s47F, s47E(c)

From: s47E(c), s47F
Sent: Monday, 30 March 2026 2:34 PM
To: s47F
Cc: s47E(c), s47F; s47E(c), s47F; s47F @wheretoresearch.com.au
Subject: RE: s47E(d) Evaluation of Australian Primary Care Prevocational Program (APCPP) RFQ [SEC=OFFICIAL]

OFFICIAL

Hi s47F,

Thanks very much for your email.

The Evaluation Team are currently in the process of finalising the procurement and hope to have everything completed within the next 7 business days.

We will ensure that s47F is included on future communication.

Many thanks,
s47E(c), s47F

s47E(c), s47F s47E(c),
Assistant Director – Rural, Prevocational and Skills Training Section
Workforce Training Branch

Workforce Division | Health Resourcing Group
Australian Government Department of Health, Disability and Ageing
s47E(c), s47F @health.gov.au

Please note: I don't work on Wednesdays

The Department of Health, Disability and Ageing acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

OFFICIAL

From: s47F @wheretoresearch.com.au>
Sent: Monday, 30 March 2026 12:27 PM
To: s47E(c), s47F @health.gov.au>
Cc: s47F @wheretoresearch.com.au>
Subject: s47E(d) Evaluation of Australian Primary Care Prevocational Program (APCPP) RFQ

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.
Dear s47E(c), s47F

I hope you are well?

I am emailing to ask if you're able to provide any advice on the timeline for finalising this RFQ - we are currently undertaking some resourcing planning and it would be helpful to understand this if possible.

In addition, to accommodate leave around Easter, could I please ask that s47F (cc'd in this email) be included on any future communication?

Many thanks in advance for your help.

s47F

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s47F u Managing Director

s47F

wheretoresearch.com.au

Where*to* acknowledges the Traditional Owners of the lands on which we work. We pay our respects to Elders past and present.

Australian Government

Department of Health, Disability and Ageing

Commitment Approval Minute

To: s47F, s47E(c), Director - Rural, Prevocational and Skills Training Section, Health Workforce Division

Subject: **COMMITMENT APPROVAL TO ENGAGE WHERETO RESEARCH BASED CONSULTING PTY LTD FOR THE EVALUATION OF AUSTRALIAN PRIMARY CARE PREVOCATIONAL PROGRAM (APCPP) Procurement ID: Health/PH26/197**

RECOMMENDATIONS:

APPROVE the contract with **Whereto Research Based Consulting Pty Ltd** (Whereto) for the provision of the Evaluation of Australian Primary Care Prevocational Program (APCPP), using the Management Advisory Services (MAS) / SON3751667 (**Attachment A**).	APPROVED / ~~NOT APPROVED~~
APPROVE expenditure for a total of up to **$594,000** (GST Inclusive) under Section 23(3) of the *Public Governance, Performance and Accountability Act*	APPROVED / ~~NOT APPROVED~~
SIGN the Letter of Offer to **Whereto.**	SIGNED / ~~PLEASE DISCUSS~~
NOTE the Indigenous Procurement Policy mandatory set-aside does not apply to this procurement (**Attachment C**).	NOTED / ~~PLEASE DISCUSS~~
APPROVE the Evaluation Report (**Attachment D**).	APPROVED / ~~NOT APPROVED~~
CONFIRM the information provided in this commitment approval has fully addressed the Delegate's Checklist before exercising a delegation to approve the commitment of funds - PGPA Act Section 23 (3) - or enter into an arrangement - PGPA Act Section 23 (1). Delegates need to assure themselves that the procurement is compliant and documented (**Attachment F**).	CONFIRMED / ~~PLEASE DISCUSS~~
NOTE the contract will be sent to Whereto for signature upon your approval of this minute.	NOTED/~~PLEASE DISCUSS~~
NOTE the services provided are considered to be consultancy services and will be reported as such.	NOTED / ~~PLEASE DISCUSS~~
NOTE the services are NOT considered Outsourced Core Work as determined under the APS Strategic Commissioning Framework.	NOTED / ~~PLEASE DISCUSS~~
NOTE the commitment approval will work-flow to you via SAP ESS for online approval.	NOTED / ~~PLEASE DISCUSS~~

Prepared by:

s47E(c), s47F

s47E(c), s47F

Program Officer
Workforce Training Branch
Date: 20/03/2026

Approved by:

s47E(c), s47F

s47E(c), s47F

Director
Workforce Training Branch
Date 8/04/2026

1. BACKGROUND/CONTEXT

You approved a procurement plan for this process on 17 February 2026 that included details of the proposed evaluation process and in-principle expenditure of $594,000 (GST inclusive) for the procurement for the provision of the Evaluation of Australian Primary Care Prevocational Program (APCPP). The RFQ s47E(d) was released on 17 February 2026. By the closing date of 10 March 2026 four responses were received.

An Evaluation Team was established to evaluate the tenders against the published selection criteria. The Team consisted of s47F, s47E(c) (Chair), s47E(c), s47F (Contact Officer) and s47E(c), s47F (subject matter expert).

Key deliverables that Whereto will deliver under contract are:

- Evaluation of the Australian Primary Care Prevocational Program (APCPP) early findings report and recommendations; and
- Evaluation of the Australian Primary Care Prevocational Program (APCPP) final report and recommendations.

2. PROCUREMENT METHOD

This procurement was through a competitive process (2 or more suppliers) under an existing panel arrangement and is therefore not subject to Division 2 of the Commonwealth Procurement Rules (CPRs). However, the requirements of CPRs Division 1 – Value for Money have been applied.

The following supplier(s) were approached:

Supplier Name	Reason	SME (Y/N)
s47(1)(b)	*Financial and Economic Analysis, Business strategy and improvement, Change Management, Business continuity, Policy development and analysis, Program/Project development and design, Program/Project evaluation, Strategic procurement advice, Strategic Risk Management, Research and data collection*	*Yes*
s47(1)(b)	*Financial and Economic Analysis, Business strategy and improvement, Business performance reviews, Program/Project development and design, Program/Project management, Program/Project evaluation, Strategic procurement advice, Research and data collection.*	*Yes*
s47(1)(b)	*Budgets, Financial and Economic Analysis, Capability and performance, Policy development and analysis, Strategic Risk Management*	*Yes*
s47(1)(b)	*Financial and Economic Analysis, Program/Project evaluation, Research and data collection*	*Yes*
s47(1)(b)	*Program/Project evaluation*	*Yes*
s47(1)(b)	*Policy development and analysis, Program/Project development and design, Program/Project evaluation, Research and data collection* *Health Focus*	*Yes*
Number of Suppliers approached		***6***

From July 1, 2024 under the APS Strategic Commissioning Framework, all agencies must move away from outsourcing the Core Work of the agency through the engagement of contractors and consultants. The Department has specified its Core Work and relevant Job Roles targeted for immediate outsource reduction in 2024-25. This procurement activities adherence to the Framework is outlined in the table below.

APS Strategic Commissioning Framework

Is this proposed contract for outsourced Core Work in a targeted Job Role	No
If yes, The Job Role is	N/A
Reason for Outsourcing Core Work, in limited circumstances	**For Consultancy**: N/A – Not classified as Core Work
As this contract is for outsourcing of Core Work, Knowledge Transfer to relevant APS staff is specified as mandatory in the draft contract	N/A

3. INDIGENOUS PROCUREMENT POLICY - MANDATORY SET-ASIDE (MSA)

The IPP Mandatory Set-aside does not apply to this procurement (**Attachment C**).

