

- Palliative Medicines in Community Pharmacies (PMCP) Project Grant Requirements.

Health and Community Services Directorate (HCSD).



Acknowledgement of Country

The Health and Community Services Directorate acknowledges the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

We respect the Aboriginal and Torres Strait Islander people, particularly our Aboriginal and Torres Strait Islander staff, and their continuing culture and contribution they make to the Canberra region and the life of our city.

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1. Terminology

1.1 Abbreviations.

Term	Meaning
CoP	Community of Practice
HCSD	Health and Community Services Directorate
NGO	Non-government organisation
PMCP	Palliative Medicines in Community Pharmacies Project
PEPA	Program of Experience in the Palliative Approach
S8 Medications	Schedule 8 Medications

1.2 Glossary

Term	Meaning
Carer	Someone who provides unpaid care and support to a family member or friend who needs help with daily activities or health issues.
ACT Non-Government Organisation	An organisation that operates in the ACT community that is not a government run organisation.
Community Pharmacy	A community pharmacy is a facility that provides pharmaceutical services to the public in a community setting.
Community Sector Indexation	The annual percentage increase set by the ACT Government and paid to Community Sector Organisations funded to deliver health and community services.

Demographic Data	<p>Service providers must report on aggregated demographic data of participants who use their services, including, where available:</p> <ul style="list-style-type: none"> a) Gender b) Age c) Disability d) Aboriginal or Torres Strait Islander status e) Cultural and Linguistically Diverse background f) LGBTIQ+ status.
Grant	<p>A grant is an arrangement where money is provided to the recipient as financial assistance by the Territory for a specified purpose that enables the recipient to achieve goals and objectives that are consistent with Territory policy</p>
Grant Period	<p>The total period of the grant program.</p>
Grant Recipient	<p>A service provider that has an executed agreement in place and has received funding from the Territory to undertake a grant activity.</p>
Model of Service Delivery	<p>A framework or explanation of how care and services are provided so that the desired outcomes are achieved.</p>
Non-Preferred Respondent	<p>A grant Respondent whose grant application has not been selected as a preferred application. Should negotiations with Preferred Respondents break down, the Territory reserves the right to engage a Non-Preferred Respondent in an Agreement for grant activity.</p>
Objectives	<p>Objectives are what the ACT Government wants achieved through investment in the PMCP by following the commissioning approach. Objectives may not be realised for a long-time following initiation of new</p>

	<p>services and programs and may only be met if other conditions outside of the service are addressed. Services may contribute to Objectives being met, but not solely, and attribution of individual Service's achievement to Objectives being met may be difficult to quantify.</p>
Outcome	<p>The level of performance or achievement that occurs because of the delivery or service provided by a Service. The actual change or difference resulting from intervention.</p>
Outcome Reporting	<p>Commissioning for outcomes is about how the service is meeting the needs of the community and then demonstrating through reporting how the service is delivering the agreed outcomes for the community.</p>
Output	<p>What specific activities will produce or create. They simply characterise the application of activities with selected audiences. They can include descriptions of:</p> <ul style="list-style-type: none"> • Service types, • Service levels, and • Audiences or targets delivered by the program. <p>I.e., milestones, products, services delivered.</p>
Palliative Approach	<p>A palliative approach is a model of care that focuses on improving the quality of life for individuals with life-limiting or chronic illnesses.</p>
Palliative Medicines	<p>Palliative medicines are medications used as part of a palliative approach to care, aimed at relieving symptoms and improving the quality of life for individuals with serious, life-limiting, or chronic illnesses. These medicines are not necessarily curative but are essential for:</p> <ul style="list-style-type: none"> • Managing pain

	<ul style="list-style-type: none"> Controlling symptoms such as nausea, breathlessness, anxiety, constipation, or agitation Providing comfort during advanced stages of illness.
Preferred Respondent	A grant Respondent whose grant application has been selected as a preferred application; however, an executed agreement is not yet in place.
Program	Sub-set of a service. <i>Example: Counselling program.</i>
Respondent	An organisation that applies for funding to undertake a grant activity.
Service	The set of activities the organisations are funded to provide. <i>Example: Early childhood education and care</i>
Service provider	Refers to the community organisation engaged to deliver the PMCP.
Service Participant	A person who attempts to access a Service, a person who uses a Service, or a person who has recently ceased using a service and may include carers or family members of a person
Stakeholder	Used as an all-encompassing term for individuals, groups or sectors with an interest in, or who are affected by, commissioning and the delivery of the health services. Stakeholders may include non-government organisations, people with lived and living experience and their families and carers, government workers, peak organisations, and academics.
Territory	As represented by the Health and Community Services Directorate.

Transitions	<p>A set of interconnected activities that enable the continuation of delivery of health services. Transitions may include a handover of care between an incoming and outgoing service provider, or a service provider changing and adapting their service delivery and/or operations to meet new outcomes, demands or priorities.</p>
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2. Background

An ongoing barrier to successful management of care for palliative patients in the ACT community is the lack of timely access to specialised palliative care medicine. Patients at end-of-life often have rapidly changing symptoms and pain levels and require urgent access to medications for symptomatic relief.

