PROXENO · TOWN REPORT

Gympie, Queensland

BUYER EDITION

10 September 2026

A town workup for practice buyers: the acquisition case, the demand and market data behind it, and what would need confirming at engagement.

General information, not advice. Prepared by Proxeno for practice buyers. Figures here are general information, not a quote, a valuation or investment advice. Practice-level detail behind the counts in this report is engagement material, available on engagement.

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01 The acquisition case

The case for buying in Gympie rests on three things: recruitment settings, demand, and market structure.

THE SHORT VERSION

Gympie is Modified Monash 3 with automatic Distribution Priority Area status, so a practice here can recruit overseas-trained and section 19AB-restricted doctors that metropolitan practices cannot. The Commonwealth pays a GP who settles here up to $12,000 a year, clears their HELP debt, loads the practice's incentive payments by 30% and prices the bulk billing incentive at $42.60 per service. Every measured chronic condition sits above the national rate, the population grew 2.0% in 2024-25 on migration into an already old age profile, and the Primary Health Network ranks the area among its highest for unmet after-hours demand.

Supply is 11 practices with about 70 rostered GPs, one corporate site, the rest privately held. GPs here bulk billed 85.8% of attendances in 2025-26, rising under the November 2025 incentives.

Three facts temper the case: the state medium series projects growth near 0.6% annually from here, decile 3 disadvantage caps private fees, and GP supply per head already sits slightly above the regional average, so the demand case rests on unmet segments rather than bare undersupply. DPA is assessed per practice address, so the status of any specific target is confirmed on the Health Workforce Locator at engagement.

02 Buyer markers

The six things a buyer checks first, each in one line.

MARKER	POSITION
Recruitment settings	MM3 and DPA. A practice here can recruit from the overseas-trained and 19AB-restricted pool, and its GPs draw the full rural incentive schedule. Per-address confirmation runs at engagement.
Patient demand	Nine measured chronic conditions run 12% to 61% above national rates, smoking 71% above. One established practice has held its books closed since November 2025. The area ranks among the PHN's highest for unmet after-hours demand.
GP supply	11 practices from solo rooms to a 15-GP centre, about 70 rostered GPs including at least 7 registrars, 66.8 FTE across the SA3. Three practices train registrars.
Corporate presence	One group site in town (Family Doctor). The next group sites sit more than 40 km away.
Growth outlook	2.0% growth in 2024-25 against a state projection near 0.6% annually to 2036. 573 dwellings approved in 2024-25. Council names GP attraction as a strategy action.
Premises	Seven medical or consulting premises listed for lease in September 2026 at about $233 to $480 per m^2 annually.

03 Population and growth

58,487
LGA POPULATION, 30 JUN 2025

+2.0%
GROWTH 2024-25, MIGRATION LED

62,616
PROJECTED LGA BY 2036 (MEDIUM)

24.5%
AGED 65 OR OVER (2021)

The Gympie Regional Council area held 58,487 people at 30 June 2025, up 1,170 (2.0%) in a year. The growth came from migration: net internal migration of 1,015 and net overseas migration of 160, against a natural decrease of 5. The age profile is already old, with 24.5% of the LGA aged 65 or over at the 2021 Census against 17.8% aged 0 to 14.

The urban area held 24,591 people at 30 June 2025, up from 22,693 in 2021. The Queensland Government medium series projects the LGA at 62,616 by 2036 and 63,414 by 2046, about 0.6% annually from here. Council's endorsed economic strategy works to 60,000 residents by 2036 and estimates the region needs 7,100 new dwellings by 2046. The current 2.0% rate runs ahead of both.

Council approved 452 dwellings in 2023-24, 573 in 2024-25 and 457 in 2025-26. The $1.162 billion Gympie bypass opened on 16 October 2024 and took Bruce Highway traffic out of the town centre.

04 Health demand

Torrens University's Social Health Atlas (March 2026) measures the Gympie population health area (24,017 people) against national rates. Every major long-term condition sits above the Australian average.

LONG-TERM CONDITION (2021)	RATE PER 100	AUSTRALIA = 100
Mental health condition	14.0	**159**
Lung condition incl. COPD	2.8	**161**
Asthma	10.0	**124**
Dementia	1.0	**128**
Kidney disease	1.1	**126**
Heart disease	4.8	**121**
Stroke	1.1	**121**
Diabetes	5.4	**115**
Cancer (incl. remission)	3.2	**112**

Risk factors sit higher still: 20.9 current smokers per 100 adults (national ratio 171), 42.8 obese (135) and 20.6 in high or very high psychological distress (150), all modelled 2022. 34.1% of residents report at least one long-term condition. Chronic disease at this level is care plan, health assessment and recall work, and the Commonwealth pays a loading on it through the incentive settings below.

