



Incentives and support for GPs, General Practices and other health professionals in MM 2 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 2 encompasses regional centres: Areas categorised ASGS-RA 2 and ASGS-RA 3 that are in, or within 20km road distance, of a town with a population greater than 50,000.

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Name	Description	Incentives (financial and other)
Undergraduate Health Professional Support		
Puggy Hunter Memorial Scholarship Scheme (PHMSS)	<p>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.</p> <p>The PHMSS aims to:</p> <ul style="list-style-type: none">• 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.	<p>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.</p> <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.
Indigenous Health	<p>The IHSP provides financial assistance and social and emotional well-being support to Aboriginal and Torres Strait Islander students who are intending to enrol or</p>	<p>The IHSP is administered by Indigenous Allied Health Australia (IAHA). Consideration is given to applicants</p>

Name	Description	Incentives (financial and other)
Scholarship Program (IHSP)	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).	coming from regional, rural and remote areas. <ul style="list-style-type: none">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.
Murray-Darling Medical Schools Network (MDMSN)	The establishment of the MDMSN was announced as part of the Stronger Rural Health Strategy in 2018. It consists of 5 rurally based university medical school programs in the Murray–Darling region of New South Wales and Victoria. The MDMSN allows medical students to study and train in this region. This reduces the need for them to move to metropolitan areas and increases the likelihood of them working in rural areas after graduating.	The MDMSN network creates an end-to-end rural training experience, which reduces the need for students to move to metropolitan areas. Upon graduating, students are more likely to work in rural areas. Approximately \$6.4 million per annum in Commonwealth funding is provided to participating universities. Scholarships and bursaries to individual students are at the discretion of each participating university.
Rural Health Multidisciplinary Training (RHMT) Program	The RHMT program aims to improve the recruitment and retention of medical, nursing, midwifery, dental and allied health professionals through immersive clinical placements and academic campuses in rural and remote Australia. The RHMT program offers health students the opportunity to train in rural and remote communities via a network including: <ul style="list-style-type: none">20 rural clinical schools19 university departments of rural health6 dental faculties offering extended rural placementsthe Northern Territory Medical Program28 regional training hubs tasked with building medical training pathways within a region and guiding students and trainees through these pathways.	The program supports health students in clinical placement opportunities in a rural and remote environment. This enables students to experience rural clinical training and increases the likelihood of opting to work in rural and remote Australia. Over \$250 million per annum is provided to 22 universities through the RHMT. Commonwealth funding goes directly to the participating university. Scholarships and bursaries to individual students are at the discretion of each participating university.

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GP and Advanced Skills Training Support		
Australian General Practice Training (AGPT) Program	<p>The AGPT program provides fully funded GP training for junior doctors, with at least 50% training to occur in regional, rural and remote areas.</p> <p>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). From 2026, the Rural Generalist Training Scheme (RGTS) will be consolidated under the AGPT.</p> <p>Training support payments (National Consistent Payments) for eligible registrars, supervisors and training practices are tiered according to the MM region registrars train, with greater support for training occurring in rural and remote areas.</p> <p>From 2026, all payments under the National Consistent Payments (NCP) Framework will be indexed.</p>	<p>AGPT participants are provided training support payments as follows:</p> <ul style="list-style-type: none"> • Registrar training on the program: <ul style="list-style-type: none"> ○ \$1,837.80 per training terms. • Supervisors providing in person teaching: <ul style="list-style-type: none"> ○ \$2,858.80 – 11,945.70 depending on the training term (limited to the first three training terms). • General Practice training practices: <ul style="list-style-type: none"> ○ \$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 payments for Aboriginal Community Controlled Health facilities to support registrar training: <ul style="list-style-type: none"> ○ Up to \$72.49 per hour (MM 1-2) or at the facility's set registrar hourly rate.
GP Training Incentive Payments	<p>The GP Training Incentive Payments aim to encourage more doctors to specialise in general practice or rural generalism.</p>	<p>The incentives provide Commonwealth-funded GP and RG registrars with access to:</p> <ul style="list-style-type: none"> • a \$30,000 salary incentive when they commence their first core training term in community-based primary care; • up to 5 days' study leave incentive per training year; and • up to 20 weeks' parental leave incentive.
Australian Primary Care Prevocational Program (APCPP) - Rural Stream	<p>The Australian Primary Care Prevocational Program (APCPP) – Rural replaces the John Flynn Prevocational Doctor Program (JFPDP) from January 2026. The APCPP gives junior and prevocational doctors the opportunity to live and work in rural communities by delivering both core and rural generalist primary care rotations.</p>	<p>The APCPP - Rural stream has ongoing funding, with the current Federation Funding Agreement (FFA) Schedules for 2022-23 to 2027-28 totalling \$200.2 million (GST exclusive) for the delivery of rural rotations. The APCPP - Rural supports the delivery of rural primary care rotations</p>

