

# Australian Primary Care Prevocational Program – Rural

## FEDERATION FUNDING AGREEMENT - HEALTH

Table 1: Formalities and operation of schedule	
Parties	Commonwealth Tasmania
Duration	This Schedule is expected to expire on 31 March 2028 or on completion of final performance reporting unless terminated earlier or extended as agreed in writing by the Parties.
Purpose	<p>Funding is provided to contribute to the delivery of the Australian Primary Care Prevocational Program (APCPP) – Rural 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).</p> <p>Rural rotations will be prioritised in the following order: Australian Medical Graduates (AMGs) and Foreign Graduates of an Accredited Medical School (FGAMS) and International Medical Graduates (IMGs).</p> <p>The <a href="#">Health Workforce Locator</a> provides MM location and DPA classifications.</p> <p>The objectives of the APCPP - Rural are:</p> <ul style="list-style-type: none"> <li>• Delivering of rotations between public hospitals and accredited primary care settings to increase the supply of doctors in General Practitioner (GP) and Rural Generalist (RG) training to meet the ongoing healthcare needs of Australian communities.</li> <li>• Expanding the number and distribution of primary care prevocational rotations.</li> <li>• Strengthening rural training pathways to rural training networks funded by the Tasmanian Government within their region and address community needs.</li> <li>• Developing rural training capacity and fostering innovative ways to provide prevocational doctors with a positive experience during their training period in rural primary care settings.</li> <li>• Supporting the GP Workforce and National Rural Generalist Pathway (NRGP).</li> </ul> <p>The intended outcomes of the APCPP - Rural are:</p>

- Increased recruitment and retention of medical graduates and prevocational doctors in rural general practice and primary care.
- 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.
- Encouraging Aboriginal and Torres Strait Islander prevocational training in rural primary care settings and to improve health outcomes for Aboriginal and Torres Strait Islander people through increased access to primary care.
- Strengthening the rural training pathway for general practice and rural generalism in expanded settings, in particular MM2-7.
- 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 the funding provided by this Schedule 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.
- Providing prevocational doctors with a positive and high-quality experience during their placement in primary care and general practice settings.
- Supporting 'grow your own' approaches for regional training networks to support local workforce development and community need.
- Providing rotations in general practices or medical centres, primary care settings that provide bulk billing and Urgent Care Clinics (UCC).
- 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.

<p>Estimated financial contributions</p>	<p>The Commonwealth will provide a maximum financial contribution to Tasmania of <b>\$13.27 million</b> in respect of this Schedule.</p> <p>Funding covers delivery of the APCPP – Rural up to and including the 2027 calendar year.</p> <p>APCCP – Rural</p> <table border="1" data-bbox="402 459 1380 705"> <thead> <tr> <th>Table 1 (\$ million)</th> <th>2022-23</th> <th>2023-24</th> <th>2024-25</th> <th>2025-26</th> <th>2026-27</th> <th>*6 months 2027-28*</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Total budget</td> <td>0.95</td> <td>1.93</td> <td>2.12</td> <td>2.91</td> <td>3.55</td> <td>1.80</td> <td>13.27</td> </tr> <tr> <td>Less estimated National Partnership Payments</td> <td>0.95</td> <td>1.93</td> <td>2.12</td> <td>2.91</td> <td>3.55</td> <td>1.80</td> <td>13.27</td> </tr> </tbody> </table>	Table 1 (\$ million)	2022-23	2023-24	2024-25	2025-26	2026-27	*6 months 2027-28*	Total	Total budget	0.95	1.93	2.12	2.91	3.55	1.80	13.27	Less estimated National Partnership Payments	0.95	1.93	2.12	2.91	3.55	1.80	13.27
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<p>Additional terms</p>	<p>Tasmania will be required to deliver the APCPP consistent with the objectives, outcomes and priority areas described above under 'Purpose'.</p> <p>Tasmania is responsible for:</p> <ul style="list-style-type: none"> <li>• Acting as a lead agency of a consortium with Coordination Units.</li> <li>• Providing all participating junior doctors with assistance and support related to the training.</li> <li>• Engaging supervisors of APCPP 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.</li> <li>• Engaging with the community and consider community needs in determining APCPP rotations.</li> <li>• Ensuring the primary care rotation is accredited for training consistent with the Australian Medical Council's National Framework for Prevocational Medical Training.</li> </ul> <p><i>Reporting</i></p> <p>Tasmania is responsible for administering the APCPP participant survey, obtaining consent from participants and providing the results to the Department of Health, Disability and Ageing (the Department). The Commonwealth will use outputs provided by Tasmania in Table 2 to track program performance and evaluate the success of the program against the listed objectives, and in achieving the desired program outcomes. These measures will also be used for ongoing policy development and program evaluation.</p> <p><i>Data</i></p>																								

Tasmania will be required to provide participant data to the Commonwealth on an annual basis to support longitudinal tracking of workforce outcomes for APCPP – Rural participants and to inform future policy on the direction of the program.

