



Australian Government

Department of Health

Health Workforce Program College-Led General Practice Training Grant Opportunity Guidelines

Opening date:	[dd mmm 2021]
Closing date and time:	2:00pm AEDT (Canberra time) on [dd mmm yyyy]
Commonwealth policy entity:	Department of Health (department)
Administering entity:	Community Grants Hub
Enquiries:	If you have any questions, contact the department via email: grant.atm@health.gov.au . Questions should be sent no later than 5:00pm AEDT on [dd mmm yyyy].
Type of grant opportunity:	Targeted competitive

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1. Health Workforce Program: College-Led General Practice Training Grant Opportunity processes



1.1 Introduction

These guidelines contain information for the College-Led General Practice Training Grant. You must read these guidelines before filling out an application.

This document sets out:

- the purpose of the grant program/grant opportunity
- the eligibility and assessment criteria
- how grant applications are considered and selected
- how grantees are notified and receive grant payments
- how grantees will be monitored and evaluated
- responsibilities and expectations in relation to the opportunity.

2. About the grant program

The Health Workforce Program (the program) is an Australian Government initiative administered by the Department of Health (the Department) to deliver health workforce outcomes and support rural outreach health services.

The objectives of the Health Workforce Program (the Program) are to strengthen the capacity of the health workforce to deliver high quality care by:

- ensuring Australia's health workforce is well distributed through incentives, regulation and targeted training
- filling gaps in the distribution of the workforce, supporting access to health services for rural Australians through outreach services
- improving the quality of the health workforce through training programs, policy settings and support for national regulatory arrangements.

We administer the program according to the [Commonwealth Grants Rules and Guidelines](#) (CGRGs).

2.1 About the grant opportunity

In 2017, the Minister for Health announced responsibility for delivery of the Commonwealth funded Australian General Practice Training (AGPT) program would transfer to the General Practice (GP) colleges (the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP)).

The AGPT Program

The AGPT Program is a postgraduate vocational training program for medical practitioners wishing to pursue a career in general practice in Australia. The AGPT Program is a three to four-year training program that offers 1,500 commencing training places each year. Selection into the AGPT Program is a competitive merit-based process.

The purpose of the College-led General Practice (GP) Training grant is to provide funding to the ACRRM and the RACGP for the delivery of GP fellowship education and training from the beginning of the 2023 training year through to the end of the 2025 training year and for transition activities in 2022.

Grant funding will allow the two GP Colleges to deliver education to GP registrars within the parameters of the outcomes and required activities listed in Section 5.1 of this

document. The transition of the program to the GP colleges brings general practice training into alignment with other medical speciality colleges, which have responsibility for the delivery of their training programs.

There are 2 phases within the grant agreement period:

1. Transition phase from 1 April 2022 to 1 February 2023
2. GP fellowship education and training from beginning of 2023 training year through to end of 2025.

Additional information is outlined in Section 3 of this document.

The objectives of the grant opportunity are:

- A well planned and executed transition of the AGPT program to the GP colleges by 1 February 2023
- The ongoing delivery of GP College-led GP education and training in accordance with outcomes.

The intended outcomes of the grant opportunity are:

- Delivery of a high-quality GP training program that educates a GP workforce to provide appropriate general practitioner care to address the needs of all population groups cross Australian communities
- A well distributed GP workforce that services all Australian communities
- GP education training program that contributes to addressing the Australian Government's Closing the Gap health targets on Aboriginal and Torres Strait Islander life expectancy
- That Commonwealth investment in GP training is effective and efficient
- High quality rural generalist (RG) training is provided in partnership with jurisdictions.

These outcomes were developed through stakeholder consultation and can be found at Appendix A.

The Activity will be measured against the below Performance Indicator/s (PIs).

Table 1: Performance Indicator/s (PIs)

Action	PI & Measure
Registrar, supervisor and practice payments	
KPI. Nationally consistent payments (NCPs) are paid to eligible supervisors and practices.	100% of training data is provided to enable the provision of eligible supervisors and practices receive NCPs within specified timeframes
KPI2. Quantum of funds provided to registrars through NCPs.	100% of training data is provided to enable the provision of eligible registrars receive NCPs within specified timeframes
KPI3. Rate of registrar 'induction/orientation' in training facilities.	100% compliance on inductions for all registrars
Training	

Action	PI & Measure
KPI14. Percentage of registrars satisfied with support and training provided by their supervisors.	Maintain or improve baseline percentage: Registrar satisfaction with supervisor ratings
KPI15. College exam pass rates.	Maintain and improve baseline exam results
KPI16. The number of extensions of training time needed for exam failure.	Reduce from baseline
KPI17. Headcount of registrars enrolled in Advanced Skills training units with specific disciplines: Aboriginal Health; Aged Care; and Mental Health.	Maintain and improve baseline enrolments
KPI18. Number of services provided by registrars to vulnerable populations.	Maintain and improve baseline service levels
KPI19 Level of expert medical education support and resources provided to practices and supervisors	Maintain or improve baseline percentage: supervisor/practice satisfaction ratings with support provided
KPI10 Level of opportunities provided by medical educators for out of practice workshops to complement in practice teaching	Maintain or improve baseline levels
KPI11 Level of learning with and from a group of professional peers facilitated by medical educators	Maintain or improve baseline levels
KPI12. Number of registrars achieving Fellowship per College per cohort, per year	Improve from baseline
KPI13. The actual Fellowship rate vs the Fellowship targets for the semester year per College.	Improve from baseline
KPI14. FTE weeks in GP community for rural generalist sub-set (all ACRRM and 150 RACGP registrars)	Maintain and improve baseline enrolments
KPI15. Allocation of rural generalist training places as set by the Department	100% of training places filled
KPI16. FTE weeks for Extended skills and ARST	Increase from baseline
KPI17. All registrars undertaking short-term placements in a MM3-7 region or an AMS or other approved Aboriginal and Torres Strait Islander health setting.	100% for all registrars
KPI18. All registrars undertaking education aimed at understanding the health needs of rural communities e.g. online training or activity-based learning.	100% for all registrars