Name	Description	Incentives (financial and other)
	Evidence shows doctors who train in rural and remote regions are more likely to remain there to live and work. The APCPP aims to provide junior and prevocational doctors with positive exposure to rural primary care, encouraging them to choose general practice career pathways and strengthening rural training networks.	for hospital based prevocational doctors in MM 2-7. The APCPP - Rural stream offers 1,000 MM 2-7 rotations annually.
Private Hospital Stream (PHS)	The objective of the Junior Doctor Training Program - 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 providers, rural public hospitals, and other rural training settings (such as Aboriginal Medical Services) working as part of expanded training networks.	The PHS is a key element of the Stronger Rural Health Strategy. It provides up to \$25.0 million annually to support 115 internships and 80 PGY2 and PGY3 places in participating private hospitals.
Advanced Skills Training (AST) Posts Rural Generalists (RGs) and General Practitioners (GPs) Program (AST Program)	<p>The AST Program provides funding to subsidise the costs of 15 new, primarily hospital-based Advanced Specialised Training (AST)/Additional Rural Skills Training (ARST) post each year in MM 2-7 locations.</p> <p>The purpose of the program is to support the establishment of new AST/ARST posts for RG and GP fellows and registrars to acquire advanced skills to address rural workforce and community needs. The program seeks to fill gaps in current advanced skill funding streams, build sector capacity and ensure equitable access to training opportunities for RGs and GPs.</p>	Approved posts receive up to \$150,000 as a contribution towards the employment (including participant salaries) and training costs (including supervision) of the post. The AST Program relies on the jurisdictions contributing the remaining costs for approved posts.
Remote Vocational Training Scheme (RVTS)	The RVTS delivers structured distance education and supervision to doctors supporting them in gaining fellowship of the Royal Australian College of General Practitioners (RACGP) and/or the Australian College of Rural and Remote Medicine (ACRRM) while they provide general medical services. Supervision is facilitated remotely, and delivery caters to the unique needs of doctors working in	Fully Government funded training excluding examination costs. RVTS participants will be eligible for NCP payments from 1 January 2027.

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	<p>remote communities by supporting them to achieve fellowship through a distance education model. It allows training to be completed without leaving your community.</p> <p>It has two training pathways:</p> <ul style="list-style-type: none"> • The Aboriginal and Torres Strait Islander Health pathway, providing training for doctors working in Aboriginal Community Controlled Health Services (MM 2-7); and • The Remote pathway for doctors working in rural and remote Australia (MM 4-7). 	
Single Employer Model (SEM) Trials	<p>The Single Employer Model (SEM) Trials explore new approaches to employment arrangements for GP registrars to address key barriers to attracting and retaining the next generation of GPs.</p> <p>The Australian Government is expanding SEM trials across MM 2-7 regions and areas of workforce need in Australia. There are trials operating in New South Wales, Tasmania, Queensland, South Australia and Victoria. Western Australia and the Northern Territory will commence trials from July 2026.</p>	<p>The model allows GP trainees to be employed by one employer throughout their training rotations. This allows trainees to accrue and access employment entitlements and increases certainty of training arrangements. It aims to attract more GP trainees by bridging the gap between hospital-based and community-based training placements.</p>
Specialist Training Program (STP)	<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 program aims to improve the quality of the future specialist workforce by providing non-GP specialty trainees with exposure to a broader range of healthcare settings.</p> <p>Funding for training posts is provided to Health Services as a contribution to</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>

Name	Description	Incentives (financial and other)
	specialist medical training (with the health service funding the remaining costs) via the relevant Specialist Medical College.	<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 colleges to assist in IRTP post administration, subject to the agreement of the Department. <p>Tasmanian Project</p> <ul style="list-style-type: none"> Indexed annually, pro rata per FTE.
Support for Rural Specialists in Australia	Program helps specialists in rural and remote Australia access educational opportunities. It provides support and training via online learning programs and grants to rural specialists to access training not available in their hometown.	\$3.2 million from 2022 to 2025 to the Council of Presidents of Medical Colleges to manage the SRSA program which provides grants of up to \$10,000 for rural specialists to complete their necessary CPD activities.
Psychiatry Workforce Program	<p>The Psychiatry Workforce Program provides funding to attract medical graduates to the Psychiatry profession and support 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.</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>	<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 (PICS) allowance of \$30,452 for private settings (where applicable) an RSL 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.
Pre-Fellowship Program (PFP)	The PFP supports International Medical Graduates (IMGs) to gain general practice	The PFP allows doctors to offer services under Medicare and provides eligible IMGs with provisional or limited registration