4. OUTCOME OF EVALUATION / VALUE FOR MONEY

A panel was established to evaluate the RFQ responses. The panel held their initial meeting 13 March 2026 with referee reports being sought on 17 March and 19 March. On receiving the final referee report, the panel reached consensus and the Evaluation Report was endorsed by panel members 19 March 2026 (**Attachment D**).

5. TIMEFRAME

The contract term is from execution until 9 April 2027. No extension options are included within the contract.

6. CONTRACTUAL ARRANGEMENT

The appropriate form of contract has been prepared (**Attachment A**) based on a standing offer panel work order. The successful supplier is not set up to submit eInvoices.

Advising unsuccessful suppliers
Unsuccessful compliant submissions will be advised when a contract has been executed with the successful supplier.

Contract Manager
The nominated Contract Manager for this arrangement will be s47E(c), s47F, Assistant Director - Rural, Prevocational and Skills Training Section, Workforce Training Branch. The nominated Contract

Manager will monitor compliance with all aspects of the contract in line with the Contract Management Plan.

7. EXPENDITURE APPROVAL AND FUNDS AVAILABILITY

The cost to the Department for the services is up to $540,000 (GST Exclusive), **$594,000** (GST Inclusive). This is within your delegation limit under the Accountable Authority Financial Delegations Schedule 1, Table 1, Item 5, to approve proposals to commit relevant money up to $1,000,000.

The Finance Business Partner has confirmed that funds will be made available from the nominated Administered Cost Centre s47E(d) (**Attachment B**).

8. STAKEHOLDER CONSULTATION

In development of this procurement, we consulted with:

- The Evaluation Hub;
- Finance Performance Advice and Analytics Branch; and
- Procurement Advisory Service (PAS).

Endorsement by Procurement Advisory Services

The procurement process has been undertaken in accordance with the Department's Procurement Process and the *Commonwealth Procurement Rules* (CPR). Procurement Advice Service (PAS) has provided endorsement to this document package (**Attachment E**).

9. GENERAL

s47E(d)

10. COMPLIANCE WITH FINANCIAL AND PROCUREMENT POLICIES

This procurement was conducted in accordance with the Department's financial and procurement policy framework (Delegate's Checklist).

Attachments:

A. Contract
B. Expenditure Information
C. IPP Checklist
D. Evaluation Report
E. PAS Endorsement
F. Delegate's Checklist
G. PRF data table

Attachment G

PRF DATA TABLE

PRF Data Entry Table

PRF Field	Input	Guidance
Was this contract created under a standing offer (SON)?	SON ID: SON3751667	Record the SON here for ease of matching with the PRF in SAP.
Method of Procurement	Not applicable	If procurement not through a Panel. Limited Tender condition or exemption must match what has been approved in the planning documentation. ATM ID (for tenders released through AusTender) must match AusTender ATM ID listing to be available for selection in the PRF.
Number of suppliers invited to participate	6 suppliers approached for a quote.	This must be the actual number of suppliers approached for quote. (not applicable for full Open Tenders)
Was an Australian Business Engaged?	Yes	Either yes or no must be selected.
Was a New Zealand Business Engaged?	No	Either yes or no must be selected.
Why wasn't an Australian or New Zealand business engaged?	Not applicable	If 'No' was selected to both previous questions, then a reason code must be entered.
Was an SME engaged?	Yes	Either yes or no must be selected.
Why was an SME not engaged?	Not applicable	If 'No' was selected to the previous question, then a reason code must be entered.
Most relevant UNSPSC	UNSPSC XXXXXX	This is auto populated for SON or ATM procurements. Outside of that UNSPSC codes can be searched at https://www.undp.org/unspsc
Short Description	Evaluation of Australian Primary Care Prevocational Program (APCPP).	This is the contract description that gets published on AusTender and should be concise and suitable for public reporting.

PRF Field	Input	Guidance
Contract Execution, Start and End dates	Contract Execution Date YYYY-MM-DD Contract Start Date YYYY-MM-DD **Contract End date** 09-04-2027	Enter the dates from the SAP Purchase Order (PO) and PRF screen for publishing to AusTender. These must match the contract document.
Is the contract suitable for publication on AusTender	Yes	In the event the details of the contract are highly sensitive, written approval from the Secretary must be sought and attached to the PO in SAP before the contract will be blocked from publishing. Seek PAS advice if unsure.
Number of Extension Options	Not applicable	This number must match the approved number of extension options in the contract and commitment approval Minute
Maximum end date if all options are exercised	Not applicable	This must be calculated on the details in the contract (for example a 12-month contract starting 1 July 2024 plus 2 x 6 month extension options gives a possible end date of 30 June 2026)
Is the majority of the contract for consultancy services	Consultancy: Yes Consultancy reason: Independent Assessment	This must be documented in the Commitment Approval Minute. In addition, all contracts under the Management Advisory Services panel (MAS) must be assessed and reported as a consultancy.
Does the contract contain confidentiality provisions (in the contract document or related to the contract outputs)	Agreed Supplier confidential information in the contract XXXXXXXX	All contract and work order templates have a clause on Supplier confidentiality (supplier information we have agreed to keep confidential). These provisions must meet the confidentiality test.
Was the procurement conducted Overseas? Will the goods/services be consumed overseas?	No	The answer to these questions will generally be no, unless the officer undertaking the procurement resided outside of Australia, or the goods/services will only be consumed overseas

Schedule 5 – Request for Quotation Template

Note to Service Provider:
This Schedule 5 provides a Request for Quotation (RFQ) template that includes the typical information that an Agency will provide to the Service Provider to request a quotation for the provision of Management Advisory Service to an Agency, as detailed in clause 11.2 of the Head Agreement. It is intended that the RFQ will be provided as a smart form. The intent of this template and any smart form is to achieve a high level of standardisation and consistency in Agency RFQs to provide efficiencies to Agencies and Service Providers, however, it will not be mandatory that Agencies use this RFQ Template or any resulting smart form to request quotes from Service Providers.

1. Introduction

1.1. This RFQ is issued under clause 11.2 of the Head Agreement between the Service Provider and the Department of Finance.

Request For Quotation for Services	
Agency Information	
Agency	Department of Health, Disability and Ageing
Agency File Reference	s47E(d)
RFQ Reference	Evaluation of Australian Primary Care Prevocational Program (APCPP) RFQ.
Agency Representative	Name: s47E(c), s47F Position: Assistant Director, Workforce Training Branch Address: GPO Box 9848, CANBERRA, ACT, 2601 Email: s47E(c), s47F @health.gov.au
RFQ and Proposed Order Details	
RFQ Release Date	17 February 2026
RFQ Closing Date	6 March 2026, 14:00 AEST. Service Providers must submit their response to this RFQ specified on AusTender by the time and date specified unless an exemption is granted. Please include the RFQ Reference (Health/PH26/197 RFQ Response) and the company name in the Subject line.
Proposed Order Commencement Date	31 March 2026
Proposed Order Term and/or Completion Date	2 April 2027

Request For Quotation for Services

Options to extend	NA
Milestones	

Milestone	Deliverable	Due Date
Milestone 1: first payment triggered – s47(1)	Deliverable 1 Evaluation initiation, scoping and planning meeting	Within a week of contract execution
Milestone 2: second payment triggered – s47(1)	Deliverable 2 Project and Risk Management Plan	Within 3 weeks of contract execution
	Deliverable 3 Monthly activity and progress report - May	29 May 2026
	Deliverable 4 Monthly activity and progress report - June	26 June 2026
	Deliverable 5 Monthly activity and progress report - July	31 July 2026
	Deliverable 6 Monthly activity and progress report - August	28 August 2026
Milestone 3: third payment triggered – s47(1)	Deliverable 7 Early findings evaluation report with indicative recommendations	3 September 2026
	Deliverable 8 Presentation of early findings to Department	8 September 2026
	Deliverable 9 Monthly activity and progress report - September	30 September 2026
Milestone 4: fourth payment triggered – s47(1)	Deliverable 10 Final evaluation report	29 October 2026
	Deliverable 11 Monthly activity and progress report - October	30 October 2026