Action	PI & Measure
KPI19. FTE training weeks, excluding hospital units by MM1 compared with MM2-7.	50% of GP training (FTE) excluding hospital units is in MM 2-7 locations
KPI20. The allocation of fully funded training places by GP catchment per jurisdiction, as set by Departmental annual targets.	100% of places filled a per allocations specified
KPI21. Number of FTE training weeks provided by MMM and jurisdiction, as set by Departmental annual targets.	Targets set annually by the department
KPI22. Minimum FTE training weeks on the AGPT.	Greater than 75 FTE training weeks
KPI23. Rate of registrar satisfaction for placements.	Improve from baseline
KPI24. Rate of registrar satisfaction for comprehensive community inductions.	Improve from baseline
KPI25. Percentage of registrars indicating preference for rural work being placed rurally (not including registrars on a moratorium).	Improve from baseline
KPI26. Selection assessment pass mark	Improve from baseline
KPI27. Number of registrars exiting one pathway and entering another pathway.	Reduce from baseline
KPI28. Average training time on the AGPT.	Reduce baseline training times
KPI29. Percentage of general registrar satisfaction with training.	Improve from baseline
Aboriginal Health	
KPI30. AGPT funding support provided for Aboriginal and Torres Strait Islander health settings.	Aboriginal health funds expended as per the activity plan and budget approved by the department
KPI31. Percentage of registrars and supervisors who have access to a cultural educator or cultural mentor.	100% of registrars and supervisors have access to cultural educators and cultural mentors (CEs & CMs)
KPI32. Participation rates for cultural safety training.	100% participation - all registrars participate
KPI33. FTE weeks for registrars (by headcount) provided training in Aboriginal and Torres Strait Islander health training facilities	Maintain or improve baseline training levels
KPI34. College selection intake % of Aboriginal and Torres Strait Islander registrar by jurisdiction.	Intake >1% moving to 3%

Action	PI & Measure
KPI35. % of Aboriginal and Torres Strait Islander registrars achieving fellowship per College at the national level.	Improve baseline levels
KPI36. Outcome of remediations provided to Aboriginal and Torres Strait Islander doctors while training in the program to support their progress towards fellowship	Improve from baseline
KPI37. Fellowship rate vs the fellowship targets per training year for Aboriginal and Torres Strait Islander doctors.	Maintain or improve baseline training levels
Research	
KPI38. Number of completed education research grants (ERGs) research projects and academic posts (APs).	Greater than 80% of all ERGs and APs
KPI39. Number of education research grants that lead to change in educational programs	Improve from baseline
KPI40. Number of education research grants that lead to publication in peer reviewed journals	Improve from baseline
KPI41. Registrars based in a rural community completing an academic posts.	Greater than 10% of all APs.
Remediation	
KPI42. Outcome of remediations provided to registrars while training in the program to support their progress towards fellowship	Improve from baseline
KPI43 Number of registrars identified as needing extra educational support in the first six months of training, second six months of training and subsequent training time	Improve from baseline
KPI44. Number of registrars who have not passed the exam without prior identification of being at risk.	Reduce from baseline

Evaluation of performance against these indicators will be considered in the development of future grant agreements for these activities.

2.2 COVID-19

As a result of COVID-19, service providers may need to identify alternative methods of service delivery. The department will support flexibility in the delivery of planned services to enable contracted service providers to adapt to the changing environment. The department will be considered in its approach to reporting over this time and will be flexible in reporting requirements under the terms of the Schedule.

3. Grant amount and grant period

3.1 Grants available

The Australian Government has announced a total of \$695,833,000 (GST exclusive) over three and a half training years, commencing in April 2022 to December 2025, for the delivery of College-led GP training.

The \$695,833,000 (GST exclusive) in funding for college-led GP training will be provided through three separate processes as follows:

1. Up to \$81,083,000 (GST exclusive) to provide support to long-term registrar placements in Aboriginal Community Controlled Health Services (Salary Support). The delivery of this funding is yet to be finalised.
2. Up to \$42,000,000 (GST exclusive) for the provision of GP workforce planning and prioritisation which will be available through a separate grant opportunity.
3. Up to \$572,750,000 (GST exclusive) for this grant opportunity which includes \$186,666,000 (GST exclusive) in payments to registrars, supervisors and training practices, a portion of which will be provided as direct payments as per the National Consistent Payment model (to be provided).

For this grant opportunity, the maximum grant funding available across both college grants will be up to \$572,750,000 (GST exclusive) from 2021-22 to 2025-26. Funding will be allocated across several funding streams as follows.

Table 2: Grant Opportunity Funding Available

Funding stream	2021-22 \$ M (GST exclusive)	2022-23 \$ M (GST exclusive)	2023-24 \$ M (GST exclusive)	2024-25 \$ M (GST exclusive)	2025-26 \$ M (GST exclusive)	Total \$ M (GST exclusive)
Transition	15.000	10.000				25.000
Registrars supervisor payments and practice payments*		26.666	64.000	64.000	32.000	186.666
Administration		3.750	8.500	8.500	4.250	25.000
Training		41.084	101.500	101.500	50.750	294.834
Aboriginal Health		3.750	9.000	9.000	4.500	26.250
Research		2.250	4.500	4.500	2.250	13.500
Remediation		0.250	0.500	0.500	0.250	1.500
Total	15.000	87.750	188.000	188.000	94.000	572.750

*Note the department will advise what portion of these funds are available in this grant as per the National Consistent Payment Model.

Payments provided for each of the above listed funding streams are only to be used for the intended purposes of that stream as follows:

Funding Stream	Purpose
Transition	Transition funding is to be utilised for the establishment of college-led training.
Registrar, supervisor and practice payments	Payment are to be provided to registrar, supervisor and practice consistent with the national consistent payment model
Administration	Administration funding is to be utilised by the colleges for the expenses of taking over the role of administering the program on behalf of the Department (i.e. for activities previously undertaken by the Department)
Training	Training funds are for providing a comprehensive medical education program and training to fellowship using an apprenticeship model. Overhead costs attributed to training funds should be limited to 12%.
Aboriginal Health	Strategic Plan funding is to support the delivery of Aboriginal and Torres Strait Islander health training including additional support for registrars training in Aboriginal Community Controlled Health Organisations (cultural education and mentoring) and ensuring that the training program is culturally safe for all participants
Research	Research funding is for the delivery of academic posts and education research grants
Remediation	Remediation funding is provided for registrar remediation activities which should be clearly outlined in the colleges' remediation policy

A more detailed explanation of the use of these funds are provided in the budget template for this grant opportunity (a template is provided with the application form).

Funding for the training stream will be based on the level and distribution of training activity occurring with grant funds being reduced where training placements are unfilled. Further information of the training and distribution requirements of this grant are provided at Section 5.1.

3.2 Grant period

The maximum grant period covers 5 financial years commencing on 1 April 2022 and finishing on 31 December 2025. Funding and grant activities for the training and Aboriginal Health funding streams only will commence on 1 February 2023.

A review process will occur halfway through the grant period (mid 2024) at which point the colleges can propose changes to funding, registrar training quotas and training models. This process will allow the department to consider proposals in alignment with the next grant period commencing in 2026. Subject to evaluation, a similar grant opportunity for the continuation of these grant activities will be undertaken early in the last year of the grant period (2025).

4. Eligibility criteria

Your application will not be considered if you do not satisfy all the eligibility criteria.

To be eligible to apply you must be the organisation/s listed below and have received an invitation to apply from the department. Please note that an automated notification email from GrantConnect advising you of a new grant opportunity is not an invitation to apply for this grant opportunity.