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	<p>experience prior to joining a GP training pathway.</p> <p>To be eligible for a PFP placement the practices must also 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 classified as an Aboriginal Community Controlled Health Service. 	<p>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 and depend on MM location and supervision required.
National Rural Generalist Pathway Coordination Units	<p>The National Rural Generalist Pathway is a dedicated medical training pathway to attract, retain and support rural generalist doctors.</p> <p>Rural generalist coordination units have been established in all states and the Northern Territory to manage the training pipeline for rural generalists. They are the main conduit to help doctors transition between their postgraduate clinical and training components in both hospitals and primary care.</p>	<p>Coordination Units are funded \$65.6 million between 2020 to 2027 to support the National Rural Generalist Pathway in MM 2-7 locations.</p> <p>Coordination Units support the RG workforce by enabling rural generalist trainees to meet the relevant GP College Fellowship endpoints by identifying appropriate training opportunities within the public hospital sector and working with primary care training partners to integrate placements; providing case management to individual trainees as they navigate the pathway between training settings, including progression from pre-vocational to vocational training; and provide and maintain support services to aspiring and existing rural generalists.</p>
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.	<ul style="list-style-type: none"> 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 access and health outcomes for patients. It is administered by Services Australia on	<p>Rural Loading:</p> <ul style="list-style-type: none"> RRMA 1 - 0% RRMA 2 - 0% RRMA 3 - 15% RRMA 4 - 20% RRMA 5 - 40%

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	<p>behalf of the Department of Health, Disability and Ageing.</p> <p>There are currently seven incentives under the PIP:</p> <ul style="list-style-type: none"> • eHealth (e-PIP) • Teaching • Indigenous Health (IHI) • GP Procedural • After Hours • Quality Improvement (PIPQI) • 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. 	<ul style="list-style-type: none"> • RRMA 6 - 25% • RRMA 7 - 50% <p>For further information on incentives and payments, please refer to individual Guidelines available at: Practice Incentives Program.</p>
Bulk Billing Practice Incentive Program (BBPIP)	<p>BBPIP supports general practices to bulk bill all Medicare-eligible patients for all eligible services.</p> <p>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.</p>	<p>BBPIP provides a quarterly 12.5% incentive payment on MBS benefits paid from eligible services, split 50/50 between the GP and the practice.</p> <p>For further information refer to the Program Guidelines available at: Bulk Billing Practice Incentive Program: Program Guidelines.</p>
Rural Bulk Billing Incentive	<p>Rural Bulk billing incentives (RBBi) are MBS payments to medical practitioners who provide bulk billed services.</p> <p>From 1 November 2025 eligibility was expanded to include all Medicare-eligible patients. This is 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.</p> <p>Medical practitioners practising in rural and remote communities can access increased RBBIs when working in rural and remote communities. RBBIs increases with remoteness based on the MM classification of the location.</p>	<p>The values of MBS RBBIs are scaled and increase based on the remoteness of the general practice, using the MM.</p> <p>Further information on BBIs, including reference tables by MM can be found on MBSOnline at MBS Online – Bulk Billing Incentives - Changes to Eligibility.</p>

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	<p>The MBS benefit for RBBI available in MM 2 locations are approximately 150% of the benefit available in metropolitan areas.</p> <p>Since 1 November 2023, RBBI rate 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 RBBI 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 patient is not enrolled in MyMedicare, • all other relevant MBS unreferred services, for example: <ul style="list-style-type: none"> ○ chronic condition management items ○ Better Access mental health items ○ eating disorder items ○ health assessments ○ minor procedures. <p>To claim the BBI for telehealth services, the practice location associated with the provider number is used regardless the MM location of the patient.</p>	

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	<p>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.</p> <p>For further information please see MN 1.1.</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>
Primary Care Workforce Support Program (PCWSP)	<p>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.</p> <p>Grants to health professionals can include:</p> <ul style="list-style-type: none"> • Recruitment costs or as incentives • Orientation expenses • Relocation expenses to move to a rural area • Locum support • Assist with access to continuing professional development opportunities. <p>An annual Health Workforce Needs Assessment (HWNA) is completed by each</p>	<p>RWAs are consortium members funded bi-annually to implement their recruitment, access and sustainability activities.</p>