Request For Quotation for Services

	Deliverable 12 Monthly activity and progress report	30 November 2026
	Deliverable 13 Monthly activity and progress report	20 February 2027
Milestone 5: fifth payment triggered – s47(1)	Deliverable 14 Consolidation of all findings, including any remaining data collection from the 2026 training year, as well as 2027 training year projections.	24 March 2027
	Deliverable 15 Final monthly activity and progress report, including project summary – March.	31 March 2027

Statement of Work

Service Area	Commercial Management Advisory Services
Service Category	Programs and Projects
Service Sub-category	Program/Project Evaluation
Detailed Statement of Work	**1. Introduction** The Department is seeking to engage a consultant to undertake an independent evaluation of the Australian Primary Care Prevocational Program (APCPP). The evaluation will commence in April 2026, and the final report evaluating the APCPP – Rural will be submitted to the Department by 29 October 2026. **Program background** The John Flynn Prevocational Doctor Program (JFPDP) is an Australian Government initiative that delivers additional primary care training 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). It is administered by the State and Territory governments with a funding contribution from the Commonwealth. Rural hospitals partner with primary care settings to provide junior and prevocational doctors with a clinical training term in a rural primary care setting, to foster interest in a career in general practice and rural generalism. The JFPDP seeks to provide patients in rural and remote areas with a more stable, locally trained workforce and increase access to primary care health services. On 1 January 2026 the JFPDP was incorporated under the new APCPP and expanded to include additional primary care rotations in metropolitan (MM1) locations. The APCPP now encompasses two streams, the APCPP – Rural (the former JFPDP) and the new APCPP – Metro. The APCPP – Metro will fund 200 metropolitan primary care training rotations in 2026, increasing to 400 by 2028. The APCPP – Rural will continue to deliver rural primary care rotations, increasing to 1,000 rotations per year from 2026. The APCPP – Rural is currently being delivered under a Federal Funding Agreement (FFA) Schedule, with the APCPP – Metro FFA Schedules currently under negotiation.

Request For Quotation for Services

3. Evaluation aims and objectives

The overarching purpose of the Evaluation is to assess the appropriateness, effectiveness and efficiency of the APCPP to inform further policy design of the program, including the development of strategies to capture longitudinal data.

The Evaluation has the following objectives:

1. To assess the status quo of the APCPP against its program objectives and intended outcomes as identified in the program FFAs and program guidelines.
2. To provide an analysis of the current program design with a focus on the appropriateness, implementation, effectiveness, resource efficiency and sustainability of the program.
3. To make recommendations on program design and delivery that informs the Australian Government's future policy and program development considerations.

4. Key Evaluation Questions (KEQ)

The evaluation should address the Key Evaluation Questions (KEQs) outlined below at the least. The successful Service Provider will refine the main KEQs and potential sub-questions when developing their project plan, noting that evaluation should be future-facing and able to support the development of further policy and program design.

KEQ 1: Appropriateness

1. Is the APCPP program design suitable for attracting, retaining and growing the general practice and rural primary care workforce.
   - 1.1. Are the objectives and outcomes appropriate for the goals and purpose of the APCPP?
   - 1.2. Are the program eligibility criteria and other conditions aligned to the objectives of the APCPP?
   - 1.3. How does the APCPP contribute towards jurisdictional rural generalist pathways and the National Rural Generalist Pathway (NRGP)?
   - 1.4. Is the APCPP appropriately flexible to reflect jurisdictional contextual factors that influence delivery?
   - 1.5. Can participants obtain the full scope of required training in their chosen location, including access to appropriate supervision, procedural exposure and support services?
   - 1.6. Are rotations being delivered in locations and settings where there is a workforce shortage and community need?
   - 1.7. Are governance and accountability arrangements between the Commonwealth, jurisdictions, colleges and coordination units clear and effective?
   - 1.8. How effective is the JIF governance structure in supporting program delivery, decision making and issue escalation?
   - 1.9. Are current reporting mechanisms and performance indicators useful to monitor the program's success?

KEQ 2: Implementation

- 2.1. Who is best placed to deliver the APCPP (e.g., Coordination Units, GP Colleges, states and territories, local health networks) and why?
  - 2.1.1. What are the benefits and drawbacks of each? What operational or administrative factors (e.g., hospital rostering, payroll arrangements, rotational timing) influence delivery of the program?
- 2.2. To what extent have jurisdictions built partnerships with rural clinical schools, universities, professional colleges and ACCHOs to promote rural generalist and primary care training pathways?

Request For Quotation for Services

2.2.1. How effective are promotional activities in attracting candidates to APCPP placements?
2.2.2. To what extent do the APCPP Program Guidelines enable jurisdictions, health services and primary care locations to support trainees during APCPP rotations and how might these be strengthened towards delivering on program objectives?
2.2.3. To what extent has the APCPP reached its target population/priority cohorts?
2.2.4. Are targets for Aboriginal and Torres Strait Islander prevocational doctors participating in the APCPP appropriate and being achieved?
2.2.5. What types of settings are most appropriate for rotations for PGY1 and PGY2 participants, and are these settings different to when participants are PGY3+?
2.2.6. How consistently are jurisdictions applying supervision models (e.g., GP supervisor accreditation, onsite vs remote supervision)?
2.2.7. What are the barriers to establishing appropriate placements in private clinics or primary care settings, and how can these be addressed?
2.2.8. What operational or administrative factors (e.g., eligibility criteria, hospital rostering, payroll arrangements, accommodation, rotational timing) impact implementation and delivery of the APCPP?

2.3. How might jurisdictions collaborate with rural clinical schools, LHNs or GP Colleges to better coordinate training placements in fully accredited locations and potentially minimise the impact of these factors?
2.3.1. What is the ideal PGY cohort to undertake an APCPP placement? Should latter year doctors, such as those already on a GP vocational training pathway, be eligible to undertake an APCPP rotation? Alternatively, should placements be reserved for junior doctors who indicate a preference for a career as a rural GP/RG?
2.3.2. Is data reporting and collection consistent across jurisdictions and how might it be better streamlined, reported on and collected by the Department, e.g. through the JIF data working group?
2.3.3. What are some key issues that have arisen in the implementation and roll out of the APCPP?

KEQ 3: Effectiveness

3. Is the APCPP achieving its intended program objectives and outcomes.

3.1. To what degree is the volume and distribution of rotations being delivered achieving the intended program objectives and outcomes?
3.2. To what extent is the APCPP strengthening vertically integrated training pathways?
3.3. Are junior doctors participating in the APCPP reporting a safe and high-quality rotation, as measured by the participant survey?
3.4. What proportion of junior doctors participating the APCPP report a negative experience or low preference/desire to take up a career as a rural GP/RG?
3.5. To what extent do APCPP rotations increase clinical confidence in primary care tasks (e.g., chronic disease management, preventive care) after a single rotation?
3.6. After completing an APCPP – Rural rotation, what proportion of participants continue to work in rural locations in the short, medium and longer term? Has the program increased the number of prevocational doctors working in rural and remote primary care?
3.7. What proportion of APCPP – Rural participants pursue GP or RG vocational training within 12–18 months of program completion?
3.8. Do participants report improved cultural capability, particularly when placed in AMS/ACCHO settings?
3.9. How many rotations are being delivered in AMS and ACCHO settings?
3.10. Do participants report improved cultural capability, particularly when placed in AMS/ACCHO settings?