4.1 Who is eligible to apply for a grant?

To be eligible you must be the listed organisation/s:

Table 3: Eligible organisation/s

Legal name of organization	ABN
The Australian College of Rural and Remote Medicine (ACRRM)	ABN 12 078 081 848
The Royal Australian College of General Practitioners (RACGP)	ABN 34 000 223 807

The eligible organisations are invited to apply for this grant opportunity as they are:

- accredited by the Australian Medical Council (AMC) to provide training for medical professionals wishing to seek general practice speciality registration under the Health Practitioner Regulation National Law.
- accredited to assess the knowledge, clinical skills and professional attributes and award GP fellowship qualifications and have established the infrastructure and specialist knowledge required to undertake this grant.
- Have existing infrastructure, capability and relationships to undertake the grant activities.

Limiting eligibility to the ACRRM and the RACGP is in keeping with the intent of the *2018-19 Budget Measure Stronger Rural Health – Training - Streamlining General Practice to produce Australian trained general practitioners where they are needed.*

4.2 Who is not eligible to apply for a grant?

You are not eligible to apply if you are:

- an organisation, or your project partner is an organisation, included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme' (www.nationalredress.gov.au)
- any organisation not listed in Section 4.1.

4.3 What qualifications, skills or checks are required?

Your organisation must maintain the following accreditation:

- Australian Medical Council Accreditation Status as a specialist general practice college.

We need to know of any key changes to your organisation or its business activities, particularly if they affect your ability to complete your grant, carry on business and pay debts due.

We require that medical educators and supervisors providing medical education and supervision to registrars are registered as a medical practitioner with the Australian Health Practitioner Regulation Agency.

We require that cultural mentors and cultural educators providing support, education and mentoring to registrars training in Aboriginal and Torres Strait Islander health services identify as Aboriginal and/or Torres Strait Islander people.

We require that governance, financial systems and reporting systems are in-place, as per the agreed "College Readiness Assurance Project" and demonstrated by the June 2022.

5. What the grant money can be used for

5.1 Eligible grant activities

Transition

- Work collaboratively with the department and its sanctioned bodies to support the transfer of the responsibility for the medical education of registrars from the current fundholders (Regional Training Organisations -RTOs) to the grantee. Ensuring:
 - a considered, smooth and coordinated transition of the APGT Program to a College-led model
 - stability and continuity for registrars, supervisors, medical educators and cultural educators throughout the transition to College-led training and
 - an orderly transfer of the AGPT materials, assets, information and records in support of the Transition to College-led Training.
- Regular collaboration and communication with key GP training stakeholders including the General Practice Training Advisory Committee, Transition to College-Led Training Advisory Committee, RTOs, General Practice Supervisors Australia, General Practice Registrars Australia and the Indigenous General Practice Registrars Network to facilitate the transition.
- Support existing participants in the AGPT Program to transition to new College-led training models.
- Support existing supervisors, practices, medical educators and staff in the AGPT Program to transition to the new College-led administration arrangement.
- Work with the Department to develop and implement a data collection, reporting and utilisation framework.
- Undertake activities and responsibilities to process and determine Approved Placements for College Fellowship programs, in line with the Grantee's Fellowship Program Placement Guidelines. Work with the department to regularly review the Fellowship Program Placement Guidelines and publish updates as deemed appropriate and agreed by the Department.
- Work with the Department and Services Australia to implement an automated Medicare Provider Number process for GP registrars.
- Work closely with the Department (and through RTOs if required) to develop and disseminate information/communications materials about any changes to registrars and other impacted parties.
- Without affecting the operational requirements of the RTOs, undertake preparations for the medical education of registrars including, but not limited to the recruitment of staff, development of policies and procedures and any IT or other infrastructure projects needed to efficiently and effectively administer the education for registrars. The planning for these activities should be captured in the Implementation Plan.

The Grantee will be required to undertake the transition activities until 1 February 2023.

Administration

- Governance. Ensuring:
 - All conflicts of interest are managed, and the department informed of any real or perceived conflicts of interest.
 - The grantee participates fully in quality assurances processes as requested by the Department.
 - All subcontractors are selected through a transparent selection process in accordance with sound selection criteria and engaged through a clear and transparent agreement.
 - Any governance board should comprise a diverse range of members that are reflective of the GP training sector.
 - All boards and individual directors of any organisation funded through this grant, must act in accordance with the *Corporations Act 2001*, the *Australian Charities and Not-for-Profits Commission Act 2012* and Regulations and/or other applicable legislation including regulations.
- Stakeholder management and engagement in key departmental committees or advisory committees.

Training

- All training undertaken in the program must meet relevant College accreditation requirements. This includes ensuring:
 - Accredited training placements provide quality training; and
 - Placements that no longer meet quality standards have their accreditation removed.
- Training is a vocational training pathway (three years for the RACGP with an additional year for RG/rural qualifications, and four years for the ACRRM) that includes utilisation of the apprenticeship model.
- The training program includes up to a maximum of two start dates per year – aligned to the State/Territory employment/term dates. Deferral of start dates should be minimised and where possible, training to align to six month semesters.
- Marketing of the training program and selection processes for entry into the program. Marketing should be aimed to encourage applicants with greater interest in rural and remote training to apply for the program.
- Selection of participants this includes:
 - Eligibility of applicants is consistent with established program eligibility requirements and applicants have no conditions and/or undertakings on their medical registration that would limit their ability to train towards fellowship.
 - The selection process designed to recruit high quality doctors seeking vocational GP training. Where applicants require limited training to obtain fellowship they should be encouraged to apply for the college's other pathways which provide more appropriate training provision.
 - The annual allocation targets set by the department is met.
 - Applicants with proven rural intent are prioritised for entry into the program.
 - Applicants that have undertaken medical school in rural campuses remain connected with their university and supported to continue training in that region.
 - A minimum intake of doctors identifying as Aboriginal and Torres Strait Islander as outlined in the key performance indicators.
 - The selection process considers an Aboriginal and Torres Strait Islander doctor's preference to remain close to their community.

