Australian Government
Department of Health, Disability and Ageing

Incentives and support for GPs, general practices and other health professionals in MM 5 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 classification system (MM). MM 5 encompasses small rural towns: All other areas in ASGS-RA 2 and 3.

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Name	Description	Incentives (financial and other)
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. • 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	The IHSP provides financial assistance and social and emotional well-being support to Aboriginal and Torres Strait	The IHSP is administered by Indigenous Allied Health Australia (IAHA). Consideration is given to applicants

Name	Description	Incentives (financial and other)
Scholarship Program (IHSP)	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).	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
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: • 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 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.
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 five 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 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 being provided to participating universities. Scholarships and bursaries to individual students are at the discretion of each participating university.

Name	Description	Incentives (financial and other)
HELP for Rural Doctors and Nurse Practitioners	The Program will reduce outstanding Higher Education Loan Program (HELP) debt for eligible doctors and nurse practitioners who live and work in rural, remote, or very remote areas of Australia.	Eligible doctors and nurse practitioners are encouraged to live and work in rural, remote, or very remote areas of Australia, with an offer from the Government to reduce their outstanding HELP debt, provided they meet the eligibility criteria and their obligations to complete the required amount of work.
GP and Advanced Skills Training Support		

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). From 2026, the Rural Generalist Training Scheme (RGTS) will be consolidated under the AGPT.
	
	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.
	
	From 2026, all payments under the National Consistent Payments (NCP) Framework will be indexed.
		AGPT participants are provided training support payments as follows:
		• Registrar training on the program:
		  ○ $4,911.01 per training term
		• Supervisors providing teaching:
		  ○ $5,921.80 - $15,008.70; depending on the training term (limited to the first three training terms)
		• General Practice training practices:
		  ○ $10,720.50 - $18,378.00; depending on the training term (limited to the first two training terms)
		• AGPT Aboriginal and Torres Strait Islander Salary Support Program payments for Aboriginal Community Controlled Health facilities to support registrar training:
		  ○ Up to $86.79 per hour (MM 3-5) or at the facility's set hourly registrar 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.
Australian Primary Care Prevocational Program (APCPP) - Rural Stream	The Australian Primary Care Prevocational Program (APCPP) – Rural replaced the John Flynn Prevocational Doctor Program (JFPDP) in 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 training rotations. 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.	Between 2022–23 and 2027–28, the Australian Government will invest $200.2 million via Federation Funding Agreement – Health Schedules to strengthen the rural GP workforce through the delivery of APCPP-Rural primary care rotations in MM 2–7 locations. From 2026, the APCPP - Rural stream will support the delivery of 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).	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. 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	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.

Name	Description	Incentives (financial and other)
	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.	
General Practitioner Procedural Training Support Program (GPPTSP)	The GPPTSP is a competitive scholarship program supporting GPs practising in MM 3-7 locations to attain procedural skills in obstetrics and anaesthetics to improve access to maternity services in rural and remote communities. GPPTSP is delivered under two components: The anaesthetics component (GPPTSP-A) is administered by ACRRM and supports 10 GPs per year to gain an Advanced Certificate in RG Anaesthesia. The obstetrics component (GPPTSP-O) is administered by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and supports 10 GPs per year to acquire RANZCOG Associate Training Program (Advanced Procedural).	• The program provides scholarships of $40,000 (GST exclusive) to up to 20 GPs per year to undertake training.
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 remote communities by supporting them to achieve fellowship through a distance education model. It allows training to be completed in an accredited post, without leaving your community. It has two training pathways: • The Aboriginal and Torres Strait Islander Health pathway, providing training for doctors working in Aboriginal Community Controlled Health Services (MM 2-7); and	Fully Government funded training excluding examination costs. RVTS participants will be eligible for NCP payments from 1 January 2027.