Request For Quotation for Services

3.11. What proportion of Aboriginal and Torres Strait Islander APCPP participants pursue rural GP or RG vocational training within 12–18 months of program completion?
3.12. What are the key reasons leading to unfilled funded training rotations?
3.13. Do training locations provide better learning settings for APCPP participants based on their MM classification.
3.13.1. Do specific MM classifications provide better participant outcomes and should the effective of rurality be measured.
3.14. How can the Postgraduate Medical Councils (PMCs) and Colleges work collaboratively to ensure efficient accreditation processes, supervision and other support for APCPP participants?
3.15. Are medical training networks (e.g., hospitals and health services and universities) being utilised to increase the supply of doctors in primary care training and support local workforce development?
3.16. Are current mechanisms for participant feedback providing useful insight, and how can they be streamlined and improved?

KEQ 4: Cost effectiveness and efficiency

4. Have APCPP – Rural resources been used efficiently to maximise outputs.

4.1. Has the APCPP used funding effectively to deliver the intended number and quality of rotations?
4.2. What is funding being used for?
4.3. What is the cost per rotation in each jurisdiction and how does this compare with forecasted cost models?
4.4. What administrative costs fall to training sites (e.g., induction, accreditation maintenance), and how do they affect program scalability?
4.5. Are the rural loadings ($X per rotation) sufficient to deliver rotations in MM2-7 locations?
4.6. What funding contribution is provided by each jurisdiction to deliver APCPP rotations?
4.7. How is unspent funding being used to achieve the program objectives and outcomes?
4.8. Does allowing flexibility of funding across rural and metro streams support delivery of additional rural rotations?
4.9. Is the Commonwealth funding contribution sufficient?
4.10. Are there any gaps or areas of duplication with other Commonwealth or state funding (e.g. the NHRA), and how might these be addressed in future?

KEQ 5: Sustainability

5. What can be done to ensure the growth and success of the APCPP in future?

5.1. Does the program design, implementation and funding support the continued delivery of program outcomes in the short to medium term?What factors influence supervisor availability (e.g., workforce attrition, competing demands, training load) across rural regions?Is there potential for the APCPP to be expanded to deliver more rotations? Based on the current number of filled rotations, does the target number of rotations need to be redistributed between jurisdictions?Are there lessons learned from individual jurisdictions that can be transferred across jurisdictions for continuous improvement?How might data reporting arrangements between the Commonwealth and jurisdictions be strengthened to capture program outcomes and deliverables over the short, medium and longer term, and to enable an assessment of whether the program is achieving its goals?To what extent is the achievement of APCPP program objectives associated with training settings, geographic locations and participant demographics?How should the APCPP – Rural program design be modified to successfully deliver APCPP in metropolitan locations?Should the APCPP

Request For Quotation for Services

be organised and funded under a single program, rather than two separate streams (Rural and Metro)?How can the APCPP design be modified to ensure alignment with other government priorities and strategies, including the National Medical Workforce Strategy and Stronger Rural Health Strategy?How might external factors/challenges (e.g., state reforms, rural hospital pressures, workforce shortages, changes to accreditation frameworks) may impact delivery and future program scale-up?What changes are needed to enable ongoing delivery and potential expansion of the program into the future?How might Rural Coordination units (or similar) be best incorporated into future program delivery agreements with jurisdictions? Stakeholder feedback to date has flagged that GP colleges, and jurisdictions (as the employers and releasers of the junior doctor workforce), have requested greater involvement in the co-design and evolution of the program moving forward. What are the best mechanisms to facilitate this dialogue? What can be learnt from other health professions (i.e. nurses/midwives, dentists, allied health etc) about how they operate training programs for junior/graduate staff? Can the APCPP model be adapted for other health workforce to support health professionals across other disciplines and grow this workforce?**5. Evaluation Design**

The Service Provider must be experienced in research and evaluation methodologies, including the use of mixed methodologies and economic analysis as well as program design. Methods used within the evaluation should include quantitative and qualitative approaches, including fieldwork, such as surveys and interviews with key stakeholders that address the KEQs. Recommendations should address policy concerns and program design, development and delivery.

6. Data Requirements

It is expected that the service providers will consult with and obtain information/data from states and territories funded by the Australian Government.

7. Key Stakeholders

Key stakeholders to be consulted during the evaluation should include:

- Jurisdictional Implementation Forum (JIF).
- National Rural Generalist Pathway (NRGP) Coordination Units.
- State and territory government program managers, including:
  - State and territory Intergovernmental Agreement (IGA) units.
- National Rural Health Commissioner.
- General Practice Training Advisory Committee (GPTAC).
- Royal Australian College of General Practitioners (RACGP).
- Australian College of Rural and Remote Medicine (ACRRM).
  - Australian General Practice Training (AGPT) program.
- Rural Doctors Association of Australia (RDAA).

Note: The Service Provider may wish to consult with additional stakeholders.

8. Evaluation and management

The evaluation will be managed by the Rural, Prevocational and Skills Training section, Workforce Training Branch in the Department.

9. Quality Standards

Monitoring and evaluation products from the Service Provider must adhere to the following Departmental quality standards:

Request For Quotation for Services	
	• Evaluation planning documents including program logic, monitoring and evaluation plan. • Progress reports. • Evaluation reports.
Deliverables	The evaluation will be undertaken over the period 31 March 2026 to 31 May 2027, with the design and establishment phase commencing in early April 2026. Deliverable 1: Evaluation initiation, scoping and planning meeting • Discussion of project scope and planning. • Draft project plan. • Proposed methodology to address each KEQ. • Draft program logic that provides an overview of the causal mechanisms that are understood to link the interventions with intermediate and end-of-program outcomes. • Draft data matrix including mapping data collection and analysis to address each KEQ. • Draft stakeholder engagement plan. • Draft risk management plan including data collection risk management. • Discussion of deliverables and milestone dates.
Deliverables	Deliverable 2: Project and Risk Management Plan Update of project proposal and completion of planning documents, including: • Final project plan. • Final Program logic that provides an overview of the causal mechanisms that are understood to link the interventions with intermediate and end-of-program outcomes. ○ The following key elements must be included in the program logic: problem statement, inputs, activities, outputs, short/medium/long term outcomes, assumptions and external factors likely to support or inhibit achievement of end-of-program outcomes. • Final methodology to address each KEQs. • Final data matrix that includes mapping data collection and analysis to address each KEQ. • Final risk management plan including data collection risk management. • Final stakeholder engagement plan. • Discussion of and agreement to milestone and deliverables' dates.

Request For Quotation for Services	
Deliverables	Deliverable 7: Early findings evaluation report with indicative recommendations Early findings evaluation report will: • Demonstrate progress of the evaluation to date as well as describing details on methodology and any remaining steps in the evaluation prior to the final evaluation report. • Provide early findings in response to each of KEQ. • Provide initial recommendations based on early findings.
Deliverables	Deliverable 8: Presentation of early findings to Department • Details on the methodology, progress and findings in response to each of the KEQ. • An executive summary. • Recommendations. • Appendices with qualitative data as negotiated with the Department and quantitative data in an interrogable form such as Microsoft Excel.
Deliverables	Deliverable 10: Final evaluation report - Rural Submission of the final evaluation report to the Department that provides: • Details on the methodology, progress and findings in response to each of the KEQ. • An executive summary. • Recommendations. • Appendices with qualitative data as negotiated with the Department and quantitative data in an interrogable form such as Microsoft Excel. **Note:** The Department may request that the Service Provider amends draft if appropriate.
Deliverables	Deliverable 14: Consolidation of all findings, including any remaining data collection from the 2026 training year as well as 2027 training year projections. Validation of all findings and completion of any final data collection and analysis, particularly those relating to the implementation of the first year of the APCPP – Metro. Any amendments requested by the Department should also be considered and implemented, where appropriate.
Deliverables	Deliverable 15: Final monthly activity and progress report including project summary Submission of the final activity report to the Department that provides: • Project summary. • Summary of activities. • Overall delivery status. • Lessons learnt. • Appendices with qualitative data as negotiated with the Department and quantitative data in an interrogable form such as Microsoft Excel. **Note:** The Department may request that the Service Provider amends draft if appropriate.