- An element of cost recovery through charging a selection fee approved by the department annually.
- The provision of accurate selection data.
- Development of training policies approved by the department. Administration of training policies which are publicly available to all potential applicants, registrars, supervisors and other participants in training. This includes ensuring:
 - An up to date register of complaints and appeals is maintained and available to the department upon request.
 - Any change to the College's standards, curriculum or other training requirements that may result in any additional financial impost to the program, registrars, supervisors or training practices are agreed with the department in advance; and
 - Registrar withdrawals are processed in a timely manner and Services Australia is advised to remove registrars from the Registrar of Approved Placements.
 - Grandfathering arrangements are considered for registrars who have already commenced training.
- Registrar Management to provide training through supervised and supported placements in general practice and other clinical settings so that registrars attain fellowship within the specified time period. This includes ensuring:
 - All registrars are placed in appropriate training posts/practices which meet their training needs.
 - Registrars are encouraged to learn through caring for vulnerable populations during their training. This can be during specific placements or integrated with community general practice placements while ensuring that priority access to placements in high-needs service locations goes to registrars demonstrating greatest commitment to the service area.
 - Registrars are encouraged to learn, experience and provide care in as broad a variety of settings as possible: including community practice, home visits, palliative care, telehealth, residential aged care facilities, research, teaching, disability settings and after-hours settings.
 - Registrars with rural interests are supported to complete training within a local area to build up long term professional relationships.
 - Placements in Aboriginal Community Controlled Health Organisations and Aboriginal Medical Services and rural and remote regions are supported to encourage retention post fellowship.
 - Aboriginal and Torres Strait Islander doctors are supported and provided flexibility to fulfil their training and cultural obligations.
 - Registrars are assisted to obtain Medicare Provider Numbers and any other relevant exemptions prior to the commencement of each placement; and
 - Access to the Salary Support program is supported for registrars wishing to undertake placements in accredited Aboriginal Community Controlled Health Services or Aboriginal Medical Services with appropriate level of FTE training maintained in consultation with the agreed governance model.
 - Registrars are supported at the regional level through the employment of registrar liaison officers.
 - Accurate and timely training data is provided to enable the provision of support payments to registrars, supervisors and practices.
- Delivery of rural training as per the department's distribution targets (at a GP catchment level). This includes ensuring:
 - That at least 50% of training across the program is undertaken in MM2-7 areas.
 - Delivery of training that supports Commonwealth funded end to end rural training programs including those at James Cook University and the Murray Darling Medical School Network.
 - A clear, timely and transparent process of allocating registrars to regions and placements exists.

- Discretionary funding for supervisor and practice payments are utilised to build capacity in priority training areas.
- Collaborative work with organisations funded by the Commonwealth to deliver GP workforce planning and prioritisation.
- Management of participating general practices and training sites so that registrars train in safe, supported, effective and accredited training placements that meet their training needs. This includes ensuring:
 - Supervisors have adequate resources, professional development and support to enable effective supervision including additional support to assist Aboriginal and Torres Strait Islander doctors to attain fellowship.
 - Accredited supervisors oversee registrars' orientation to practice, clinical practice, learning from practice and in-practice education.
 - Appropriate and timely feedback and support is provided to supervisors and training practices to ensure that education and training is effective.
 - Supervisor and practice related issues are managed in a timely manner.
 - Registrars feedback on placement quality is considered when assessing their suitability.
 - Supervisors are supported at a regional level through the employment of supervisor liaison officers.
- Medical education to provide registrars with education and training that complements in practice learning, and to attain fellowship in accordance with the standards and vocational requirements. This includes ensuring that registrar progression is assessed in a timely manner and monitored in alignment with sound education principles and where necessary further support is provided.
- Registrar, supervisor and practice payment administration is undertaken to enable payments to applicable participants as per the agreed model.
- Provision of rural generalist training. This includes ensuring:
 - Training reflects the full scope of a rural generalist¹.
 - Providing funding for essential costs for Advanced Specialised Training /Advanced Rural Skills Training to achieve high quality rural generalist training that is provided in collaboration with jurisdictional coordination units and other government funded organisations, to ensure that extended skills training/procedural skills training is undertaken in healthcare areas suited to population needs and considers the broader delivery of regional health services.
 - Training is evidence-based that includes a focus on primary care training and a minimum of 18 months of training in community general practices.
- Quality assurance and data information management is maintained to achieve high quality data and information management. This includes ensuring:
 - The department receives training data as specified in the program Minimum Data Set (as updated from time to time); and
 - That stored electronic data is protected in accordance with the Grantee's obligations under the *Privacy Act 1988* (Cth) as amended from time to time and access is only available to authorised personnel.
- There is no barrier to applicants who wish to train for both Fellowships concurrently.

¹ a medical practitioner who is trained to meet the specific current and future health care needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care, and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.

Aboriginal Health

- Deliver tools and resources to all registrars to enable them to practice in culturally safe manner. This includes ensuring:
 - The college and any delivery partners have an up to date Reconciliation Action Plan.
 - All registrars and supervisors undertake training in Aboriginal and Torres Strait Islander health issues and cultural awareness; and
 - All registrars training is supported by Aboriginal and Torres Strait Islander cultural educators and cultural mentors with additional support provided to those practicing in Aboriginal Community Controlled Health Organisation and Aboriginal Medical Services.
 - Training workshops and direct observation of registrars in practice to ensure their cultural safety.
 - Customisation of training resources to ensure cultural relevance to the specific communities in which registrars are practising.
- Build capacity and support training innovation in Aboriginal and Torres Strait Islander health settings to increase opportunities for registrars to train in these settings.

Research

- Undertake high quality research to improve the quality, impact or efficiency of general practice education in Australia. This includes:
 - The development of research skills in medical educators, GP registrars, GP supervisors and training practices, and promoting a culture of academic critique and use of evidence in general practice training.
 - The facilitation of collaboration between researchers, training practices and universities.
 - Providing support activities to build research capacity and skills for GP supervisors, practices or medical educators.
- Provide registrars with the opportunity to build skills in the areas of research and critical thinking. This includes:
 - Providing exposure for registrars to undertake research in an academic environment.
 - Providing collaboration and support through universities.
 - Encourage virtual academic networks to support registrars to complete academic posts.
 - Encouraging registrars to incorporate academic work into their long-term career.
- Continue funding to the Registrars Clinical Encounters in Training project (ReCEnT) so that longitudinal data on the impact of changes to GP training are monitored.

Remediations

- Maintain and publish a remediation policy which is accessible to all registrars.
- Assess a registrar's need for remediation and provide funding for approval remediation in line with the College's remediation policy.
- Monitor each remediation process including the submission of documentation such as training expenses and outcome reports.
- Ensure that registrars are counselled about the consequences of not meeting fellowship within acceptable timeframes and alternative career options.

Registrar, Supervisor and Practice Payments

- Provision of discretionary support for registrars, supervisors and training practices to build training capacity in priority training regions.

5.2 Eligible locations

Your grant can include activities at different locations but must be undertaken in Australia.

5.3 Eligible expenditure

You can only spend grant funds on eligible expenditure that you have incurred in undertaking eligible grant activities as defined below, in your grant agreement and in Section 5.1 of this document.

This includes:

- salaries and related costs for professional and administrative support staff to deliver the grant.
- sub-contracting (with the department's approval) to organisations for the delivery of GP practice and registrar support.
- administration and management functions integral to the support and overall achievement of the grant's objectives and outcomes.
- data and reporting activities as outlined in Section 11 of this document.
- governance and business processes to support delivery of the grant (development of operational and administrative guidelines, surveys, and data and reporting activities).

If you are successful, we may ask you to verify project costs outlined in your proposal. You may need to provide evidence such as quotes for major costs.

Not all expenditure on your grant activity may be eligible for grant funding. The Decision Maker makes the final decision on what is eligible expenditure and may give additional guidance on eligibility if required.

You must incur the expenditure on your grant activities between the start date and end date for your grant activity for it to be eligible.

