in MM 1 may be less than in other MM locations). PFP provides only IMGs with provisional or limited registration financial support for supervision, learning and development. Learning and Development funding is scaled by level of supervision. Supervision support payments are made quarterly in arrears and depend on MM location and supervision required.

Psychiatry Workforce Program	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 health workforce shortages and maldistribution.
	
	Note: MM 1 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, MM 1 support to non-expanded settings (i.e., to public
		Funding per training post is based on:
		
		• a salary contribution of up to $262,000 consisting of:
		  ○ 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)
		  ○ 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.

Name	Description	Incentives (financial and other)
	metropolitan hospitals) is only available for a maximum 50% (half) of a post, and maximum 33.3% (one third) of an IRTP post. 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.	
Specialist Training Program (STP)	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. 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. Note: MM 1 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, MM 1 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.	Funds are available under the STP for the following activities: **Salary support for trainees** • $105,000 per annum (indexed annually from 2022) pro rata per FTE. **Rural Support Loading (RSL)** • $25,000 per annum per eligible post, pro rata per FTE. **Private Infrastructure and Clinical Supervision (PICS)** • $30,000 per annum per eligible private post, pro rata per FTE. **Support Projects** • $100,000 base funding plus $1,210 per post per annum. **Integrated Rural Training Pipeline** • 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 colleges to assist in IRTP post administration, subject to the agreement of the Department. **Tasmanian Project** • Indexed annually, pro rata per FTE.

Name	Description	Incentives (financial and other)
	The following organisations are eligible to apply under the program: 1. Public[1] 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. 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.	
General Practice Incentives and Support		
Workforce Incentive Program (WIP) – Practice Stream	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.	Up to $140,947.36 per annum for a single practice.
Practice Incentives Program (PIP)	The PIP incentives are available to support general practice activities that encourage continuing improvement and quality of care, enhance capacity and improve	For further information on incentives and payments, please refer to individual Guidelines available at: Practice Incentives Program.

[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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	access and health outcomes for patients. It is administered by Services Australia on behalf of the Department of Health, Disability and Ageing. The current seven incentives under the PIP include: • eHealth • Teaching Payment • Indigenous Health (IHI) • 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 Practice Incentive Program (BBPIP)	BBPIP supports general practices to bulk bill all Medicare-eligible patients for all eligible services. Practices participating in BBPIP receive an additional quarterly 12.5% incentive payment on MBS benefits paid from eligible services. Participating practices must bulk bill every eligible service for every Medicare-eligible patient to receive the payment. This incentive payment is in addition to Medicare benefits and bulk billing incentives.	BBPIP provides a quarterly 12.5% incentive payment on MBS benefits paid from eligible services, split 50/50 between the GP and the practice. For further information refer to the Program Guidelines available at: Bulk Billing Practice Incentive Program: Program Guidelines.
Bulk Billing Incentive (BBI)	Bulk billing incentives (BBI) are MBS payments to medical practitioners who provide bulk billed services. From 1 November 2025 eligibility was expanded to include all Medicare-eligible patients. This is	The value of MBS BBI are scaled and increase based on the remoteness of the general practice, using the MM. Further information on BBIs, including reference tables by MM can be found on MBSOnline at MBS Online – Bulk Billing Incentives - Changes to Eligibility.

Name	Description	Incentives (financial and other)

	part of the Government's $7.9 billion investment, which also includes establishment of the Bulk Billing Practice Incentive Program, to improve access to bulk billed services.
	
	Since 1 November 2023, the BBI rate has been tripled for a range of general practice consultation items. These include:
	
	• All face-to-face general attendance consultations that are:
	  ○ 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:
	  ○ longer than 20 minutes (Levels C, D and E (video only)), and
	  ○ the patient is registered with the practice through MyMedicare.
	
	The standard BBI payments will continue to be available for doctors to co-claim when bulk billing:
	
	• MBS Level A (and equivalent) general attendance consultations,
	• Level C, D and E video general attendance consultations where the patient is not enrolled in MyMedicare, and	

Name	Description	Incentives (financial and other)

	• all other relevant MBS unreferred services, for example:
	  ○ chronic condition management items
	  ○ Better Access mental health items
	  ○ eating disorder items
	  ○ health assessments
	  ○ minor procedures.
	To claim the BBI for telehealth services, the practice location associated with the provider number is used regardless the MM location of the patient.
	However, for the after-hours BBIs (10992 and 75872), both the practice and patient MM location are considered. However, these items can only be claimed with specific after-hours MBS items in limited circumstances.
	For further information please see MN 1.1.	

Primary Care Workforce Support Program (PCWSP)	Rural Workforce Agencies in each State and the Northern Territory, in MM 1 DPAs and MM 2-7 are funded to deliver a range of activities aimed at addressing the maldistribution of the health workforce through the following program elements: Access; Quality; and Sustainability. Grants to health professionals can include: • Recruitment costs or as incentives • Orientation expenses • Relocation expenses to move to a rural area • Locum support	RWAs are consortium members funded bi-annually to implement their recruitment, access and sustainability activities.