Request For Quotation for Services

Deliverables

Deliverables: 3-6, 9 and 11-13: Monthly activity and progress report

Monthly activity and progress reports will be high-level and include:

- Overall status summary.
- An overview of activities undertaken.
- Overall delivery confidence.
- Deliverables status.
- Risk status.
- Issues status.

Note: Meetings will be held with the Department on a needs basis to discuss issues arising with the project.

Subcontractors

The Service Provider may nominate subcontractors to provide some Services on written agreement by the Department.

Location

Not Applicable

Fees

Payment structure

Milestone	Description	Total Price GST Exclusive	GST Component	Total Price GST Inclusive
1. Evaluation initiation and scoping meeting	Meeting with Department to discuss project scope and planning.	s47(1)(b), s47(1)(b)	s47(1)(b) 47D	s47(1)(b), 47D
2. Project and Risk Management Plan	Project plan and risk management plan detailing activities, timeframes and personnel, to be submitted to and accepted by the by Department.	s47(1)(b), s47(1)(b)	s47(1)(b) 47D	s47(1)(b), 47D
3.Early findings report and presentation to Department	Report outlining preliminary findings to be included in final evaluation report and high-level recommendations. Presentation of early findings to Department.	s47D, s47(1)(b)	s47(1)(b) 47D	s47(1)(b), 47D

Request For Quotation for Services

	4. Final Evaluation Report	Comprehensive report evaluating program and including recommendations.	s47(1)(b), s47(1)(b)	s47(1)(b) 47D	s47(1)(b), 47D
	5. Consolidation of all findings and final monthly reporting	Consolidation of all findings, including any remaining data collection from the 2026 training year, as well as 2027 training year projections. Final monthly activity and progress report, including project summary – March	s47(1)(b), s47(1)(b)	s47(1)(b)	s47(1)(b) 47D
	Total		**$540,000**	**$54,000**	**$594,000**

Payment Terms	20 calendar days for all invoices
Travel	Not Applicable
Agency Material	The Agency may provide Agency Material to the Service Provider. The Service Provider must ensure that the Agency Material is used strictly in accordance with any conditions or restrictions specified in an Order and any direction from the Agency.
Existing Material	The Department may provide Existing Material if applicable.
Contract Material	Please include: • Evaluation plan and methodology • Ethics approval as required • Stakeholder consultation report • Early findings evaluation report • Presentation of early findings • Final evaluation report • Monthly activity and progress report Data collection tools and raw data which formed part of the Servies will be provided to the Department at the Completion Date unless otherwise negotiated.
Confidential Information	

Agency Confidential information (for example)	**Period of Confidentiality**
Agency data	indefinitely
Any Personal Information held by the Agency	indefinitely
Security Classified Information	indefinitely

Request For Quotation for Services	
Key Personnel Requirements	
Required Qualifications and Experience	The Service Provider must specify the key personnel associated with the delivery of the required services including roles and responsibilities. The specified key personnel must cumulatively have the skills and experience in the evaluation methodologies and methods proposed for use to answer each of the KEQs. In the case of a consortium, the Service Provider must provide details of how the consortium members will work together and the contribution of each member to the consortium. Proposals should identify the skills and experience of the proposed personnel which is relevant to the Statement of Work.
Other Requirements for Key Personnel	The proposed Personnel performing the Services may be required to sign a deed and acknowledgements relating to confidentiality, security, moral rights, intellectual property and other relevant matters as required by the Agency. Any Contract will be conditional on this occurring.
Additional Requirements	
Agency Data Storage Requirements	The successful Service Provider will be required to store this data securely, and control access to it, in accordance with the Privacy Act 2008 and data management policies of the Health Data Governance Council.
Agency Security Requirements	Not Applicable
Security Clearance Requirements	Not Applicable
Liability	Please upon providing a response quoting the scope of work sought in this RFQ, outline your organisation's liability information to the procuring Agency, to confirm compliance against Clause 18 of the MAS Panel Head Agreement
Agency Insurance Requirements	Please upon providing a response quoting the scope of work sought in this RFQ, outline your organisation's insurance information to the procuring Agency, to confirm compliance against Clause 18 of the MAS Panel Head Agreement.
Agency Service Levels	Not Applicable
Conditions/Restrictions for Personal Information	Not Applicable

Request For Quotation for Services	
Use of AI Systems	The Service Provider must provide information in its RFQ response about its proposed use of AI Systems in the delivery of the Services. Information provided by the Service Provider may form part of the Order. The Agency may include additional requirements in the Order regarding the Service Provider's use of AI Systems (consistent with the Artificial Intelligence model clauses in the Australian Government's Digital Sourcing Clause Bank from time to time). "**AI System**" means the machine-based system that, for explicit or implicit objectives, infers, from the input it receives, how to generate outputs such as predictions, content, recommendations, or decisions that can influence physical or virtual environments. Different AI Systems vary in their levels of autonomy and adaptiveness after deployment.
Other Additional Requirements	Conflict of Interest Service Provider must give details of any real or apparent Conflict of Interest in relation to this response, or the performance of the Services. If there is nothing to declare, please indicate "None". Conflict of Interest – Specified Key Personnel Before the successful Service Provider commences work, confidentiality undertakings in a form attached to this work order or otherwise prescribed by the buyer are required from specified personnel. Confidentiality and Conflict of Interest declarations are to be updated if specified personnel change or become aware of any conflicts of interest associated with the provision of the required services.
Commonwealth Policy Requirements	
Shadow Economy Policy	Not Applicable
Indigenous Procurement Policy	Not Applicable
Australian Industry Participation Plan	Not Applicable
Evaluation Criteria	

Responses to this RFQ will be evaluated against the following criteria:

- The Service Provider's demonstrated understanding of the Services required, including the identification of any key challenges and the management of risk.
- The Service Provider's demonstrated capability and capacity to provide the services described in the Detailed Statement of Work to a very high standard and within the specified timeframes.
- The Service Provider's demonstrated organisational experience in providing the similar services to the services described in the Detailed Statement of Work.
- The relevant experience of nominated Key Personnel in providing the similar services to the services described in the Detailed Statement of Work [include any relevant qualifications, certifications, etc. required].
- The professional and other standards that the Service Provider would apply to the Services and the measures the Service Provider proposes to ensure that standards are maintained for the term of the Contract.
- The extent to which the Service Provider's response presents any risks, including in the Service Provider's proposed use of AI Systems.

Request For Quotation for Services

- The extent to which the level and structure of fees proposed provides value for money for the Australian Government.

The technical assessment of quotations will be based on Service Providers' ability to deliver the Services in accordance with this Schedule against the following criteria and weightings.

Criterion	*Weighting*
A. Suitability of the proposed approach and methodology	60%
B. Suitability of the proposed team (including range of skills and experience of personnel and team balance)	20%
C. Demonstrated experience in delivering similar services	20%

The Department will also consider pricing, value for money and risk in the assessment of quotations.