5.4 What the grant money cannot be used for

You cannot use the grant for the following activities:

- Activities that are already funded on an ongoing basis by Australian, state, territory or local governments and/or which other Commonwealth, state, territory or local bodies have primary responsibility.
- Grant activities outside of Australia.
- Activities which support political campaigns.
- Activities that are cost recovered from registrars, supervisors or practices (apart from charging program applicants a selection fee).
- Purchase of land.
- Major capital expenditure such as the purchase of real estate or for building or construction or demolition.
- The purchase or repair of equipment or motor vehicles, excluding routine maintenance, except where approved in writing by the Commonwealth.
- Major construction/capital works.
- Overseas travel.

- Legal or other costs (including damages) to settle unfair dismissal grievances and/or settle other claims brought against the College(s) or their training partners, except where approved in writing by the Commonwealth.
- The covering of retrospective costs.
- Paying salaries of registrars or supervisors participating in their normal roles in the program, including through provision of funds to practices for this purpose (apart from the employment of registrar liaison officers and supervisor liaison officers).
- Provision of grant funds to registrars' spouses, or family members.
- Costs incurred in the preparation of a grant proposals or related documentation.

6. The assessment criteria

You must address all the following assessment criteria in the application. We will assess your application based on the weighting given to each criterion.

The amount of detail and supporting evidence you provide in your application should be relative to the size, complexity and grant amount requested.

We will only award funding to applications that rank suitable against all assessment criteria.

Criterion 1: Alignment with Program Objectives and Outcomes (*weighting 70%*)

Demonstrate how the proposed training model will deliver all the outcomes outlined in the GP Training Outcomes Framework (appendix A).

For this selection criterion, you need only address parameters 1-3 and 5 of the GP Training Outcomes Framework. That is that:

- Outcome 1: A high quality GP training program that educates GPs to provide appropriate healthcare to address the needs of all population groups across Australian communities.
- Outcome 2: A well distributed GP workforce to service all communities across Australia.
- Outcome 3: A GP training program that aims to address the Australian Government's Closing the Gap health targets on Aboriginal and Torres Strait Islander life expectancy.
- Outcome 5: High quality rural generalist training is provided in partnership with jurisdictions.

Your response against outcome 4 will be assessed separately under selection Criterion 3 (Efficient and effective use of grant funds).

Your response should include the following:

- the activities you will undertake across the parameters and how you will optimise the impact of the proposed activities
- the evidence utilised to support the proposed training model
- the training policies that will complement the proposed training model, noting grandfathering arrangements for registrars already commenced on the program.
- How you will build on current training capacity and expertise.
- How you will link with the work of other educational organisations and programs across different levels of medical education and other disciplines and health profession.

- an assessment of the impact on and proposed changes from the current training model.

You will be required to submit the following document in your response to this criterion:

- an activity work plan for each the proposed activities listed outlining how your organisation will undertake these activities (a template is provided with the application form)
- an implementation plan which illustrates how your organisation has or will build capacity to deliver the proposed activities (a template is provided with the application form)
- a transition map that illustrates the 'on the ground' changes that will impact registrars, supervisors and training practices.

Criterion 2: Organisational Capacity (weighting 20%)

Demonstrate the capacity of your organisation to deliver the proposed activities to ensure grant outcomes will be met.

Your response should include details of:

- your governance arrangement for the delivery of a regional GP training program including organisational structure.
- the organisational capacity of partner organisations (if applicable) including roles/responsibilities of the partner organisation and plans for collaboration
- evidence of capacity to deliver GP training in underserved areas such as rural Australia.
- evidence of capacity to support GP registrars to improve health outcomes for Aboriginal and Torres Strait Islander people.
- existing workforce and infrastructure for delivery of the proposed grant activities (including evidence of workforce size and experience levels, and the physical and other support facilities that will enable effective delivery and management of grant activities).

You will be required to submit the following documents in your response to this criterion:

- a proposed organisational chart
- a risk management plan (see template on GrantConnect).

Criterion 3: Efficient and effective use of grant funds (weighting 10%)

Demonstrate how the proposed activities and budget will meet Outcome 4 of the GP Training Outcomes Framework, that Commonwealth investment in GP training is effective and efficient.

Your response should include details of:

- funding requested across each of the funding streams.

You will be required to submit the following documents in your response to this criterion:

- an itemised budget for each funding stream outlining how available funding will be utilised (a template is provided with the application form)
- The itemised budget should be based on the grant recipient being successful in filling their total quota of places each year and no withdrawal of applicants prior to commencing community general practice training. In your proposal you should provide an evidenced based method for calculating an appropriate reduction of funds should training places not be filled either through failure to fill available

training places or through the withdrawal of applicants prior to commencing community general practice training.

In addition, the department will consider the performance of your organisation over previously funded activities, past value for money, compliance with the grant agreement, progress towards meeting grant activity milestone, including a history of unspent funds or lack of delivery, complaints, quality and any other performance concerns.

7. How to apply

Before applying, you must read and understand these guidelines and the Application Form.

These documents may be found at [GrantConnect](#). Any alterations and addenda² will be published on GrantConnect and by registering on this website, you will be automatically notified of any changes. GrantConnect is the authoritative source for grants information.

To apply you must:

- Complete the Application Form
- provide all the information requested
- address all eligibility criteria and assessment criteria
- include all necessary attachments
- submit your application to grant.atm@health.gov.au with the email subject line "GOXXXX Application" followed by your organisation name.
- Submissions must be made by the closing date and time, as specified on the front cover of these guidelines.

You are responsible for ensuring that your application is complete and accurate. Giving false or misleading information is a serious offence under the [Criminal Code 1995](#) and we will investigate any false or misleading information and may exclude your application from further consideration.

If you find an error in your application after submitting it, you should contact us immediately on grant.atm@health.gov.au or call (02) 6289 5600. We do not have to accept any additional information, nor requests from you to correct your application after the closing time.

You cannot change your application after the closing date and time.

If we find an error or information that is missing, we may ask for clarification or additional information from you that will not change the nature of your application. However, we can refuse to accept any additional information from you that would change your submission after the application closing time.

You should keep a copy of your application and any supporting documents. We will acknowledge that we have received your application within two working days. [If applicable] If you need further guidance around the application process or if you are unable to submit an application via email, please contact us at grant.atm@health.gov.au or by calling (02) 6289 5600.

² Alterations and addenda include but are not limited to: corrections to currently published documents, changes to close times for applications, Questions and Answers (Q&A) documents and Frequently Asked Questions (FAQ) documents

7.1 Attachments to the application

The following documents are required with your application:

- an activity work plan for each the activities listed outlining how your organisation plans to implement the activity (a template is provided with the application form).
- a proposed organisational chart.
- an itemised budget for each funding stream outlining how available will be utilised (a template is provided with the application form).
- a risk management plan (a template is provided with the application form) If you do not attach the requested documents, your application will not progress further in the process.