Name	Description	Incentives (financial and other)
	• Assist with access to continuing professional development opportunities. An annual Health Workforce Needs Assessment (HWNA) is completed by each RWA to determine areas where is support is required.	
General Practice in Aged Care Incentive	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. 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. Rural loadings apply to provider and practice incentive payments for practices located in MM 3-7.	Practices and providers eligible for the General Practice in Aged Care Incentive payment are paid: • $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. Rural Loading: MM 3 - 20% MM 4 - 30% MM 5 - 30% MM 6 - 50% MM 7 - 50%
Multidisciplinary Support (including Nursing and Allied Health Programs)		
Health Workforce Scholarship Program (HWSP)	The Health Workforce Scholarship Program (HWSP) provides scholarships and bursaries to eligible health professionals working in rural locations to maintain and expand their skills. Demand for scholarships is very high and there are limited scholarships available. Each Rural Workforce Agency (RWA) identifies their local health workforce and skills needs through an annual assessment. This	• 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)
	assessment outlines the health workforce priorities for the State or Territory, includes the development of a list of eligible professions for the HWSP and assists in determining the allocation of scholarships and bursaries. Eligible locations include: • primary health care in MM 1-2 locations only if employed by an Aboriginal Medical Service or Aboriginal Community Controlled Health Organisation; or • primary health care in MM 3-7 locations.	
Indigenous Health Workforce Traineeship (IHWT) Program	The Indigenous Health Workforce Traineeships (IHWT) program provides funding to approved National Aboriginal Community Controlled Health Organisation (NACCHO) affiliates, or equivalent organisations. The program aims to: • increase the number of skilled Aboriginal and Torres Strait Islander people working in the 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 clients. Funded organisations administer the program on the department's behalf, and work with ACCHSs to identify, recruit and support Aboriginal and Torres Strait Islander trainees.	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). IHWT program comprises. administration activities to support employment of a Coordinator, trainee supports, promotion, and provides ongoing engagement and support to ACCHSs and RTOs. The Traineeship component provides trainee wages, travel and accommodation support for trainees.

Name	Description	Incentives (financial and other)
First Nations Health Worker Traineeship Program	The First Nations Health Worker Traineeship Program provides funding to the National Aboriginal Community Controlled Health Organisation (NACCHO). The Program aims to support up to 500 First Nations trainees to undertake the following qualifications: • Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care • Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care • Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice.	The First Nations Health Worker Traineeship Program funds the relevant Aboriginal Community Controlled Health Organisation to support the trainee's clinical placement, and the RTO. During the program, trainees will be able to access tutoring and mentoring, help with English literacy, travel and accommodation, as well as other supports.
Lowitja O'Donoghue Foundation – Nursing Scholarships	Funding was provided by the department to the National Indigenous Australians Agency (NIAA), to deliver scholarships to Aboriginal and Torres Strait Islander students enrolled in either a Diploma of Nursing, Bachelor of Nursing or higher-degree course fostering greater opportunities in education and professional development.	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).
Nursing in Primary Health Care (NiPHC) Program	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	Payments are made to nurses and mentors in the TPP. Primary health care organisations are paid to participate in BNC clinics. Primary Health Networks (PHNs) may subsidise participation of nurses in projects via co-sponsorship of placements and/or training.

Name	Description	Incentives (financial and other)
	Disease Management and Healthy Ageing Training.	
National Nurse Clinical Placement Program (NNCPP)	The NNCPP will provide students with practical experience of primary health care nursing and increase capacity in primary health care to meet future demand. Clinical placements will be sought for up to 6000 nursing students from primary care health services, focusing on second-and third-year students, with the aim of working toward population parity in First Nations representation among primary care nurses.	The placements will occur across all MM with no specific targets. 3.8% of placements will be for First Nations students.
Primary Care Nursing and Midwifery Scholarships Program (PCNMSP)	Aims to support registered nurses and midwives in post-graduate study to become nurse practitioners and endorsed midwives in primary and aged care settings. Priority is given to rural and remote and First Nations applicants.	Scholarship funding will be paid to the education institution by the scholar following successful completion of units. Costs of courses will vary, and students may have remaining funds available from their scholarship. Scholars can use these surplus funds for clinical placement or course related expenses.
Outreach Service Delivery Support		
First Nations Health Outreach Services Program (FNHOS)	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. MM 1-7 locations are eligible for FNHOS chronic disease services. MM 2-7 locations are eligible for FNHOS ear health services.	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).
Visiting Optometrists Scheme (VOS)	Provides outreach optometry services to Indigenous and non-Indigenous people in regional, rural, and remote locations by addressing financial disincentives	Costs associated with delivering outreach services are payable to optometrists to remove a range of financial disincentives (e.g., travel, meals and accommodation).

Name	Description	Incentives (financial and other)
	incurred by optometrists providing outreach services in MM 2-7 (travel, accommodation and facility hire). 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), provided the service is delivered in an Aboriginal Community Controlled Health Service, Aboriginal Medical Service or other culturally safe host organisation. 40% of VOS funding is required to be allocated for services for Aboriginal and Torres Strait Islander people.	