A key finding of the *2023 ACT Palliative Care Service Function Review* (the Review) was that there was a perceived limited availability of specialist and primary care clinical palliative care services in the community setting, and appropriate after-hours services in the ACT. A proposed ‘next step’ highlighted by the Review was that ACT Health Directorate seek to improve access to, and better resource afterhours palliative care services to decrease unnecessary hospital admissions.

With an ageing population and 70 per cent of Australians reporting their preference to die at home, there is an increasing number of people seeking palliative care at home. Providing them with timely access to medications in the community and in particular after-hours is critical to enable effective symptom management, confidence in choosing home based palliative care, minimising the burden on carers and reducing unplanned use of health care services.ⁱ

Australian research suggests that strategies that engage with community pharmacies in palliative care are critical in supporting people who are palliative to remain at home and in reducing the need to attend the emergency department for pain management.ⁱⁱ

Establishing an after-hours palliative care medicines service that is geographically spread across the ACT will enable greater access to palliative medications and pharmacy support for Canberrans who are palliative and wish to be cared for at home.

3. About the Grant Opportunity.

The Health and Community Services Directorate (HCSD) is seeking to engage a community organisation to provide project management for the delivery of the Palliative Medicines in Community Pharmacies (PMCP) Project in the ACT.

The PMCP will strengthen community pharmacy capability in palliative care through a range of initiatives, including improved access to palliative medicines, enhanced collaboration with specialist palliative care prescribers, and targeted upskilling in the palliative approach. To this end, the PMCP will:

- Enhance medicine access through strategies, including- but not limited to – extended operating hours, delivery schemes, permanent stocking and storage solutions and financial support initiatives for patients experiencing hardship;
- Strengthen connection and collaboration between prescribers, community pharmacies and other key palliative care stakeholders through a community of practice; and,
- Support community pharmacy staff in the palliative approach through training, peer support and capability. As part of the PMCP Project, the successful applicant is responsible for providing participating community pharmacies with grant funding to cover the costs of being involved in the project.

The successful applicant will be required to:

- Design and deliver the PMCP project
- Manage a grant process to engage participating pharmacies. Recruit and onboard seven (7) community pharmacies, spread across the ACT, for up to four (4) years.
- Administer grant management and oversight, including progress reports, grant acquittals and overall performance management of the recipients.
- Establish and run the PMCP Community of Practice (CoP). The CoP will allow for solution brokering, medication stock flow issues, clinical debriefing and information sharing across participating pharmacies, palliative care practitioners and prescribers to facilitate more integrated and efficient access and services for patients requiring palliative care medicines.
- Design an evaluation framework and collect and analyse data to evaluate effectiveness of the PMCP Project in consultation with HCSD.

The successful applicant will have experience working with primary health providers, managing communities of practice, and an understanding of the palliative approach.

3.1 Grant Objectives

The objective of the PMCP is to increase access to afterhours community pharmacy services to improve quality end-of-life care for home based palliative patients in the ACT. The PMCP will support:

- Improved access to timely pain and symptom management for home-based palliative care and end of life patients in the ACT.
- Increased capacity of community pharmacies in the ACT in palliative care and embed a sustainable and holistic approach to palliative medicine access and supply in the ACT.

- Decreased avoidable emergency department presentations or hospital admissions for palliative and end of life patients.

Commissioning objectives

- The project will address both current and emerging community needs by enhancing flexibility in service provision and fostering opportunities for innovation in after-hours access to palliative care medicines.
- The project will support coordination and collaboration across the health and community sectors, supporting seamless, person-centred care and smooth transitions between services.
- By improving access to essential palliative medicines outside regular hours, the project will help alleviate demand on hospital emergency departments and other services.
- The project will promote long-term sustainability through stronger partnerships and by enabling the ACT Government to gain deeper insights into service needs and gaps within the palliative care landscape.

3.2 Priority Cohorts for Service Delivery

- The Health and Community Services Directorate (HCSD) will prioritise applications that aim to accommodate ACT residents who are palliative and/or at end of life, particularly those who wish to be cared for in their home environment.

HCSD will also prioritise application that accommodate:

- Aboriginal and Torres Strait Islander peoples, recognising the importance of culturally safe, community-led, and holistic approaches to palliative care.
- Vulnerable populations, including people experiencing homelessness, those with limited access to transport or healthcare services, individuals with disability, culturally and linguistically diverse (CALD) communities, and people living in outer suburbs/experiencing geography-based barriers to access of the ACT.

These groups may face additional barriers to accessing timely and appropriate palliative care medicines, especially after hours. Applications that demonstrate responsiveness to these needs and promote equity in access will be given priority consideration.