7.2 Timing of grant opportunity processes

You must submit an application between the published opening and closing dates. It will be at the Decision Maker's discretion if any late applications are accepted.

If you are successful, we expect you will be able to commence your grant activity on 1 April 2022.

Table 4: Expected timing for this grant opportunity

Activity	Expected Timeframe
Open on GrantConnect	4 weeks
Assessment of applications	4 weeks
Approval of outcomes of selection process	2 weeks
Negotiations and award of grant agreements	6 weeks
Earliest start date of grant activity	01/04/2022
End date of grant activity or agreement	31/12/2025

7.3 Questions during the application process

If you have questions relating to clarification of information of the available grant, technical issues or process during the application period, please contact grant.atm@health.gov.au. The department will respond to emailed questions within three working days.

The department cannot assist you to address assessment criteria/determine eligibility or complete your application.

8. The grant selection process

8.1 Assessment of grant applications

We first review your application against the eligibility criteria in Section 4.

Only eligible applications and applications that meet the specified requirements will move to the next stage. We consider eligible applications through a closed competitive grant process.

We will assess your application against the assessment criteria (see Section 6). We consider your application on its merits, based on:

- how well it meets the criteria
- whether it provides value with relevant money.

We will rate your application using the Descriptive Classification Rating Scale below.

Table 5: Descriptive Classification Rating Scale

Rating (for individual criterion)	Rank
High/good quality – response against this criterion meets all/most sub-criteria to a higher than average/average standard. Evidence is available and provides support for claims against this criterion.	Suitable
Poor quality – poor claims against this criterion, meets some or none of the sub-criteria. Evidence is unavailable, not relevant or lacking in detail.	Not Suitable

When assessing the extent to which the application represents value with relevant money, we will have regard to:

- the relative value of the grant sought
- extent to which the geographic location of the application matches identified priorities
- the extent to which the evidence in the application demonstrates that it will contribute to meeting the outcomes/objectives; and
- how the grant activities will deliver the outcomes for the target individuals.

8.2 Who will assess applications?

The assessment committee will seek the advice on your proposals from:

- An independent consultant to ensure your proposed arrangements are in line with set standards and expectations for governance frameworks, financial management processes and resource management and to assess if there are any perceived conflicts or issues.
- A professional medical panel comprised of Departmental and independent medical advisors, to ensure the proposed training model provides optimal GP training and education from a clinical perspective.

Any expert/advisor, who is not a Commonwealth Official, will be required to perform their duties in accordance with the CGRGs.

The assessment committee may seek additional information about your organisation or your application. If the selection process identifies unintentional errors in your application, you may be contacted to correct or explain the information.

They may involve information held within the Commonwealth, even if the sources are not nominated by you as referees. The assessment committee may also consider information about you or your application that is available through the normal course of business.

The assessment committee recommends to the Decision Maker which applications to approve for a grant.

8.3 Who will approve grants?

For the purposes of this grant opportunity, the Decision Maker is the Deputy Secretary of the Health Resourcing Group, Department of Health. The Decision Maker will decide which grant(s) to approve taking into account the recommendations of the assessment committee and the availability of grant funds for the purposes of the grant opportunity.

The Decision Maker's decision is final in all matters, including:

- the approval of the grant
- the grant funding amount to be awarded
- the terms and conditions of the grant.

There is no appeal mechanism for decisions to approve or not approve a grant.

9. Notification of application outcomes

We will advise you of the outcome of your application in writing. If you are successful, we will advise you of any specific conditions attached to the grant.

The department will then commence negotiations with you to finalise the grant agreement.

10. Successful grant applications

10.1 The grant agreement

You must enter into a legally binding grant agreement with the Commonwealth. We use the standard agreement [grant agreement](#) in this program, and may have some additional clauses for this grant opportunity.

Each agreement has general terms and conditions that cannot be changed. Sample grant agreements are available on the Department of Finance's [website](#).

We must execute a grant agreement with you before we can make any payments. We are not responsible for any of your expenditure until a grant agreement is executed. If you choose to start your grant activities before you have an executed grant agreement, you do so at your own risk.

Your grant agreement may have specific conditions determined by the assessment process or other considerations made by the Decision Maker. We will identify these in the agreement.

The Commonwealth may recover grant funds if there is a breach of the grant agreement.

Standard Grant Agreement

We will use a standard grant agreement.

You will have 20 days from the date of a written offer to execute this grant agreement with the Commonwealth ('execute' means both you and the Commonwealth have signed the agreement). During this time, we will work with you to finalise details.

The offer may lapse if both parties do not sign the grant agreement within this time. Under certain circumstances, we may extend this period. We base the approval of your grant on the information you provide in your application.

You may request changes to the grant agreement. However, we will review any required changes to these details to ensure they do not impact the grant as approved by the Decision Maker.

10.2 Specific legislation, policies and industry standards

The grant recipient must comply with all relevant Commonwealth, State and Territory legislation. They must ensure that all medical practitioners practising medicine under the AGPT comply with all guidelines, conditions and laws required by the Australian Health Practitioner Regulation Agency. All other relevant legislation compliance requirements are included in the Grant Agreements.

10.3 The Multicultural Access and Equity Policy

The Multicultural Access and Equity Policy obliges Australian Government agencies to ensure that cultural and linguistic diversity is not a barrier for people engaging with government and accessing services to which they are entitled. For example, providing access to language services where appropriate. To find out more about the Multicultural Access and Equity Policy, visit the [Department of Home Affairs website](#).

10.4 How we pay the grant

The grant will be paid according to the grant agreement, which will state the:

- minimum and maximum grant amount to be paid; and
- any financial contribution provided by a third party.

Grant payments will be in accordance to an agreed schedule set out in the grant agreement.

We will not exceed the maximum grant amount under any circumstances. If you incur extra costs, you must meet them yourself. Payments are subject to satisfactory progress on the grant activity.

Grants Payments and GST

If you are registered for the [Goods and Services Tax \(GST\)](#), where applicable, we will add GST to your grant payment and issue you with a [Recipient Created Tax Invoice](#).

Grants are assessable income for taxation purposes, unless exempted by a taxation law. We recommend you seek independent professional advice on your taxation obligations or seek assistance from the [Australian Taxation Office](#). We do not provide advice on your particular taxation circumstances.

11. Announcement of grants

If successful, your grant will be listed on the GrantConnect website 21 calendar days after the date of effect as required by Section 5.3 of the [CGRGs](#).

12. How we monitor your grant activity

12.1 Keeping us informed

You should let us know of anything that is likely to affect your grant activity or organisation.

We need to know of any key changes to your organisation or its business activities, particularly if they affect your ability to complete your grant, carry on business and pay debts due.

You must also inform us of any changes to your:

- name
- addresses
- nominated contact details and
- bank account details.

If you become aware of a breach of terms and conditions under the grant agreement, you must contact us immediately.

You must notify us of events relating to your grant and provide an opportunity for the Minister or their representative to attend.