Name	Description	Incentives (financial and other)
	• The Remote pathway for doctors working in rural & remote Australia (MM 4-7).	
Single Employer Model (SEM) Trials	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. 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 commence trials from July 2026.	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.
Rural Procedural Grants Program (RPGP)	The Rural Procedural Grants Program (RPGP) supports GPs in rural and remote communities (MM 3-7) to maintain or enhance existing procedural skills (in anaesthetics, obstetrics, and surgery) and emergency medicine skills (including emergency mental health).	GPs can access grants of up to $2,000 per day towards the cost of continuing professional development (CPD) activities related to their procedural or emergency medicine skill. Procedural GPs can claim up to $20,000 per year. Emergency medicine GPs can claim up to $6,000 per year, plus $6,000 for CPD in emergency mental health.
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 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. Funding for training posts is provided to Health Services as a contribution to specialist medical training (with the health service funding the remaining	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.

Name	Description	Incentives (financial and other)
	costs) via the relevant Specialist Medical College.	**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.
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.	$3.2million 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 continuing professional development activities.

Psychiatry Workforce Program	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.
	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.
		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 (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 experience prior to joining a GP training pathway.	• The PFP allows doctors to offer services under Medicare and provides eligible IMGs with provisional or limited registration

Name	Description	Incentives (financial and other)
	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: • classified as an Aboriginal Medical Service (AMS); or • classified as an Aboriginal Community Controlled Health Service (ACCHS).	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.
National Rural Generalist Pathway Coordination Units	The National Rural Generalist Pathway is a dedicated medical training pathway to attract, retain and support rural generalist doctors. 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.	Coordination Units are funded $65.6 million between 2020 to 2027 to support the National Rural Generalist Pathway in MM 2-7 locations. 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.
General Practice Incentives and Support		
Workforce Incentive Program (WIP) - Doctor Stream	The WIP-Doctor Stream provides financial incentives to encourage medical practitioners to practise in regional, rural, and remote communities (MM 3-7). Incentive amounts are dependent on the MM classification and the amount of time spent working in the location. Non-vocationally registered (non-VR) doctors who are not on an approved training pathway receive reduced (80%) WIP-Doctor Stream payments.	Maximum payments values by year level for VR doctors and those on approved training pathways: • Year 1 – $0 • Year 2 – $12,000 • Year 3 – $17,000 • Year 4 – $17,000 • Year 5 plus – $23,000. Maximum payments values by year level for non-VR doctors: • Year 1 – $0 • Year 2 – $9,600

Name	Description	Incentives (financial and other)
		• Year 3 – $13,600 • Year 4 – $13,600 • Year 5 plus – $18,400.
Workforce Incentive Program (WIP) – Rural Advanced Skills Stream	The WIP-Rural Advanced Skills provides financial incentives to encourage GPs and Rural Generalists to provide emergency care and/or advanced skills in regional, rural, and remote communities (MM 3-7). It provides two annual incentive payments of up to $10,500 each to eligible GPs and Rural Generalists working in primary care and using advanced skills in a range of other settings. Payments are based on the number of emergency or advanced skill rosters delivered and the location in which those rosters are provided. This incentive rewards investment in GP specialist qualifications, accredited training and credentials, and encourages more doctors with these advanced skills to work in rural and remote areas. It encourages GPs to consider the National Rural Generalist Pathway and Rural Generalists to broaden the range of services available to patients in rural communities.	Payments recognising services delivered between 1 January 2023 and 31 December 2026. WIP-Rural Advanced Skills participants can apply for this payment up to four times per stream for services provided from 2023 to 2026. Annual payment values for MM 5 locations: • Stream One – Emergency Medicine services – up to $9,500. • Stream Two – Rural Advanced Skills services – up to $9,500.
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. Practices in MM 3-7 locations are eligible to receive an additional rural loading on top of their incentive payment.	• Up to $140,947.36 per annum for a single practice before applying rural loading. • MM 5 regions are eligible for an additional 40% rural loading.
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	Rural Loading: • RRMA 1 - 0% • RRMA 2 - 0% • RRMA 3 - 15% • RRMA 4 - 20%

