

Australian Primary Care Prevocational Program – Metro and Rural

FEDERATION FUNDING AGREEMENT – HEALTH

Table 1: Formalities and operation of schedule

Parties	Commonwealth Victoria
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	Funding is provided to contribute to the delivery of the Australian Primary Care Prevocational Program (APCPP) – Metro and the APCPP – Rural [formerly John Flynn Prevocational Doctor Program (JFPDP)] for increased primary care rotations for eligible hospital-based prevocational junior doctors. Under the APCPP – Metro, metropolitan rotations will be prioritised in Aboriginal Medical Services or Distribution Priority Areas (DPA) Modified Monash Model 2019 (MM) 1 locations. These rotations will be available, in order of priority, to MM1 based Australian Medical Graduates (AMGs) and Foreign Graduates of an Accredited Medical School (FGAMS) prevocational doctors. Rural rotations will be available in MM 2–7 locations and prioritised in the following order: AMGs, FGAMS and International Medical Graduates (IMGs). The Health Workforce Locator provides MM location and DPA classifications. The objectives of the APCPP are: • 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. • Expanding the number and distribution of primary care prevocational rotations. • Strengthening training pathways to training networks funded by the Victorian Government within their region and address community needs.

- Developing training capacity and fostering innovative ways to provide prevocational doctors with a positive experience during their training period in primary care settings.
- Supporting the GP Workforce and National Rural Generalist Pathway (NRGP).

The intended outcomes of the APCPP are:

- Increased recruitment and retention of medical graduates and prevocational doctors in general practice and primary care.
- Greater uptake of general practice and rural generalist vocational training.
- Increased medical training capacity, including the intention for general practices to operate as vertically integrated teaching units for medical students, prevocational doctors, and GP registrars.
- Encouraging Aboriginal and Torres Strait Islander prevocational training in primary care settings and to improve health outcomes for Aboriginal and Torres Strait Islander people through increased access to primary care.
- Strengthening the training pathway for general practice and rural generalism in expanded settings; and
- Enhanced 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 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.
- 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 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 general practice and rural generalist vocational training.																																							
Estimated financial contributions	The Commonwealth will provide a maximum financial contribution to Victoria of \$23.95 million in respect of this Schedule, including: \$19.63 million for APCPP – Rural \$4.32 million for APCPP – Metro Funding covers delivery of the APCPP up to and including the 2027 calendar year. Unused funding contributions for the Metro stream may be allocated to the Rural stream to increase the number of rural rotations. APCCP – Rural <table><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><tr><td>Total budget</td><td>1.02</td><td>2.61</td><td>3.79</td><td>4.31</td><td>5.25</td><td>2.66</td><td>19.63</td></tr><tr><td>Less estimated National Partnership Payments</td><td>1.02</td><td>2.61</td><td>3.79</td><td>4.31</td><td>5.25</td><td>2.66</td><td>19.63</td></tr></table> APCCP – Metro <table><tr><th>Table 1 (\$ million)</th><th>*6 months 2025-26*</th><th>2026-27</th><th>*6 months 2027-28*</th><th>Total</th></tr><tr><td>Total budget</td><td>0.88</td><td>2.16</td><td>1.28</td><td>4.32</td></tr><tr><td>Less estimated National Partnership Payments</td><td>0.88</td><td>2.16</td><td>1.28</td><td>4.32</td></tr></table>	Table 1 (\$ million)	2022-23	2023-24	2024-25	2025-26	2026-27	*6 months 2027-28*	Total	Total budget	1.02	2.61	3.79	4.31	5.25	2.66	19.63	Less estimated National Partnership Payments	1.02	2.61	3.79	4.31	5.25	2.66	19.63	Table 1 (\$ million)	*6 months 2025-26*	2026-27	*6 months 2027-28*	Total	Total budget	0.88	2.16	1.28	4.32	Less estimated National Partnership Payments	0.88	2.16	1.28	4.32
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Additional terms	Victoria will be required to deliver the APCPP consistent with the objectives, outcomes and priority areas described above under 'Purpose'. Victoria is responsible for: - Acting as a lead agency of a consortium including Coordination Units. - Providing all participating junior doctors with assistance and support related to the training. - Ensuring engagement of 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.																																							

- Engaging with the community and considering community needs in determining APCPP rotations.
- Ensuring the primary care rotation is accredited for training consistent with the Australian Medical Council's *National Framework for Prevocational Medical Training*.