> WHO PAYS
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> The catchment is not wealthy. The LGA's SEIFA disadvantage score of 930.5 places it in the third national decile. GPs in the Gympie-Cooloola SA3 bulk billed 85.8% of attendances in 2025-26, up from 81.7% the prior year after the November 2025 bulk billing changes. Across the PHN, 43.4% of GP patients were bulk billed for every attendance in 2024-25. The PHN's needs assessment lists Gympie-Cooloola among the areas with the highest unmet after-hours demand in its region.
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> Residential aged care holds 375 places across four facilities in town, 445 across the LGA.

05 The GP market

Eleven general practices operate in Gympie and Southside at 10 September 2026, from solo rooms to a 15-GP centre. Across the ten that publish a roster, about 70 GPs practise in the town by headcount, including at least seven registrars in training.

PRACTICE SIZE (BY ROSTERED GPS)	PRACTICES
11 or more	2
5 to 10	4
2 to 4	2
Solo	2
Not published	1

Roster counts run higher than full-time equivalence: the Department of Health records 134 GPs and 66.8 FTE for the wider Gympie-Cooloola SA3 in 2024, or 121.4 FTE per 100,000 residents against 112.5 for the PHN region. GP supply per head already runs slightly above the regional average, which is why the demand case rests on unmet segments rather than bare undersupply.

> **CONSOLIDATION POSITION**
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> One group operator holds a site: Family Doctor, whose Southside practice rosters 15 doctors. The next nearest group sites are Ochre Health at Eumundi (43 km) and Bupa's Partnered Health at Noosaville (46 km). Every other practice in town is privately held, one by a small Gold Coast-based operator, the rest by local owners. A buyer assembling two or three local practices would hold a position no group holds.

Two practices have opened since 2023 (one a seven-day extended-hours clinic), a third began trading under a new banner in 2025-26, and one practice has ceased operating. One established practice closed its books to new patients in November 2025 and they remain closed. Billing spans two 100% bulk-billing practices, six mixed or bulk-billing-led practices and one private-fee practice, with two not publishing a policy. At least three practices host GP registrars. Proxeno holds the practice-level record behind these counts: each practice's ownership entity, roster, billing model, booking platform, pathology arrangement and premises position. That record is engagement material.

06 Workforce classification and incentives

Gympie is Modified Monash 3 and holds Distribution Priority Area status under the automatic rule for MM2-7 areas. A Gympie practice can therefore recruit overseas-trained doctors and doctors under the section 19AB moratorium and have them bill Medicare, subject to the standard registration and placement steps. DPA is assessed per practice address; Proxeno confirms the target address on the Health Workforce Locator during targeting.

$12,000/yr
WIP DOCTOR STREAM, MM3, FROM YEAR 5

+30%
RURAL LOADING ON PRACTICE WIP PAYMENTS

$42.60
BULK BILLING INCENTIVE PER SERVICE, MM3-4

HELP
DEBT CLEARED IN FULL FOR RURAL DOCTORS

Under the Workforce Incentive Program Doctor Stream, a vocationally registered GP working mostly in MM3 receives $4,500 at year level two rising to $12,000 annually from year level five, and MM3-5 participants enter at year level two after eight active quarters. The practice draws a 30% rural loading on its Workforce Incentive Program Practice Stream payments (capped at $137,375.60 annually before the loading). A practice that bulk bills every Medicare-eligible service can add the Bulk Billing Practice Incentive Program's 12.5% quarterly loading on MBS benefits. A GP who lives and works in Gympie can have their HELP debt cleared in full over the length of their degree, with indexation waived while they stay.

Health Workforce Queensland administers Commonwealth-funded grants for MM3 practices covering recruitment, relocation and locum costs, and offers scholarships of $10,000 a year to private-practice clinicians in MM3-7. GP registrars train under the college-led program, and Queensland's single-employer pilot for rural registrars runs to December 2028. The Queensland Workforce Attraction Incentive Scheme closed on 1 February 2025 and no longer applies.

07 Health infrastructure

Gympie Hospital ran 91 beds and bed alternatives at June 2024 with a 24-hour emergency department, maternity, surgery, high dependency, renal, chemotherapy, paediatric and rehabilitation units, medical imaging and on-site pathology. Queensland Health reported early-stage planning for a redevelopment in January 2025. A hospital with this capability supports GPs holding visiting or admitting arrangements and rural generalist skills.

No private hospital operates in town; Gympie Private Hospital closed in February 2019. The nearest private hospital is Ramsay's 92-bed Noosa Hospital at Noosaville, about 45 km away, and its specialists run regular visiting clinics in Gympie. The Gympie Specialist Clinic, private consulting rooms opened in 2019, hosts weekly and monthly visiting specialists across cardiology, orthopaedics, oncology and other disciplines.

Sullivan Nicolaides and QML both run pathology collection centres in town, I-MED operates a full imaging clinic opposite the hospital with CT and MRI, and an independent local radiology practice also operates. No Medicare urgent care clinic operates in Gympie and none is announced. The state government opened a free nurse-led walk-in clinic at Southside in September 2024, open daily 8am to 10pm, which absorbs some low-acuity and after-hours demand.