Responding to this RFQ

The Service Provider is required to complete the following information:

Service Provider's Representative:

Service Provider's Name:

Service Provider's Address:

Service Provider's ABN:

Service Provider's email address:

Service Provider's phone contact:

Note: In response to this RFQ quotations should not exceed 25 pages. Curricula vitae may be included as attachments.

The Service Provider should:

- describe its understanding of the Services required, including the identification of any key challenges and the management of risk
- detail its capability and capacity to provide the services described in the Detailed Statement of Work to a very high standard and within the specified timeframes
- detail its organisational experience in providing the similar services to the services described in the Detailed Statement of Work
- detail the relevant experience of nominated Key Personnel in providing the similar services to the services described in the Detailed Statement of Work including any qualifications, certifications, affiliations that the nominated Key Personnel have
- describe the professional and other standards that your organisation would apply to the Services and the measures your organisation proposes to ensure that standards are maintained for the term of the Contract.

The Service Provider is also required to:

- identify any subcontractors nominated to provide the services and their role in the delivery of the services
- disclose any conflicts of interest it would have with the delivery of the Services
- include any information in its response that it requests to remain confidential.

Request For Quotation for Services

The Service Provider is required to:

- provide contact details for two referees, preferably from the Department of Health, Disability and Ageing. The Department will contact referees provided at its discretion.

Service Provider Confidential information	Period of Confidentiality

The Service Provider is also required to:

- confirm whether any AI Systems will or will not be used in connection with delivery of the Services
- if one or more AI Systems will be used in connection with delivery of the Services, provide the following information in respect of the Service Provider's use of AI Systems:

Category	Information to be provided
AI Systems	The names of the AI Systems that will be used (e.g. ChatGPT, Copilot)
Purpose and application	Describe how each AI System will used to support the delivery of Services (e.g. drafting support, data analysis)
Extent of use	Outline the scale of involvement of AI Systems in delivering the Services (e.g. limited support, automation of analysis)
Data handling	Identify if and what Commonwealth data or information would be input, processed or stored in the AI System, including the data location and security controls.
Governance and oversight	Outline the measures in place to ensure the safe and responsible use of AI Systems in delivery of the Services.

Australian Government

Department of Health, Disability and Ageing

08 April 2026

s47F
Managing Director
Whereto Research Based Consulting Pty Ltd
60 City Road
Southbank VIC 3006
s47F @wheretoresearch.com.au

Dear s47F ,

COMMONWEALTH REQUEST FOR QUOTE – s47E(d)

Thank you for your submission to our Procurement of Services for the evaluation of the Australian Primary Care Prevocational Program (APCPP).

After careful evaluation of all submissions received, I am pleased to inform you that your organisation's submission has been selected as best value for money.

An electronic copy of the proposed Contract is enclosed. Please review the Contract and when satisfied it accurately reflect your submission, sign and return an electronic copy to me. As the delegate, I will countersign the Contract and return an electronic copy for your records.

Please note that the contract will not be binding on your organisation or the Commonwealth, and no legal obligations shall arise unless and until the Commonwealth signs the contract. Work is not to commence until you receive a signed copy of the contract.

If you would like feedback on your response or have any queries or concerns relating to the proposed Contract prior to signing, please contact the Department via s47E(d) @health.gov.au.

Details of the Contract will be posted on the AusTender website after signing by both parties. Note that your organisation should not incur any expense before both parties have signed the Contract.

Yours sincerely

s47E(c), s47F

Director
Workforce Training Branch
Workforce Division

8 April 2026

John Flynn Prevocational Doctor Program (JFPDP) and Australian Primary Care Prevocational Program (APCPP) - Program Logic 2023-2027 – Department of Health, Disability and Ageing (DHDA)

Problem statement: The number of doctors in Australia choosing general practice specialty pathways is inadequate to meet demand into the future, particularly in regional, rural and remote communities. Prevocational doctors have limited exposure to primary care during their training, which contributes towards reduced entry into GP and rural generalist training pathways.

Program goal: The APCPP aims to build prevocational doctors' confidence, exposure, understanding and interest in general practice, rural general practice and rural generalism through training placements in primary care settings. It provides an opportunity for prevocational doctors' to gain exposure and experience of primary care settings early in their career increasing opportunities for prevocational doctors to remain in rural communities whilst completing their medical training and establishing their medical careers; encouraging prevocational doctors to join vocational general practice training to become specialist general practitioners or generalist non-GP specialists; providing rural primary care training opportunities to prevocational doctors on the National Rural Generalist Pathway (NRGP).

Participants: Commonwealth, states and territory governments, hospitals and primary care settings and prevocational doctors, The APCCP prioritises training opportunities for PGY1 and PGY2 doctors in primary care settings, but is available to PGY3+ doctors. The APCPP – Rural is available to Australian Medical Graduates (AMGs), Foreign Graduates of Accredited Medical Schools (FGAMS) and International Medical Graduates (IMGs). The APCPP – Metro is only available to AMGs and FGAMS.

Inputs	Activities	Outputs	Short-term outcomes (1-2 years)	Medium-term outcomes (2-5 years)	Long-term outcomes 5+ years
Financial inputs • $44 million provided for APCPP – Metro Stream rotations over three years from 2025-26 to 2028-29. • $200.2 million invested in JFPDP/APCPP – Rural Stream rotations over four years from 2022-23 to 2027-28. • State and territory contribution (unspecified) **Infrastructure** • Primary care infrastructure (hospital, general practice and Aboriginal and Torres Strait Islander training facilities). **Policy settings** • National Medical Workforce Strategy 2021-2031 • National Workforce Strategy 2022-2027 • National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 • 2020-25 National Health Reform Agreement (NHRA) • Federation Funding Agreements Framework • Program Guidelines including program eligibility and program governance arrangements. • Workforce distribution policy including health workforce modelling and Department of Health Disability and Aging (DHDA) supply and demand study • National Agreement on Closing the Gap • AMC National Framework for Prevocational Medical Training • National Rural Generalist Pathway (NRGP) including Coordination Units • Accreditation frameworks • Health Workforce Taskforce workstreams **Legislative Framework** • Financial relations between the Commonwealth and the states and territories (states) are governed by the *Federal Financial Relations Act 2009*	**Department of Health, Disability and Ageing** • Provide funding for jurisdictions through Federation Funding Agreements (FFA) – Health Schedule • Update Program Guidelines in consultation with jurisdictions • Monitor and evaluate program performance **States and territory activities** • Deliver quality primary care placements for prevocational doctors • Support primary care settings and partner hospitals with support and information. • Program management and delivery consistent with FFA and Program Guidelines, including monitoring and reporting of data and funds expenditure to the Commonwealth. • Provide material and advice on rural generalist or rural general practitioner pathways. **Partner hospital activities:** • Streamline the release of prevocational doctors to undertake rotations. • Maintain employment arrangements for prevocational doctors while on placement • Promote the APCPP within their hospital **Training setting activities:** • Obtain and maintain relevant accreditation • Provide orientation to prevocational doctors • Supervise prevocational doctors • Provide a positive, safe and supported placement • Provide community connection to prevocational doctors **Prevocational doctor activities** • Undertake placements. • Enrol & participate in education/training that supports delivery of general practice, generalism and specifically	**Department of Health, Disability and Ageing** • All states and territories provided with funding for the placement of prevocational doctors into primary care settings. **States and territories** • High quality primary care placements have been organised for and filled by prevocational doctors. • Funding is provided to primary care placements that have been appropriately accredited and supervised by accredited GP supervisors. • National target rotations achieved: ○ 500 rotations in 2023 ○ 600 rotations in 2024 ○ 800 rotations in 2025 ○ 1000 rotations from 2026 onwards • More primary care placements being undertaken in priority areas and a greater geographic distribution of placements. • All jurisdictions submitted AWP, RMP and Annual Performance Reports on time. • s47B(a) [redacted] • Prevocational doctors have had a positive primary care experience (demonstrated through participant survey). • Prevocational doctors receive advice and material on the opportunity to become a rural generalist or rural general practitioner, including information on the appropriate	**Workforce outcomes** • Prevocational doctors have a greater understanding of GP/RG pathways, as measured through participant surveys. • Increased participation in the NRGP. • Increased number of prevocational doctors working in primary care settings. • More prevocational doctors working in outer metropolitan and regional, rural and remote primary care • More general practices participating in prevocational training. • Increased rural medical training capacity, including rural general practices operating as vertically integrated teaching units. • More primary care services delivered by prevocational doctors	**Workforce outcomes** • Higher proportion of APCPP participants entering general practice, generalist vocational training and generalist career pathways relative to baseline cohorts. • Better understanding of and integration between primary and secondary health care • More visibility of and access to, primary care exposure and training for hospital non specialist doctors, providing alternative career pathways, opportunities and support. • Increased primary care services for Aboriginal and Torres Strait Islander people, s47B(a) [redacted]	**Workforce outcomes** • More GPs and rural generalists remaining in outer metropolitan and regional, rural and remote Australia. • Improved distribution of the medical workforce in MMM 3-7 regions and areas of workforce need. • Increased access to primary care and health services delivered by GPs and rural generalists. • Improved cultural safety, wellbeing and trust in the workplace • Increased attraction, engagement and retention of Aboriginal and Torres Strait Islander prevocational doctors • Improved quality of care delivery, inclusive of trauma informed, culturally appropriate & safe approaches (where Aboriginal and Torres Strait Islander doctors and communities are funded) • Improved health outcomes and longer life expectancy for Aboriginal and Torres Strait Islander people • Contribution to reconciliation and Closing the Gap by increasing cultural safety and capability in primary care.

