John Flynn Prevocational Doctor Program FEDERATION FUNDING AGREEMENT - HEALTH

Table 1: For	malities and operation of schedule				
Parties	Commonwealth New South Wales Victoria Queensland Western Australia South Australia Tasmania Northern Territory				
Duration	This Schedule is expected to expire on 31 March 2027				
Purpose	Funding is provided to contribute to the delivery of the John Flynn Prevocational Doctor Program (JFPDP) for increased rural primary care rotations for eligible hospital-based prevocational junior doctors in Modified Monash Model 2019 (MM) 2-7 locations (refer Health Workforce Locator for MM of locations). The objectives of the JFPDP are:				
	 expanding the number and rural distribution of rotations delivered under the Rural Junior Doctor Training Innovation Fund (RJDTIF) and RJDTIF Rural Generalist; strengthening rural training pathways to rural training networks funded by the State and Northern Territory Governments within their region and address community needs; developing rural training capacity by fostering innovative ways, to provide rurally based prevocational doctors with a positive experience during their training period in rural primary care settings; and supporting the National Rural Generalist Pathway. 				
	The intended outcomes of the JFPDP are: • increased recruitment and retention of medical graduates and prevocational doctors in rural medical practice;				
	 greater uptake of rural generalist vocational training; increased rural medical training capacity, including rural general practices operating as vertically integrated teaching units for medical students, prevocational doctors, and GP registrars; strengthening the rural training pathway for general practice and rural generalism in 				
	 expanded settings, in particular MM2-7; and enhanced rural training networks to increase the supply of doctors in training to address workforce shortages and meet the changing health needs of Australians. 				
	 Priority areas for grant funding include: establishing linkages with regional training and workforce organisations and with local primary care health services (particularly Aboriginal Medical services and /or Aboriginal Community Controlled Health Services) to address medical workforce supply and geographic distribution needs in your region; supporting the training of Aboriginal and Torres Strait Islander prevocational doctors; delivering rotations in high priority and community need areas, with particular emphasis on areas that support an Aboriginal and Torres Strait Islander workforce and service delivery, and northern Australia; 				

- supporting 'grow your own' approaches for regional training networks to support local workforce development and community need; and
- establishing linkages with rural clinical schools and the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) to encourage greater uptake of rural generalist vocational training.

Estimated financial contributions

- The Commonwealth will provide an estimated total financial contribution to the States of \$146,251,501.00 in respect of this Schedule.
- Funding covers delivery of the JFPDP up to and including the 2026 calendar year.

Table 1					*6 months	
(\$)	2022-23	2023-24	2024-25	2025-26	2026-27	Total
Estimated total budget	12,546,667.67	27,680,473.33	35,338,860.00	43,908,000.00	26,777,500.00	146,251,501.00
Less estimated National Partnership Payments	12,546,667.67	27,680,473.33	35,338,860.00	43,908,000.00	26,777,500.00	146,251,501.00
- NSW	2,266,666.67	5,422,633.33	7,978,200.00	9,103,678.77	5,551,921.25	30,323,100.02
- VIC	1,017,142.86	2,607,817.14	3,785,040.00	4,305,617.34	2,625,800.96	14,341,418.30
- QLD	3,075,000.00	6,264,720.00	7,832,280.00	9,977,875.98	6,085,054.52	33,234,930.50
- WA	682,142.86	1,840,457.14	2,378,400.00	2,847,750.42	1,736,713.97	9,485,464.38
- SA	2,763,809.52	5,825,830.48	6,874,360.00	8,985,434.08	5,479,809.17	29,929,243.26
- TAS	954,285.71	1,931,474.29	2,124,240.00	2,911,085.41	1,775,339.11	9,696,424.52
- NT	1,787,619.05	3,787,540.95	4,366,340.00	5,776,558.00	3,522,861.03	19,240,919.03

Additional terms

Jurisdictions will be required to deliver the JFPDP consistent with the objectives, outcomes and priority areas described above under 'Purpose'.

States and the Northern Territory are responsible for:

- Acting as a lead agency of a consortium including with existing RJDTIF organisations and Coordination Units.
- Providing all participating junior doctors with assistance and support related to the training.
- Engaging supervisors of JFPDP prevocational doctors, who will be responsible for
 providing a safe and positive environment within the training facility that promotes
 and supports the safety of the prevocational doctor, patients, practice staff and
 other clinicians and the delivery of competent medical care.
- Engaging with the community and consider community needs in determining JFPDP rotations.
- Ensuring the primary care rotation is accredited for training consistent with the Australian Medical Council's National Framework for Prevocational Medical Training.

JFPDP Review

The Department of Health and Aged Care will undertake a review of the JFPDP to ensure the program is delivering intended outcomes and where needed to refine the program. The review will focus on continuous improvement to strengthen program implementation. Jurisdictions will be required to provide:

- Data in accordance with the agreement for the National Rural Generalist Pathway Minimum Data Set (conditional on finalisation and agreement of Data Sharing Agreement).
- Summary of results of surveys conducted to capture participant experiences.
- Other data/information as determined by the department to inform the review.

Output	Performance milestones	Report due	Payment
Annual Activity Work Plan	 Western Australia will submit either: an Activity Work Plan (AWP) and Risk Management Plan for the agreement period (2022-23 to 2026-27), re-submitted annually to confirm currency; or an annual AWP and Risk Management Plan for consideration by the Commonwealth for the period 1 January to 31 December of the relevant calendar year. Any AWP submitted should include: the key tasks Western Australia will undertake to meet the objectives of the JFPDP program within the agreement period. the proposed outputs of the activity (rotations and locations) the performance measures for each activity. timelines for the milestones for each activity. detail about how each jurisdiction will work with consortium members to meet project outcomes. AWPs will be flexible documents that may be 	2023 (AWP) Within two months of	2022-23 \$682,142.8 2023-24 \$1,840,457.1 2024-25 \$2,378,400.00 2025-26 \$2,847,750.42 2026-27 \$1,736,713.97
Annual Performance Reports (including inancial reporting) gainst iommonwealth- pproved Activity Vork Plans.	an explanation of how funding has been	Annually 2023 (PR) 15 Mar 2024 2024 (PR) 15 Mar 2025 2025 (PR) 15 Mar 2026 2026 (PR) 15 Mar 2027 covering to 31 Dec 2026	2022-23 Nil 2023-24 Nil 2024-25 Nil 2025-26 Nil

The Parties have confirmed their commitment to this schedule as follows:

Signed for and on behalf of the Commonwealth of Australia, by

The Honourable Mark Butler MP Minister for Health and Aged Care

[Day] [Month] [Year]

Signed for and on behalf of the State of Western Australia by

The Honourable

Amber-Jade

Sanderson MP

Minister for Health and Mental Health

5 (11 / 2 (
[Day] [Month] [Year]