12.2 Reporting

You must submit reports in line with the grant agreement. We will provide sample templates for these reports as appendices in the grant agreement. We will expect you to report on:

- progress against agreed grant activity milestones and outcomes
- expenditure of the grant and
- training activity of participants on GP training programs.

The amount of detail you provide in your reports should be relative to the size, complexity and grant amount.

We will monitor progress by assessing the reports you submit and may request records to confirm details if necessary. Occasionally we may need to re-examine claims, seek further information or request an independent audit of claims and payments.

We will utilise data, both provided to the Department and at the Departments disposal, to assess performance of the grantee. The Department will undertake a rolling assurance project including audits of reports.

Reporting will include a range of reports as outlined below.

Forward planning reports

Yearly planning reports must be submitted by the relevant report due date (you can submit reports ahead of time if you have completed relevant activities) and include:

- Activity Work Plan (outline the planned actions, objectives and milestones for the Activity listed for the upcoming year)
- Forward budget
- Yearly selection outcomes which will allow us to assess the level of training funds required and
- Any additional reporting requirements as outlined and agreed in the executed grant agreement.

Progress reports

Bi-annual progress reports must:

- include evidence of your progress towards completion of agreed activities and outcomes
- show the total eligible expenditure incurred to date
- include evidence of expenditure
- be submitted by the report due date (you can submit reports ahead of time if you have completed relevant activities).

We will only make grant payments when we receive satisfactory progress reports.

You must discuss any reporting delays with us as soon as you become aware of them.

Annual Performance reports

Yearly progress reports must be submitted by the report due date (you can submit reports ahead of time if you have completed relevant activities) and include:

- demonstrative evidence of your completion of agreed activities in line with the agreed Performance Indicators
- annual expenditure against the agreed budget
- updated Activity Work Plan
- any additional reporting requirements as outlined and agreed in the executed grant agreement.

Data Reports

- You will be required to provide bi-annual training data as per an agreed minimum data set through the Department data portal. This data along with performance reports will assist the ongoing evaluation of the grant.
- You must discuss any reporting delays with us as soon as you become aware of them.

Ad-hoc reports

We may ask you for ad-hoc reports (including data reports) on your grant. This may be to provide an update on progress, or on any significant delays or difficulties in completing the grant activity.

Final report

When you complete the grant activity, you must submit a final report.

Final reports must:

- identify if and how outcomes have been achieved
- include the agreed evidence as specified in the grant agreement
- identify the total eligible expenditure incurred and
- be submitted within 60 days of completion of the grant period in the format provided in the grant agreement.

12.3 Audited financial acquittal report

We will require you to provide an independently audited financial acquittal report each year. A financial acquittal report will verify that you spent the grant in accordance with the grant agreement.

12.4 Grant agreement variations

We recognise that unexpected events may affect your progress. In these circumstances, you can request a variation to your grant agreement. You can request a variation to your grant agreement, including:

- changing milestones
- extending the timeframe for completing the grant
- changing key performance indicators
- changing grant activities and
- reducing grant funds.

Proposed changes to the grant agreement must be provided in writing before the grant agreement end date. You can request a variation by contacting your Grant Agreement Manager for further information.

You should not assume that a variation request will be successful. We will consider your request based on provisions in the grant agreement and the likely impact on achieving outcomes.

12.5 Compliance visits

We may visit you during or at the completion of your grant activity to review your compliance with the grant agreement. We will provide you with reasonable notice of any compliance visit.

12.6 Record keeping

We may also inspect the records you are required to keep under the grant agreement.

12.7 Evaluation

We will undertake an evaluation of this grant to measure how well outcomes are being achieved. We will utilise data and reporting to monitor your performance and we will engage you in regular discussions about your performance including any difficulty in meeting the agreed activities as per the grant agreement.

Additionally, we will evaluate the grant opportunity to measure how well the outcomes and objectives have been achieved. We may use information from your organisation and reports for this purpose. We may also interview you or ask you for more information to assist with evaluating how effective the program was in achieving its outcomes.

We may contact you after you finish your grant for more information to assist with this evaluation.

12.8 Acknowledgement

The Australian Government logo should be used on all materials related to activity under this grant. Whenever the logo is used, the publication must also acknowledge the Commonwealth as follows:

‘This General Practice Training initiative is funded by the Australian Government.’

13. Probity

The Australian Government will make sure that the grant opportunity process is fair, according to the published guidelines, incorporates appropriate safeguards against fraud, unlawful activities and other inappropriate conduct and is consistent with the CGRGs.

These guidelines may be changed from time-to-time by the department. When this happens, the revised guidelines will be published on GrantConnect.

13.1 Enquiries and feedback

The department's [Complaint Handling Process](#) applies to complaints about this grant opportunity. All complaints about a grant process must be provided in writing.

Any questions you have about decisions for this grant opportunity should be sent to grant.atm@health.gov.au.

If you do not agree with the way the department has handled your complaint, you may complain to the [Commonwealth Ombudsman](#). The Ombudsman will not usually look into a complaint unless the matter has first been raised directly with the relevant Commonwealth entity.

The Commonwealth Ombudsman can be contacted on:

Phone (Toll free): 1300 362 072

Email: ombudsman@ombudsman.gov.au

Website: [Commonwealth Ombudsman](#)

13.2 Conflicts of interest

Any conflicts of interest could affect the performance of the grant opportunity or program. There may be a conflict of interest, or perceived conflict of interest, if the department's staff, any member of a committee or advisor and/or you or any of your personnel:

1. has a professional, commercial or personal relationship with a party who is able to influence the application selection process, such as an Australian Government officer.
2. has a relationship with or interest in, an organisation, which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently; or
3. has a relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives a grant under the grant program/ grant opportunity.

You will be asked to declare, as part of your application, any perceived or existing conflicts of interests or that, to the best of your knowledge, there is no conflict of interest.

If you later identify an actual, apparent, or perceived conflict of interest, you must inform the department in writing immediately.

Conflicts of interest for Australian Government staff will be handled as set out in the Australian [Public Service Code of Conduct \(Section 13\(7\)\)](#) of the [Public Service Act 1999](#). Committee members and other officials including the Decision Maker must also declare any conflicts of interest.

We publish our conflict of interest policy on the [Australian Public Service Commission's website](#).

13.3 Privacy

We treat your personal information according to the [Privacy Act 1988](#) and the [Australian Privacy Principles](#). This includes letting you know:

1. what personal information we collect
2. why we collect your personal information and
3. who we give your personal information to.

Your personal information can only be disclosed to someone else for the primary purpose for which it was collected, unless an exemption applies.

The Australian Government may also use and disclose information about grant applicants and grant recipients under this grant opportunity in any other Australian Government business or function. This includes disclosing grant information on GrantConnect as required for reporting purposes and giving information to the Australian Taxation Office for compliance purposes.

We may share the information you give us with other Commonwealth entities for purposes including government administration, research or service delivery, according to Australian laws.