Name	Description	Incentives (financial and other)
	Australia on behalf of the Department of Health, Disability and Ageing. There are currently seven incentives under the PIP: • eHealth (e-PIP) • Teaching • Indigenous Health (IHI) • GP Procedural • 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.	• RRMA 5 - 40% • RRMA 6 - 25% • RRMA 7 - 50% For further information on incentives and payments, please refer to individual Guidelines available at: Practice Incentives Program.
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.
Rural Bulk Billing Incentive (RBBI)	Rural Bulk billing incentives (RBBI) 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 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. Medical practitioners practising in rural and remote communities are able to access increased RBBI when working in rural and remote communities. RBBIs	The value of MBS RBBI is 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)

	increase with remoteness based on the MM classification of the location.
	
	The MBS benefit for RBBIs available in MM 5 locations is approximately 170% of the benefit available in metropolitan areas.
	
	Since 1 November 2023, the RBBI rate 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 RBBI 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
	• all other relevant MBS unreferred services, for example:
	  ○ chronic condition management items
	  ○ Better Access mental health items
	  ○ eating disorder items
	  ○ health assessments
	  ○ minor procedures.	

Name	Description	Incentives (financial and other)
	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.	
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%
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	RWAs are consortium members funded bi-annually to implement their recruitment, access, and sustainability activities. RWAs are consortium members funded bi-annually to implement their recruitment, access, and sustainability activities.

Name	Description	Incentives (financial and other)
	• Locum support • 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.	
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, General Practitioners (GP) (GP obstetricians and 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, travel allowance, and incentives for locums. Eligible professions can take planned leave and undertake CPD.
Rural Locum Assistance Program (Rural LAP) Aged Care	Rural LAP Aged Care is available to support delivery of Commonwealth funded aged care services in MM 4-7 locations (restricted to MM 6-7 locations for Commonwealth Home Support Programme services). It provides locums where providers experience high turn-over or workforce shortages, and to cover staff taking leave and continuing professional development. Permanent relocation payments and annual retention bonuses to attract permanent staff are also available. The locum workforce consists of Registered Nurses, enrolled nurses, personal care workers, many aged care worker occupations, and many allied health occupations.	Support includes the cost of travel, accommodation, travel allowance, incentives for locums, and the cost of recruitment. Relocation and retention bonuses are also available.
Remote Northern Territory Locum Program (RNTLP)	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.

Name	Description	Incentives (financial and other)
Formerly the Remote Area Health Corps (RAHC)		
Innovative Models of Care (IMOC) Program	Supports communities to trial practical, sustainable and locally supported proposals for new primary care models to attract and retain rural health professionals and encourage the use of multidisciplinary teams.	Funding of up to $1.6 million per organisation over 4 years to trial new multidisciplinary primary care models designed to reduce chronic workforce shortages and improve patient access in rural and remote of locations.
Premium Support Scheme (PSS)	The PSS is an Australian Government scheme that helps eligible medical practitioners with the costs of their medical indemnity insurance. Eligible medical practitioners continue to see the benefit of the PSS through reductions in the level of premiums charged to them by their medical indemnity insurers. The Australian Government makes payments to medical indemnity insurers for the PSS. Eligibility for the PSS: • A medical practitioner whose gross medical indemnity costs exceed 7.5% of estimated gross income from private billings; or • A procedural General Practitioner in a rural area (MM 3-7); or • A medical practitioner with no income for private medical practice who has run-off or retroactive cover connected to previous paid private medical practice.	Procedural GPs working in rural areas are eligible for the PSS regardless of whether they meet other PSS eligibility criteria. The PSS will cover 75% of the difference between premiums for these doctors and those for non-procedural GPs in similar circumstances (i.e., similar location, income, and insurer).
Support for Overseas Trained Doctors		
5 Year Overseas Trained Doctor Scheme	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	Non-location specific exemption for the agreed period of their remaining moratorium time.