Program Logic – Australian Primary Care Prevocational Program

(FFR Act) and the *Federation Reform Fund Act 2008*.	rural general practice and rural generalism for APCPP – Rural stream. • Complete Participant Survey.	training pathways in collaboration with GP colleges.			

Context

- An effective and efficient medical workforce requires a balance of practitioners with both broad and narrow scopes of practice and expertise. This includes growing the number of GPs and RGs and increasing generalism among the non-GP specialist workforce.
- Positive exposure to, and high quality experiences in primary care early in medical training positively influences career choice and will increase the number of doctors choosing GP and generalist pathways.
- The prevocational stage of medical training is focused primarily in hospital settings and current modelling shows this cohort of hospital non specialist doctors as the fastest growing in the medical workforce. As states and territories are responsible for the management of public hospitals they are the primary employer of prevocational doctors and responsible for the release of prevocational doctors to primary care placements.

Assumptions

- There will be a sufficient supply of appropriately registered supervisors
- Hospitals will continue to release prevocational doctors without compromising service delivery and creating workforce shortages
- Funding is stable and ongoing
- Jurisdictions agree to FFA parameters and continue signing the agreement (including any extensions)

External factors

- Workforce shortages
- Supervisor shortage
- Insufficient funding for primary care settings to participate
- Training pipeline fluctuations
- Issues with accreditations

Australian Government
Department of Health, Disability and Ageing

Procurement Information for Delegates

Background

The Public Governance, Performance and Accountability Act 2013 (PGPA Act) is the cornerstone legislation of the Commonwealth Resource Management Framework.

The Commonwealth Procurement Rules (CPR's) are the keystone of the government's policy framework. The rules enable entities to design procurement processes that are robust and transparent while permitting innovative solutions that reflect the scale, scope and risk of the desired outcome.

Procurement encompasses the whole process of procuring goods and services. It begins when a need has been identified and a decision has been made on the procurement requirement.

Achieving value for money is the core rule of the CPR's. Officials responsible for procurement must be satisfied, after reasonable enquires, that the procurement achieves a value for money outcome.

Officials are required to undertake procurement and contracting activities in an efficient, effective, economical and ethical manner that achieves value for money in a whole-of-process way.

Health's Accountable Authority Instruction's (AAI) and applicable Finance Business Rules (FBR's) must be followed in all instances of procurement within the Department.

Procurement Thresholds

The procurement thresholds (including GST) are:

- for non-corporate Commonwealth entities, other than for procurements of construction services, the procurement threshold is $125,000;
- for Prescribed Corporate Commonwealth Entities, other than for procurements of construction services, the procurement threshold is $400,000; or
- for procurements of construction services by relevant entities, the procurement threshold is $7.5 million.

Procurements valued over the thresholds must be conducted through either an:

- Open Tender;
- Panel (either Whole of Government, Health or other agency); or
- Limited Tender (only when Division 2 and/or Appendix A of the CPR's can be satisfied).

The Procurement Method Decision Tree will help determine the appropriate method for your procurement.

A procurement must not be divided into separate parts solely for the purpose of avoiding a relevant procurement threshold. When the maximum value of a procurement over its entire duration cannot be estimated, the procurement must be treated as being valued above the relevant procurement threshold.

Relevant Links and Contacts

PGPA Act | CPR's | AAI's | FBR's | Procurement Intranet | ***Procurement Business Partners (PBP) Section***
Contact PBP via email s47E(d) [redacted] @health.gov.au

Attachment A - Key Considerations for Delegates

Before exercising a delegation to approve the commitment of funds - PGPA Act Section 23 (3) - or enter into an arrangement - PGPA Act Section 23 (1), Delegates need to assure themselves that the procurement is compliant and documented:

Checklist Item (To be completed by Procuring Official)	Checked
Approval documentation clearly identifies what is being procured, total cost and length of contract	☒ Yes ☐ No
Do I have the correct delegation to approve the requested expenditure	☒ Yes ☐ No
All COI forms have completed and saved in Content Manager	☒ Yes ☐ No
Is there sufficient budget available to commit expenditure for this procurement (Financial Business Partner confirmation) including expenditure beyond the current financial year?	☒ Yes ☐ No
Is the process undertaken compliant with PGPA, CPR's, AAI's and FBR's	☒ Yes ☐ No
If applicable, has the procurement process considered and applied a Whole of Government Panel	☒ Yes ☐ No ☐ N/A
If applicable, does the Indigenous Procurement Policy apply to the procurement, and if a suitable supplier cannot be identified has this been clearly documented. If your Planned procurement is estimated to be above $7.5 million you must consult s47E(d) @health.gov.au to ensure compliance to the policy.	☐ Yes ☒ No ☐ N/A
If applicable, has an Australian/New Zealand Business or SME been engaged for this procurement, in compliance with the CPR's (5.4 & 6.5)?	☒ Yes ☐ No ☐ N/A
Identified an existing panel arrangement to provide the goods or services	☒ Yes ☐ No ☐ N/A
If a limited tender was undertaken, can the Limited Tender satisfy a condition for limited tender from CPR (10.3) or CPR Appendix A (over the relevant threshold)	☐ Yes ☐ No ☒ N/A
Have any probity issues (perceived or real) been considered, documented and mitigated	☒ Yes ☐ No
For all Covered Procurements (over $125,000 and covered by Div. 1 and 2 of the CPR's) you must ensure you comply with the requirements under the Government Procurement Judicial Review Act 2018. Seek advice from PBP if you are unsure.	☐ Yes ☐ No ☒ N/A
If approval for PGPA Act Section 60 (indemnities/contingent liabilities) is required has it been documented and approval obtained, prior to Section 23 (3) approval	☐ Yes ☐ No ☒ N/A
Risk (WHS and procurement) has been considered and where necessary have put in steps to mitigate	☒ Yes ☒ No
The correct contract to procure the goods or services (for example Commonwealth Contracting Suite, panel Official/Work Order or ICT source contract) is being used	☒ Yes ☐ No
The contractual payment terms have been considered. eInvoice payments are enabled for the contract?	☐ eInvoice ☒ Standard 20 Days ☐ Deed Terms
If required, has legal advice been obtained (for example review of changes to contractual terms and conditions)	☐ Yes ☐ No ☒ N/A