As part of your application, you declare your ability to comply with the *Privacy Act 1988* and the Australian Privacy Principles and impose the same privacy obligations on officers, employees, agents and subcontractors that you engage to assist with the activity, in respect of personal information you collect, use, store, or disclose in connection with the activity. Accordingly, you must not do anything, which if done by the department would breach an Australian Privacy Principle as defined in the Act.

13.4 Confidential Information

Other than information available in the public domain, you agree not to disclose to any person, other than us, any confidential information relating to the grant application and/or agreement, without our prior written approval. The obligation will not be breached where you are required by law, Parliament or a stock exchange to disclose the relevant information or where the relevant information is publicly available (other than through breach of a confidentiality or non-disclosure obligation).

We may at any time, require you to arrange for you; or your employees, agents or subcontractors to give a written undertaking relating to nondisclosure of our confidential information in a form we consider acceptable.

We will keep any information in connection with the grant agreement confidential to the extent that it meets all of the three conditions below:

1. you clearly identify the information as confidential and explain why we should treat it as confidential
2. the information is commercially sensitive and
3. revealing the information would cause unreasonable harm to you or someone else.

We will not be in breach of any confidentiality agreement if the information is disclosed to:

1. the committee and other Commonwealth employees and contractors to help us manage the program effectively

2. employees and contractors of our department so we can research, assess, monitor and analyse our programs and activities
3. employees and contractors of other Commonwealth agencies for any purposes, including government administration, research or service delivery
4. other Commonwealth, State, Territory or local government agencies in program reports and consultations
5. the Auditor-General, Ombudsman or Privacy Commissioner
6. the responsible Minister or Parliamentary Secretary; and
7. a House or a Committee of the Australian Parliament.

The grant agreement may also include any specific requirements about special categories of information collected, created or held under the grant agreement.

13.5 Freedom of information

All documents in the possession of the Australian Government, including those about this grant opportunity, are subject to the [Freedom of Information Act 1982](#) (FOI Act).

The purpose of the FOI Act is to give members of the public rights of access to information held by the Australian Government and its entities. Under the FOI Act, members of the public can seek access to documents held by the Australian Government. This right of access is limited only by the exceptions and exemptions necessary to protect essential public interests and private and business affairs of persons in respect of whom the information relates.

All Freedom of Information requests must be referred to the Freedom of Information Coordinator in writing.

By mail: Freedom of Information Coordinator
 FOI Unit
 Department of Health
 GPO Box 9848
 CANBERRA ACT 2601

By email: foi@health.gov.au

14. Glossary

Term	Definition
accountable authority	see subsection 12(2) of the Public Governance, Performance and Accountability Act 2013
administering entity	when an entity that is not responsible for the policy, is responsible for the administration of part or all of the grant administration processes
assessment criteria	are the specified principles or standards, against which applications will be judged. These criteria are also used to assess the merits of proposals and, in the case of a competitive grant opportunity, to determine application rankings.
commencement date	the expected start date for the grant activity
completion date	the expected date that the grant activity must be completed and the grant spent by
co-sponsoring entity	when two or more entities are responsible for the policy and the appropriation for outcomes associated with it
date of effect	can be the date on which a grant agreement is signed or a specified starting date. Where there is no grant agreement, entities must publish information on individual grants as soon as practicable.
Decision Maker	the person who makes a decision to award a grant
eligibility criteria	refer to the mandatory criteria which must be met to qualify for a grant. Assessment criteria may apply in addition to eligibility criteria.
College Readiness Assurance Project	an assurance process currently been undertaken by the Department to assess each college's governance, financial systems and reporting systems to ensure that the grant activity can be undertaken in a transparent, efficient and effective manner.
Commonwealth entity	a Department of State, or a Parliamentary Department, or a listed entity or a body corporate established by a law of the Commonwealth. See subsections 10(1) and (2) of the PGPA Act

Term	Definition
<i>Commonwealth Grants Rules and Guidelines (CGRGs)</i>	establish the overarching Commonwealth grants policy framework and articulate the expectations for all non-corporate Commonwealth entities in relation to grants administration. Under this overarching framework, non-corporate Commonwealth entities undertake grants administration based on the mandatory requirements and key principles of grants administration.
GP registrars	A medical practitioner who is currently training towards General Practice speciality recognition through fellowship of either the Australian College of Rural and Remote Medicine or the Royal Australian College of General Practitioners.
grant	for the purposes of the CGRGs, a 'grant' is an arrangement for the provision of financial assistance by the Commonwealth or on behalf of the Commonwealth: <ul style="list-style-type: none"> ○ under which relevant money³ or other Consolidated Revenue Fund (CRF) money⁴ is to be paid to a grantee other than the Commonwealth; and ○ which is intended to help address one or more of the Australian Government's policy outcomes while assisting the grantee achieve its objectives.
grant activity/activities	refers to the project/tasks/services that the grantee is required to undertake
grant agreement	sets out the relationship between the parties to the agreement, and specifies the details of the grant
GrantConnect	is the Australian Government's whole-of-government grants information system, which centralises the publication and reporting of Commonwealth grants in accordance with the CGRGs
grant opportunity	refers to the specific grant round or process where a Commonwealth grant is made available to potential grantees. Grant opportunities may be open or targeted, and will reflect the relevant grant selection process.

³ Relevant money is defined in the PGPA Act. See section 8, Dictionary.

⁴ Other CRF money is defined in the PGPA Act. See section 105, Rules in relation to other CRF money.

Term	Definition
grant program	a 'program' carries its natural meaning and is intended to cover a potentially wide range of related activities aimed at achieving government policy outcomes. A grant program is a group of one or more grant opportunities under a single Portfolio Budget Statement Program.
grantee	the individual/organisation which has been selected to receive a grant
PBS Program	described within the entity's Portfolio Budget Statement , PBS programs each link to a single outcome and provide transparency for funding decisions. These high-level PBS programs often comprise a number of lower level, more publicly recognised programs, some of which will be Grant Programs. A PBS Program may have more than one Grant Program associated with it, and each of these may have one or more grant opportunities.
selection criteria	comprise eligibility criteria and assessment criteria.
selection process	the method used to select potential grantees. This process may involve comparative assessment of applications or the assessment of applications against the eligibility criteria and/or the assessment criteria.
value with money	<p>value with money in this document refers to 'value with relevant money' which is a judgement based on the grant proposal representing an efficient, effective, economical and ethical use of public resources and determined from a variety of considerations.</p> <p>When administering a grant opportunity, an official should consider the relevant financial and non-financial costs and benefits of each proposal including, but not limited to:</p> <ol style="list-style-type: none"> 1.1 the quality of the project proposal and activities; 2.1 fitness for purpose of the proposal in contributing to government objectives; 3.1 that the absence of a grant is likely to prevent the grantee and government's outcomes being achieved; and 4.1 the potential grantee's relevant experience and performance history.