Name	Description	Incentives (financial and other)
	time reduction increases the more rural or regional the doctor practices in. 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. To qualify for a non-location specific exemption (i.e., time "off" their moratorium), each Five Year Scheme participant must: • 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 (RACGP) or Australian College of Rural and Remote Medicine (ACRRM) 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)	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 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	• 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)
	Aboriginal Community Controlled Health Organisation; or • primary health care in MM 3-7 locations.	
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: • 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 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.
HELP for Rural Doctors and Nurse Practitioners	The Program will reduce outstanding Higher Education Loan Program (HELP) debt for eligible doctors and nurse practitioners who live and work in rural, remote, or very remote areas of Australia.	HELP for Rural Doctors and Nurse Practitioners. On commencement of the Program, eligible doctors and nurse practitioners will be encouraged to live and work in rural, remote or very remote areas of Australia, with an offer from the Government to reduce their outstanding HELP debt, provided they meet the eligibility criteria and their obligations to complete the required amount of work. More information can be found in the program fact sheet and frequently asked questions.
Indigenous Health Workforce	The Indigenous Health Workforce Traineeships (IHWT) program provides funding to approved National Aboriginal	The Indigenous Health Workforce Traineeships (IHWT) program supports completion of approved nationally

Name	Description	Incentives (financial and other)
Traineeship (IHWT) Program	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, and • 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.	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.
First Nations Health Worker Traineeship (FNHWT) Program	The First Nations Health Worker Traineeship Program provides funding to the National Aboriginal Community Controlled Health Organisation (NACCHO). 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	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 MMs. The scholarships can be used to cover course fees and/or some study costs

Name	Description	Incentives (financial and other)
	opportunities in education and professional development.	(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 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.	• 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.
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 MMs 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		
Rural Health Outreach Fund (RHOF)	The RHOF aims to improve access to medical specialists, GPs, allied and other health providers in regional, rural, and remote areas of Australia by supporting outreach health activities. There are four health priorities under the RHOF: • maternity and paediatric health.	The RHOF works by removing barriers such as the cost of travel, facility hire and equipment leasing, to enable a range of health professionals to provide outreach services.

Name	Description	Incentives (financial and other)
	• eye health. • mental health; and • support for chronic disease management.	
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 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 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).
Eye and Ear Surgical Support	Some costs are payable to health professionals providing expedited access to eye and/or ear surgical support services to Aboriginal and Torres Strait Islander people who reside in MM 3-7 locations and who are on a waiting list.	Some costs associated with delivering outreach services are payable to eligible health professionals to remove a range of financial disincentives. Costs such as travel, meals and accommodation are available to the health professionals, and these are also available for the patients and their carers to enable travel for eye and ear surgeries as close as possible to the patient's home location.
Support for Pharmacies and Pharmacists		
Rural Continuing Professional Education (CPE) Allowance	The Rural CPE Allowance provides financial support to assist Pharmacists from rural and remote areas to access Continuing Professional Development activities.	Allowances have a maximum value of $2,000. The activities that are eligible to be funded through this Allowance are travel and accommodation costs associated with:

Name	Description	Incentives (financial and other)
	The Allowance may be awarded to practicing Pharmacists, Intern Pharmacists, Pharmacists preparing to re-enter pharmacy practice in rural locations or a professional educator travelling to a group of practicing Pharmacists to deliver CPD.	1. Participating in or delivering Group 2 accredited activities. 2. Delivering Group 3 accredited activities. 3. Participating in preceptor training activities. 4. Participating in pharmacy workforce re-entry courses and other courses that will assist with re-entry into pharmacy practice. 5. Obtaining locum relief while undertaking CPD.
Home Medicines Review – Rural Loading Allowance (HMR-RLA)	The HMR-RLA supports access for patients residing in rural and remote areas to HMR Services by providing funding to contribute towards the travel costs incurred by the Pharmacist to conduct the HMR Interview at the patient's home. It is designed to contribute towards the costs incurred, not necessarily to cover all costs. The Allowance is based on the location of the patient receiving the HMR Service.	The Allowance funds up to $125 per claim to contribute towards the travel costs incurred by the Pharmacist to conduct the HMR Interview at the Patient's home. There is no limit on the number of times an Applicant may access the Allowance, subject to the provision of adequate documentation and the availability of funds, with exception of only one claim for any one day.
Emergency Locum Service (ELS) Program	The ELS supports Community Pharmacies in rural and remote areas through direct access to Pharmacist locums in emergency situations. Locums are deployed at short notice, generally within 24 hours, to provide relief in urgent and emergency situations.	The ELS Program assists Community Pharmacies by funding up to $2,500 (plus GST) to contribute towards the travel costs between the locum's home and the Community Pharmacy location. The ELS Program is available 24 hours a day, seven days a week.
Intern Incentive Allowance for Rural Pharmacies (IIARP) Program	The IIARP provides financial support to rural Pharmacies offering a placement for a new pharmacy graduate during their intern year, thereby increasing the capacity of rural Pharmacies to provide sustainable Pharmacy services to rural and remote communities.	The Allowance provides funding of $10,000 for a 12-month placement and $5,000 for a six-month placement. Funding for placements between six and 12 months will be calculated on a pro-rata basis.
Intern Incentive Allowance for Rural Pharmacies – Extension Program (IIARP-EP)	The IIARP-EP supports the rural pharmacy workforce by enabling Community Pharmacies in rural areas to retain a newly Registered Pharmacist for a continuous 12-month period beyond their initial intern period. The IIARP-EP complements the existing Intern Incentive Allowance for Rural	The Allowance provides funding of $20,000 to Community Pharmacies for a 12-month period.

Name	Description	Incentives (financial and other)
	Pharmacies that aims to increase the capacity of rural Pharmacies to provide sustainable pharmacy services by providing financial support to engage a pharmacy graduate in their intern year.	
Rural Intern Training Allowance (RITA)	The RITA provides financial support to assist Intern Pharmacists from rural and remote areas to access compulsory Intern Training Program activities. The Allowance is awarded to Intern Pharmacists only. The Allowance is intended to defray travel and accommodation costs associated with undertaking compulsory intern training workshops, training days and examinations.	Eligible Intern Pharmacists are able to claim up to a maximum of $1,500 per financial year.
Regional Pharmacy Maintenance Allowance (RPMA)	The RPMA consists of a monthly Allowance paid to eligible proprietors of pharmacies approved under Section 90 of National Health Act 1953. RPMA aims to maintain equitable and sustainable access to Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) medicines, and pharmacy services for patients in regional, rural, and remote areas of Australia, through supporting the pharmacy network.	The RPMA is calculated each year from 1 July and paid monthly to Eligible Community Pharmacies, based on the RPMA Payment Matrix for that financial year. The current RPMA Payment Matrix is available on the PPA website.
Rural Pharmacy Scholarship Scheme (RPSS)	The RPSS provides financial support to encourage and enable students from rural areas of Australia to undertake undergraduate or graduate entry studies in pharmacy at university.	Each scholarship has a value of $10,000 per annum (GST exempt) per student for the duration of undergraduate or graduate study, with undergraduate students funded for up to four years and graduate students funded for up to two years.
Rural Pharmacy Scholarship Mentor Scheme (RPSMS)	The RPSMS is designed to provide pharmacy students with guidance and support from a practising rural Pharmacist. Participation in the Mentor Scheme is compulsory for all holders of the Rural Pharmacy Scholarship and holders of the Aboriginal and Torres Strait Islander Pharmacy Scholarship.	The RPSMS provides funding of $375 to Mentors per mentored scholar per year.
Rural Pharmacy Student	The RPSPA provides financial support to encourage and enable Australian	Each Allowance has a maximum value of $3,000 per student per eligible

Name	Description	Incentives (financial and other)
Placement Allowance (RPSPA)	universities offering pharmacy courses leading to registration as a pharmacist to deliver student placements in rural communities.	placement. The RPSPA is paid to the university on behalf of the student. Funds may only be used to assist with travel and accommodation costs for students traveling to eligible rural areas to undertake a Pharmacy Student placement.