08 Economy and premises

Gross regional product reached $3.19 billion in the year to June 2025, up 2.3%. Health care and social assistance is the region's largest employer at 14.5% of jobs. Council endorsed its economic development strategy 2025-2029 in November 2024: 44 actions across four pillars, one of which commits council to promoting the region to skilled health professionals, general practitioners named.

Seven medical or consulting premises were listed for lease in Gympie in September 2026, from a 55 m^2 suite at about $26,400 annually to 1,652 m^2 at River Road, with observed rents from about $233 to $480 per m^2 annually. A buyer wanting to relocate, expand or open a second site has stock to work with. The Gympie planning scheme dates from 2013; Proxeno confirms current zoning for any specific premises during targeting.

09 Value levers

Six levers a buyer can pull, in order of weight.

1. **Recruitment.** The practice recruits from the overseas-trained and 19AB-restricted pool that metropolitan practices cannot access, with the Commonwealth paying the doctor up to $12,000 a year, clearing HELP debt and funding relocation through Health Workforce Queensland.

2. **Demand.** Nine chronic conditions above national rates, 2.0% population growth and unmet after-hours demand the PHN ranks among its region's highest.

3. **Billing settings.** The $42.60 MM3-4 bulk billing incentive plus the 12.5% Bulk Billing Practice Incentive Program loading repriced bulk billing here from November 2025. A practice organised around care plans, health assessments and recalls earns those loadings on volume.

4. **Consolidation position.** One corporate site in town and none within 40 km beyond it. A buyer assembling two or three local practices would hold a position no group holds.

5. **Registrar pipeline.** At least three practices train registrars, so a buyer can inherit training accreditation and a registrar intake.

6. **Premises.** Lease stock at country rents and a council strategy that names GP attraction as an action.

10 Risks and constraints

1. **Projection risk.** The state medium series projects growth near 0.6% annually; the current 2.0% is migration led, and migration can turn.
2. **Billing ceiling.** Decile 3 disadvantage caps private fee tolerance. Revenue here builds on volume, incentives and chronic disease work rather than fee growth.
3. **Supply position.** GP FTE per head in the SA3 already runs slightly above the PHN regional average, so the demand case rests on unmet segments (after hours, closed books, aged care) rather than bare undersupply.
4. **Policy dependence.** DPA and MM classifications are regulatory settings under periodic review, and the Commonwealth repriced the bulk billing incentive twice between 2024 and 2026. Per-address status needs confirming at engagement.
5. **Small-market movement.** With 11 practices, one large opening, closure or corporate entry shifts the competitive picture, and the market has changed three times since 2023.

11 The record behind this report

Proxeno works from a national record of Australian general practice ownership: 6,393 practices and 337 group operators, mapped site by site, with the size, structure, nursing and pathology status and billing policy of each practice. This report is the town layer of that record. The practice layer, which practices fit a buyer's criteria, who owns them and which owners may be open to an approach before any listing appears, is engagement work.

> THE ENGAGEMENT PATH
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> A buyer records acquisition criteria, Proxeno maps what fits, the buyer receives a shortlist with the data behind each practice, and Proxeno approaches the owners. Many practices worth buying are not on the market the day a buyer looks. The engagement fee is fixed on GP headcount, set in writing before work starts, payable on completion of the purchase, and never a percentage of the sale price. Proxeno acts for one declared side in any deal and does not value the practice.

To scope an engagement: buyers@proxeno.io

SOURCES

1. ABS, Regional population 2024-25, released 31 March 2026
2. Queensland Government Statistician's Office, population projections, 2025 edition
3. ABS, Building Approvals Australia, Queensland LGA data, 2023-24 to 2025-26
4. Gympie Regional Council, economic development strategy 2025-2029 (Nov 2024)
5. economy.id, Gympie Regional Council economic profile
6. Torrens University, Social Health Atlas by Population Health Area, March 2026
7. Department of Health, Disability and Ageing: Medicare quarterly statistics, bulk billing dashboards, GP workforce data, DPA/MM settings, WIP guidelines, HELP for rural doctors
8. Country to Coast Queensland PHN, community health and wellbeing assessment 2025-28
9. MBS Online, item 75873 (from 1 July 2026); Bulk Billing Practice Incentive Program guidelines
10. Health Workforce Queensland, scholarship program
11. Queensland Health, Gympie Hospital service listing; Ramsay Health Care, Noosa Hospital
12. GEN aged care data, aged care service list at 30 June 2025
13. Proxeno practice and operator records, verified 10 September 2026; commercialrealestate.com.au premises snapshot, September 2026

Method and limits: GP counts are roster headcounts from public sources at 10 September 2026, not FTE; the FTE figure is the Department of Health SA3 series for a wider area. Disease rates are the Social Health Atlas March 2026 release. Group operator presence comes from Proxeno's operator files, audited June 2026. Premises rents are a single-day listing snapshot. DPA status is assessed per practice address and confirmed on the Health Workforce Locator during targeting. This report describes which operators hold sites and where; it does not assert any operator's buying intent.