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	RWA to determine areas where is support is required.	
Rural Locum Assistance Program (RLAP)	The RLAP provides targeted locum support in MM 2-7 locations. It enhances the ability of nurses, allied health professionals, Rural Generalists, GP obstetricians, GP anaesthetists, and specialists (obstetricians and anaesthetists) to take leave for recreation or to undertake continuing professional development (CPD). Support covers the costs of travel, accommodation, travel allowance and incentives for locums.	Support includes the costs of travel, accommodation, travel allowance and incentives for locums. Eligible professions can take planned leave and undertake CPD.
Remote Northern Territory Locum Program (RNTLP) Formerly the Remote Area Health Corps (RAHC)	The RNTLP places locum health professionals in remote Northern Territory communities. Placements are available for general practitioners, registered nurses and allied health professionals.	Support includes the cost of travel, necessary education and training and the cost of recruitment.
Support for Overseas Trained Doctors		
5 Year Overseas Trained Doctor Scheme	<p>The Five Year Scheme encourages overseas trained doctors (OTDs) and Foreign Graduates of Accredited Medical Schools (FGAMS) to work in regional, rural and remote locations by allowing a reduction of moratorium time (i.e., the time they must work in a Distribution Priority Area (DPA) or District of Workforce Shortage (DWS) location). The time reduction increases the more rural or regional the doctor practices in.</p> <p>Doctors on the Scheme are required to complete a "return of service" of between 3-5 years in an eligible rural or remote community, in agreed locations.</p> <p>To qualify for a non-location specific exemption (i.e., time "off" their moratorium), each Five Year Scheme participant must:</p>	Non-location specific exemption for the agreed period of their remaining moratorium time.

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	<ul style="list-style-type: none"> complete a return of service of between three and five years in an eligible regional or remote DWS community, obtain Fellowship of either the Royal Australian College of General Practitioners or Australian College of Rural and Remote Medicine during the return of service, and become an Australian permanent resident (make a permanent commitment to Australia). 	
Multidisciplinary Support (including Nursing and Allied Health Programs)		
Health Workforce Scholarship Program (HWSP)	<p>The Health Workforce Scholarship Program (HWSP) provides scholarships and bursaries to eligible health professionals working in rural locations to maintain and expand their skills.</p> <p>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 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.</p> <p>Eligible locations include:</p> <ul style="list-style-type: none"> 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. 	<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.
Rural Health Multidisciplinary Training (RHMT) Program	<p>The RHMT program aims to improve the recruitment and retention of medical, nursing, midwifery, dental and allied health professionals through immersive clinical placements and academic campuses in rural and remote Australia.</p>	<p>The program supports health students in clinical placement opportunities in a rural and remote environment. This enables students to experience rural clinical training and increases the likelihood of opting to work in rural and remote Australia. Over \$250 million per annum is provided to 22 universities through the</p>

Name	Description	Incentives (financial and other)
	<p>The RHMT program offers health students the opportunity to train in rural and remote communities via a network including:</p> <ul style="list-style-type: none"> • 20 rural clinical schools • 19 university departments of rural health • 6 dental faculties offering extended rural placements • the Northern Territory Medical Program • 28 regional training hubs are tasked with building medical training pathways within a region and guiding students and trainees through these pathways. 	<p>RHMT. Commonwealth funding goes directly to the participating university. Scholarships and bursaries to individual students are at the discretion of each participating university.</p>
Indigenous Health Workforce Traineeship (IHWT) Program	<p>The Indigenous Health Workforce Traineeships (IHWT) program provides funding to approved National Aboriginal Community Controlled Health Organisation (NACCHO) affiliates, or equivalent organisations.</p> <p>The program aims to:</p> <ul style="list-style-type: none"> • 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, and • build the capacity of Aboriginal Community Controlled Health Services (ACCHSs) to provide culturally appropriate health care to its clients. <p>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.</p>	<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 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.</p>
First Nations Health Worker Traineeship (FNHWT) Program	<p>The First Nations Health Worker Traineeship Program provides funding to the National Aboriginal Community Controlled Health Organisation (NACCHO).</p>	<p>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</p>

Name	Description	Incentives (financial and other)
	<p>Program aims to support up to 500 First Nations trainees to undertake the following qualifications:</p> <ul style="list-style-type: none"> • 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 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 Disease Management and Healthy Ageing training.	<p>Payments are made to nurses and mentors in the TPP.</p> <p>Primary health care organisations are paid to participate in BNC clinics.</p> <p>Primary Health Networks (PHNs) may subsidise participation of nurses in projects via co-sponsorship of placements and/or training.</p>
National Nurse Clinical Placement Program (NNCPP)	<p>The NNCPP will provide students with practical experience of primary health care nursing and increase capacity in primary health care to meet future demand.</p> <p>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.</p>	<p>The placements will occur across all MMs with no specific targets.</p> <ul style="list-style-type: none"> • 3.8% of placements will be for First Nations students.

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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)	Some costs 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 service. MM 1-7 locations are eligible for FNHOS chronic disease services. MM 2-7 locations are eligible for FNHOS ear health services.	Some costs associated with delivering outreach services are payable to eligible health professionals to remove a range of financial disincentives (e.g., costs for 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 incurred by optometrists providing outreach services in MM 2-7 (travel, accommodation and facility hire). 40% of VOS funding is required to be allocated for services for Aboriginal and Torres Strait Islander people.	Costs associated with delivering outreach services are payable to optometrists to remove a range of financial disincentives (e.g., travel, meals and accommodation).