Rotation Funding

Where jurisdictions confirm with the Commonwealth that they will not deliver their agreed rotation targets (including any activity undelivered from the prior calendar year), funding for the next year may be proportionally reduced with mutual agreement, with the requirement that all unspent funds be carried over by Victoria and used to reach the revised rotation targets.

The reduction to future payments will be contingent on approval of carryover by Victoria and based on the number of rotations removed from the target and the average payment per rotation (\$50,000 for APCPP-Rural; \$40,000 for APCPP-Metro).

Reporting

Victoria 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 Victoria 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.

Data

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

APCPP Review

The Department will undertake a review of the APCPP, in consultation with states and territories, to ensure the program is delivering its intended outcomes and recommendations to refine the program. Victoria will work with the department on the development of a new data set specific to the APCPP. Victoria will be required to provide where appropriate:

	• Data which includes placement data for APCPP participants. • For APCPP participants not registered with the Victorian Rural Generalist Program, AHPRA numbers only where trainee consent is provided. • Summary of results of surveys conducted to capture participant experiences. • Other data/information in response to any reasonable request from the department provided to Victoria in writing where this falls within the bounds of data already held by Victoria and where Victoria's compliance with the request is authorised under applicable Victorian privacy law including the requirements of the Privacy and Data Protection Act 2014 (Vic) and the Health records Act 2001 (Vic).
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Table 2: Victoria – Performance requirements, reporting and payment summary

APCPP – Rural

Output	Performance milestones	Report due	Payment
Annual Activity Work Plan	Victoria will submit either: - 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. - Any AWP submitted should include: - the key tasks Victoria will undertake to meet the objectives of the APCPP - Rural 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; and - detail about how each jurisdiction will work with consortium members to meet project outcomes.	2023 (AWP) Within two months of execution of this Agreement	2022-23 \$1,017,142.86
		2024 (AWP) 1 Jul 2023	2023-24 \$2,607,817.14
		2025 (AWP) 1 Jul 2024	2024-25 \$3,785,040.00
		Full Year 2025 (AWP) Within two months of execution of variation	
		2026 (AWP) 1 Jul 2025	2025-26 \$4,305,617.34
		2027 (AWP) 1 Jul 2026	2026-27 \$5,251,601.91
Annual Performance Reports (including financial reporting) against Commonwealth-approved Activity	Victoria 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: - evidence of your progress towards completion of agreed activities and outcomes; - evidence of your progress against agreed performance indicators; - results of surveys conducted to capture participant experiences; - data on demographics and geographics of participants and rotations; and	2023 (PR) 15 Mar 2024	N/A
		2024 (PR) 15 Mar 2025	
		2025 (PR)	

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Work Plans.	an explanation of how funding has been spent during the calendar year, including a breakdown of funding provided to General Practice consortium members.	31 Mar 2026 2026 (PR) 31 Mar 2027 2027 (PR) 31 March 2028	
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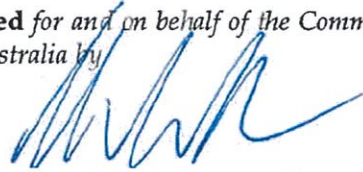
APCPP – Metro

Output	Performance milestones	Report due	Payment
Annual Activity Work Plan	Victoria will submit either: - 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. - Any AWP submitted should include: - the key tasks Victoria will undertake to meet the objectives of the APCPP - Metro 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; and - detail about how each jurisdiction will work with consortium members to meet project outcomes.	2026 (AWP) Within two months of execution of this Agreement 2027 (AWP) 1 Jul 2026 2028 (AWP) 1 Jul 2027	2025-26 \$880,000 2026-27 \$2,160,000 2027-28 \$1,280,000
Annual Performance Reports (including financial reporting) against Commonwealth-approved Activity Work Plans.	Victoria 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 JFPDP program objectives. The report will include: - evidence of your progress towards completion of agreed activities and outcomes; - evidence of your progress against agreed performance indicators; - results of surveys conducted to capture participant experiences; - data on demographics and geographics of participants and rotations; - outcome for funding expended in rural settings; and - an explanation of how funding has been spent during the calendar year, including a breakdown of funding provided to General Practice consortium members.	2026 (PR) 31 Mar 2027 2027 (PR) 31 Mar 2028	N/A

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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]

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Signed for and on behalf of the
State of Victoria by



~~Mary Anne Thomas MP~~ **Ingrid Stitt MP**
Minister for Health

[Day] [Month] [Year]

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