

# Northern Territory John Flynn Prevocational Doctor Program Auxiliary Funding Scheme

## Application Guidelines

<b>Document title</b>	Northern Territory John Flynn Prevocational Doctor Program Auxiliary Funding Scheme
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Acronyms	Full form
ACCHS	Aboriginal Community Controlled Health Service
ACRRM	Australian College of Rural and Remote Medicine
AFS	Auxiliary Funding Scheme
FFA	Federation Funding Agreement
GP	General Practitioner
JFPDP	John Flynn Prevocational Doctor Program
MMM	Modified Monash Model
NGO	Non-Government Organisation
NTG	Northern Territory Government
RACGP	Royal Australian College of General Practitioners
RG	Rural Generalist
RGCU	Rural Generalist Coordination Unit

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## 1. Introduction

NT Health delivers the John Flynn Prevocational Doctor Program (JFPDP) in the Northern Territory (NT) with a co-contribution from the Australian Government. The core function of the JFPDP is to fund rural and remote primary health care terms for prevocational doctors in Modified Monash Model (MMM) 2-7 locations. The JFPDP is delivered by jurisdictions allowing more doctors to experience general practice in positive and supportive rural and remote clinics, improve the way clinical practice in rural and remote areas is viewed and experienced and increase the number and distribution of rural placements.

The JFPDP Federation Funding Agreement (FFA) enables NT Health to distribute excess funds to novel initiatives aligned to the JFPDP:

- Objectives
- Priority Areas
- Intended Outcomes.

NT Health intends to distribute excess funds through the Northern Territory John Flynn Prevocational Doctor Program Auxiliary Funding Scheme (AFS).

## 2. About these guidelines

These guidelines will assist you to apply for AFS funding to support the delivery of a novel project aligned to the NT JFPDP FFA.

Please reach out to the Director, Rural Generalist Coordination Unit (RGCU) with any questions, concerns or feedback in the first instance via:

- [RGCU.health@nt.gov.au](mailto:RGCU.health@nt.gov.au)
- 08 8999 2137

## 3. Objective

The AFS aims to in good faith and with maximal NT impact to expend excess JFPDP funding matched to the FFA's objectives, priority areas and intended outcomes; namely

### OBJECTIVES

- O1** Expanding the number and rural distribution of rotations delivered under the John Flynn Prevocational Doctor Program
- O2** Strengthening rural training pathways to rural training networks funded by the Northern Territory Government within its region and address community needs
- O3** Developing rural training capacity by fostering innovative ways, to provide rurally based prevocational doctors with a positive experience during their training periods in rural primary care settings
- O4** Supporting the National Rural Generalist Pathway

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<b>PRIORITY AREAS</b>	<b>GFPA1</b>	Establishing linkages with regional training and workforce organisations and with local primary care health services (particularly Aboriginal Medical services and/or Aboriginal Community Controlled Health Services) to address medical workforce supply and geographic distribution needs in the NT
	<b>GFPA2</b>	Supporting the training of Aboriginal and Torres Strait Islander prevocational doctors
	<b>GFPA3</b>	Delivering rotations in high priority and community need areas with particular emphasis on areas the support and Aboriginal and Torres Strait Islander workforce and service delivery, and Northern Australia
	<b>GFPA4</b>	Supporting 'grow your own' approaches for regional training networks to support local workforce development and community need
	<b>GFPA5</b>	Establishing linkages with rural clinical schools, the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) to encourage great uptake of rural generalist (RG) vocational training
<b>INTENDED OUTCOMES</b>	<b>IO1</b>	Increased recruitment and retention of medical graduates and prevocational doctors in rural medical practice
	<b>IO2</b>	Greater uptake of rural generalist vocational training
	<b>IO3</b>	Increased rural medical training capacity, including rural general practices operating as vertically integrated teaching units for medical students, prevocational doctors, and General Practitioner (GP) registrars
	<b>IO4</b>	Strengthening the rural training pathway for general practice and rural generalism in expanded settings, in particular MM2-7
	<b>IO5</b>	Enhanced rural training networks to increase the supply of doctors in training to address workforce shortages and meet the changing health needs of Australians

## 4. Eligible applicants

To be eligible to apply applicants must be an NT-based organisation; including but not limited to

- Aboriginal Community Controlled Health Services (ACCHSs)
- Non-Government Organisations (NGOs)
- NT Health and other Government entities
- Private General Practices.