Checklist Item (To be completed by Procuring Official)	Checked
Has correctly assessed any applied requests to keep certain information within the resultant contract confidential	☒ Yes ☐ No ☐ N/A
Has PAS reviewed and endorsed the procurement process and associated documents	☒ Yes ☐ No ☐ N/A
Stored all relevant procurement documentation in Content Manager	☒ Yes ☐ No

Australian Government
Department of Health, Disability and Ageing

Indigenous Procurement Policy (IPP) Checklist

s47E(d) **or the Evaluation of the Australian Primary Care Prevocational Program (APCPP)**

The Department of Health, Disability and Ageing must comply with the Indigenous Procurement Policy. The IPP includes two policy elements in the form of:

1. a **mandatory set-aside** has been established (MSA) that gives Indigenous SMEs the chance to demonstrate value for money, before the procuring officer makes a general approach to the market. At Health, this mandatory set-aside applies to all remote procurements and all other domestic procurements where the estimated value of the procurement **at, or under $200,000 (GST inclusive)**, excluding procurements to which paragraphs 2.6 and 10.3 Commonwealth Procurement Rules 2025 (CPRs) apply, procurements through a Whole-of-Government arrangement, and procurements where the purchase is made using an exemption to Appendix A of the CPRs.
2. **mandatory minimum requirements (MMR)** that include Indigenous participation targets mandated in high value contracts wholly delivered in Australia valued above $7.5 million in specified industry categories.

Section 1 - Mandatory Set-aside (MSA)	
Q1. Is your procurement being conducted under any of the following circumstances: • Mandatory Whole of Government Arrangement Enter the details of the arrangement: SON3751667 – Management Advisory Services - Evaluation • 10.3 (Conditions for limited tender) Enter the condition (e.g.: 10.3.d.iii): N/A • Appendix A – Exemptions from Division 2 Enter Appendix A Exemption that applies: • N/A Approved by Accountable Authority (the Secretary): [insert TRIM #]	Yes ☒ No ☐
If you answered "**YES**" to Q1 and provided required details, the MSA does not apply. Proceed to **Section 2.**	
Q2. Is the procurement valued at, or under $200,000 (GST inclusive)? As a Supply Nation Member, our Department has committed on a best endeavours basis to identify and/or create business opportunities for Supply Nation certified Indigenous suppliers. Hence, the mandated threshold for procurements valued at, or under $200,000 (this valuation should also include any possible extension options). Please search for Indigenous suppliers on Supply Nation.	Yes ☐ No ☐
Q3. Will the majority (by value) of the goods/services be delivered in remote areas?	Yes ☐ No ☐
If you answered "**NO**" to both Q2 and Q3, the Mandatory Set-aside does not apply. Proceed to **Section 2**. If you answered "**YES**" to either Q2 or Q3, the Mandatory Set-aside applies and you must conduct a search for a suitable Indigenous supplier on Supply Nation and document the outcomes of that search in your Procurement Plan. Proceed to **Section 2**.	
Section 2 – Mandatory Minimum Requirements (MMR)	
Is the procurement valued over $7.5m (GST inclusive) and the majority of the value falls within one of the highlighted industry categories here?	Yes ☐ No ☒
If "**YES**" MMR clauses are required in your Approach to Market and contract documentation. Please contact Procurement Advisory Services.	

Updated May 2025

Australian Government
Department of Health, Disability and Ageing

Expenditure Information Template

- This document is to be sent to your Finance Business Partner (FBP) for Expenditure related information to assist with completing an Approval in Principle, Commitment Approval, and Contract Registration in SAP.
- NOTE: this is NOT an Application for Beyond Forward Estimates Approval.
- For Beyond Forward Estimates approval information, see the beyond forward estimates intranet page.

Finance Business Partner:	**Health Resourcing:** s47E(c), s47F **and** s47E(c), s47F
Procurement Officer:	s47E(c), s47F
Description of procurement *Procurement Officer to complete*	*Evaluation of the Australian Primary Care Prevocational Program (APCPP): Rural and Metro*
Estimated value of the procurement (including GST) *Procurement Officer to complete* *Enter financial year if a multi-year contract* *Show current and variation amounts if applicable*	*Estimated value of the Contract, Including GST* s47(1)(b), s47D

	2025-26	2026-27	
Current total	s47(1)(b), s47D	s47(1)(b), s47D	
Variation			
New total			

Source of Funds *Procurement Officer to complete (FBP to confirm)*	*Administered*
Managing Division *Procurement Officer to complete (FBP to confirm)*	*HWD*
Are Funds available? *Procurement Officer to complete (FBP to confirm)*	*Yes*
Does GST Apply? *Procurement Officer to complete (if unsure please discuss with your FBP)*	*Yes*
Pre-commitment (if applicable) *Procurement Officer to complete (FBP to confirm)*	
Cost Centre Code *Procurement Officer to complete (FBP to confirm)*	s47E(d)
Internal Order (if applicable) *Procurement Officer to complete (FBP to confirm)*	N/A
Material Code *Procurement Officer to complete (FBP to confirm)* Seek advice from your FBP if you're unsure	s47E(d)

Australian Government
Department of Health, Disability and Ageing

General Ledger (GL) Account Code *Procurement Officer to complete (FBP to confirm)* Commonly used General Ledger Codes	s47E(d)
Estimated start date or purchase date *Procurement Officer to complete*	*April 2026*
Estimated end date: *Procurement Officer to complete*	*April 2027*
Financial Year/s *Procurement Officer to complete*	*2025-26 to 2026-27*
Is Beyond Forward Estimates Approval required?	*No*
Is an Invoice Plan applicable? *Applies to regular monthly payments over the contract period. Please discuss with your FBP.*	*N/A*

Once completed and returned by your FBP, attach this form to the Procurement Plan / Approval in Principle record in SAP as evidence of FBP consultation and funds availability.

Schedule 6 – Order Template

Note to Service Provider:
This Schedule 6 provides an Order Template for the provision of Management Advisory Service to an Agency, as detailed in clause 11.3 of the Head Agreement. It is intended that the Order Template will be provided as a smart form. The intent of this template and any smart form is to achieve a high level of standardisation and consistency in Agency Orders to provide efficiencies to Agencies and Service Providers, however, it will not be mandatory that Agencies use this Order Template or any equivalent smart form to Order Services from Service Providers.

1. Introduction

1.1. This Order is issued in accordance with clause 11.3 of the Head Agreement.

Order for Services	
Supplier Contact: s47F - Managing Director Name: Whereto Research Based Consulting Pty Ltd Address: 60 City Road Southbank VIC 3006 ABN 65 605 178 603 **Sent via:** s47F @wheretoresearch.com.au	
Agency Order Information	
Agency	Department of Health, Disability and Ageing
Agency File Reference	s47E(d)
Purchase Order Number	[Insert Agency's reference number for this Order for Services] - PO
Cost Centre	s47E
Order Commencement Date and Term	
Order Commencement Date	Upon execution
Order Term and Extensions	The Order expires on 9 April 2027. An extension will not be offered.
Statement of Work	
Service Area	Commercial Management Advisory Services
Service Category	Programs and Projects
Service Sub-category	Program/Project Evaluation