*APCPP Review*

The Department will undertake a review of the APCPP to ensure the program is delivering its intended outcomes and recommendations to refine the program. Tasmania will be required to provide:

- Data which includes placement data for APCPP participants.
- Summary of results of surveys conducted to capture participant experiences.
- Other information as determined by the department to inform the review.

**Table 2: Tasmania – Performance requirements, reporting and payment summary**

Output	Performance milestones	Report due	Payment
Annual Activity Work Plan	<p>Tasmania will submit:</p> <ul style="list-style-type: none"> <li>• An annual Activity Work Plan (AWP) and Risk Management Plan for consideration by the Commonwealth for the period 1 January to 31 December of the relevant calendar year.</li> <li>• Any AWP submitted should include: <ul style="list-style-type: none"> <li>- the key tasks Tasmania will undertake to meet the objectives of the APCPP - Rural program within the agreement period;</li> <li>- the proposed outputs of the activity (rotations and locations);</li> <li>- the performance measures for each activity;</li> <li>- timelines for the milestones for each activity; and</li> <li>- detail about how each jurisdiction will work with consortium members to meet project outcomes.</li> </ul> </li> </ul>	<p><b>2023 (AWP)</b> Within two months of execution of this Agreement <i>(met)</i></p> <p><b>2024 (AWP)</b> 1 Jul 2023 <i>(met)</i></p> <p><b>2025 (AWP)</b> 1 Jul 2024 <i>(met)</i></p> <p><b>Full Year 2025 (AWP)</b> Within two months of execution of variation <i>(met)</i></p> <p><b>2026 (AWP)</b> 1 Jul 2025 <i>(met)</i></p> <p><b>2027 (AWP)</b> 1 Jul 2026</p> <p><b>2028 (AWP)</b> 1 Jul 2027</p>	<p><b>2022-23</b> \$954,285.71 <i>(paid)</i></p> <p><b>2023-24</b> \$1,931,474.29 <i>(paid)</i></p> <p><b>2024-25</b> \$2,124,240.00 <i>(paid)</i></p> <p><b>2025-26</b> \$2,911,085.41 <i>(paid)</i></p> <p><b>2026-27</b> \$3,550,678.22</p> <p><b>2027-28</b> \$1,798,842.34</p> <p>N/A</p>
Annual Performance Reports (including financial reporting) against	<p>Tasmania will submit Performance Reports (PR) demonstrating progress against the agreed AWP from 1 January to 31 December (after each training year) to demonstrate the effectiveness of rotations in achieving the APCPP - Rural program objectives. The report will include:</p> <ul style="list-style-type: none"> <li>• evidence of your progress towards completion of agreed activities and outcomes;</li> <li>• evidence of your progress against agreed performance indicators;</li> </ul>	<p><b>2023 (PR)</b> 15 Mar 2024 <i>(met)</i></p> <p><b>2024 (PR)</b></p>	<p>N/A</p>

Commonwealth-approved Activity Work Plans.	<ul style="list-style-type: none"><li>• results of surveys conducted to capture participant experiences;</li><li>• data on demographics and geographics of participants and rotations; and</li><li>• an explanation of how funding has been spent during the calendar year, including a breakdown of funding provided to General Practice consortium members.</li></ul>	15 Mar 2025 <i>(met)</i> <b>2025 (PR)</b> 31 Mar 2026 <b>2026 (PR)</b> 31 Mar 2027 <b>2027 (PR)</b> 31 March 2028	
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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 Ageing

[Day] [Month] [Year]

23 02 26

Signed for and on behalf of the State of Tasmania by



**The Honourable Bridget Archer MP**  
Minister for Health, Mental Health and Wellbeing

[Day] [Month] [Year]

1 April 2026