Applicant organisations must

- Have an Australian Business Number
- Be a legal entity as defined by the Australian Tax Office
- Possess and maintain over the AFS-funded initiative's life span Public Liability Insurance coverage of a minimum of \$20 million per event.

## 5. Assessment criteria

Initiatives will be assessed against the following, weighted AFS criteria

Criteria		Weighting
1. Objectives	Select one of 1-4 that best typifies the initiative. Expand on how initiative is aligned to the selected objective in the free text section.	40%
2. Priority Areas	Select one of GFPA 1-5 that best typifies the initiative. Expand on how initiative is aligned to the selected Priority Area in the free text section.	20%
3. Intended Outcomes	Select one of IO 1-5 that best typifies the initiative. Expand on how initiative is aligned to the selected Priority Area in the free text section	20%
4. Novelty	Outline how you the project is new, not otherwise able to be funded, and/ or will draw attention to how great and diverse the NT GP/ RG career is.	10%
5. Financial and Risk Management	Must provide attach fully costed out/itemised budget through to delivery of the project, how the project will still be delivered in the face of delays and or cost over runs. Provide a detailed risk management plan.	10%

Written evidence supporting each assessment criteria will also need to be submitted as part of the online application.

## 6. Funding details

Funding of up to \$100 000 per initiative is available except for 12 month training terms which can be funded to the full amount. Organisations may submit multiple initiatives, but they must not be inter-dependent.

In scope initiatives may include

- Education and training equipment, materials, courses linked to rural and remote primary health care settings
- Supervisor education linked to rural and remote primary health care settings
- New prevocational clinical training terms in regional, rural, and remote primary care settings
- New vocational training positions such as an Additional Rural Skills Training/Advanced Specialised Training or Core Generalist Training term(s)
- Reasonable travel and accommodation costs during NT clinical training terms
- Minor contributions to furnish an office and infrastructure

Explicitly out of scope initiatives include those that:

- Any activity not aligned to the objectives detailed in section 3
- Are already funded
- Will not be delivered without other funding not yet secured at point of application
- Cannot be delivered by 30 Jun 2026 other than 12 month training terms
- Activities not aligned with Rural Generalist or General Practice pathways
- Activities outside of the Northern Territory, Australia
- Purchase of land
- Major capital expenses
- Commercial clinical room hiring costs

## 7. How to apply

Applications are made through

- Complete a [Microsoft Form](#) submission
- Submit a completed National Standard Chart of Account Project Budget to [RGCU.health@nt.gov.au](mailto:RGCU.health@nt.gov.au)

Care with the application and detailed responses is critical for an initiative's merit selection.

## 8. Assessment process

Applications will only be assessed by the information provided through the Microsoft Form and completed National Standard Chart of Account Project Budget.

Incomplete, late or otherwise non-compliant applications will not be considered further.

All applications will be ranked in a merit order based on an overall score generated from the above weighted Assessment Criteria. Consideration and merit ordering will be under the direction of the Director, RGCU.

Each applications' outcome will be advised in writing, coded as

- **Non-compliant**- with stated reasons
- **With Merit but not competitively selected**- will be kept 'on file' pending further AFS or other funds subsequent availability
- **Successful**- pending execution of a Funding Agreement by an advised due date.

Non-compliant and merit but not competitively selected applications are encouraged to seek feedback and/or further support from the Director, RGCU.

## 9. Funding Agreement

Successful applications will be provided a Funding Agreement for execution within 60 days. The Funding Agreement will specify:

- Branding requirements including JFPDP and 'An Australian Government Initiative'
- Funds must be expended by 30 Jun 2026
- No cost overruns are claimable against the AFS
- Program milestones
- How and when progress payments will be released matched to program milestones
- Reporting obligations and dates.

The Funding Agreement will take the form of a

- Letter funding agreement for initiatives up to \$15 000, or;
- Variable Term Standard Funding Agreement for initiatives greater than \$15 000.

Applicant Funding Agreement questions should be directed to the Director, RGCU in the first instance. Applicants are also encouraged to seek their own legal advice before their Funding Agreement acceptance.

Successful non-NT Health entities will be required to have a [GrantsNT](#) account in order to receive funding.

Failure of an applicant to execute the Funding Agreement or create a GrantsNT account within six weeks will void the application and the RGCU will re-release the allocated funds to lower merit initiatives.