3.3 Grant Outcomes

The PMCP Project will address the following outcomes:

Domain	Outcome	Example metrics	Example data collection methodology
Service access and engagement.	Increased after-hours access to palliative medicines for pain and	Number or % of people who reported that they could readily access palliative medications, after hours.	<i>Participating pharmacies to collect de-identified data to inform PCMP</i>

	symptom management		<i>Project evaluation.</i>
Service access and engagement.	Strengthen referral pathways through service promotion that target GP's and hospitals.	Number or % of participating pharmacies actively promoting the project to GP's and hospitals. Number of new and ongoing referral pathways made by participating pharmacies to GP's, hospitals and other health services.	<i>Participating pharmacies to collect de-identified data to inform PCMP Project evaluation.</i>
Service satisfaction and safety.	The project will ensure that ACT residents receiving palliative and end-of-life care experience safe, timely, and respectful access to essential medicines after hours.	Number or % of people who report satisfaction with service. Number or % of reported incidents Timeliness of medication supply for palliative patients	<i>Collected via surveys; benchmark ≥85% satisfaction.</i> <i>Measured as % of prescriptions filled within 24 hours of request.</i>
Workforce capacity and capability	Participating pharmacies are appropriately skilled and supported to provide pain and symptom management to palliative people in the ACT	Percentage of pharmacists with formal palliative care training or certification. Number of pharmacists engaged with the Community of Practice (CoP).	<i>Completion of accredited palliative care modules or equivalent (eg. PEPA Program).</i> <i>Benchmark: ≥10 hours annually focused on pain and symptom management.</i> <i>Attendance rates at CoP.</i>

3.4 Key Performance Requirements

The successful applicant will be required to deliver the following requirements under the Deed:

1. Design and develop the project

The successful applicant will be required to lead all elements of project management to deliver the PMCP Project across the four-year funding period. This will include a formalised project plan and timeline for implementation within the first month of execution of the contract with HCSD. The successful applicant will be responsible for all project reporting requested by HCSD.

2. Recruit and onboard participating pharmacies

The successful applicant will be required to recruit seven (7) community pharmacies across different regions of the ACT to participate in the PMCP Project. The successful applicant will manage the PMCP project, including recruitment of pharmacies and all administration and reporting required throughout the project period.

The successful applicant will be responsible to provide funding to participating community pharmacies to cover the costs of delivering the PMCP Project. Pharmacies that participate in the PMCP must be approved to dispense S8 medications. The successful applicant will allocate funding to community pharmacies to:

- Support out of pockets costs, and delivery if required, of palliative care medicines for patients experiencing financial hardship.
- Financial support to help permanently stock Core Palliative Care Medicines, as determined by the Community of Practice (CoP). This cost will offset the short expiry timeframes of some palliative medicines.
- Participation in the PMCP Community of Practice. This is to cover meeting participation and expected engagement and collaboration with a network of participating pharmacies, palliative care practitioners and palliative prescribers (GPs and NPs) to troubleshoot supply and access issues for patients. Funding may be used to resource staff release for training, required to participate in the PMCP Project.
- Fund staff release to undertake the Program of Experience in the Palliative Approach (PEPA).
- Fund the cost of data entry and reporting.
- Provide financial incentives to further extend opening hours or services delivery.

3. Establishment and ongoing management of the PMCP Community of Practice (CoP)

The successful applicant will be required to establish, maintain and run the PMCP Community of Practice (CoP). The CoP will allow for solution brokering, medication stock flow issues, clinical debriefing and information sharing across participating pharmacies, palliative care practitioner and prescribers to facilitate more integrated and efficient access and services for patients requiring palliative care medicines in the community, after-hours.

4. Grant management and oversight

The successful applicant will be responsible for the management and oversight of all participating community pharmacies, including but not limited to, support in the establishment of the PMCP Project in pharmacies, collection and analysis of progress reports, grant acquittals and overall performance management of the participating pharmacies.

The successful applicant will be required to administer support to participating pharmacies, and report on their activities/deliverables, in consultation with HCSD. It is anticipated that participating pharmacies will be required to report bi-annually to the successful applicant and the successful applicant will be required to provide a bi-annual report to HCSD including de-identified data and an evaluation of project deliverables.

5. Design evaluation framework and collect data to evaluate effectiveness of PMCP Project

The successful applicant will be required to design an evaluation framework and collect and analyse data to inform the PMCP project direction, including determining demand, use and quality of services. The successful applicant will be required to provide HCSD with an in-depth evaluation report of the PMCP project annually, and a summary progress report bi-annually each year of the PMCP Project.

3.5 Available Grant Funding

The total funding available for this grant opportunity is \$922,000 (GST exclusive, plus indexation) over four years (2026–2030).

- In Year 1, up to \$149,000 is available for project management to cover establishment costs, with up to \$61,000 per year plus indexation for Years 2–4.
- Funding for pharmacy participation is up to \$140,000 per year plus indexation for seven community pharmacies throughout the funding period.

This funding is to be split between the costs associated with managing the implementation of the PMCP Project, and grant funding to engage seven community pharmacies (\$20,000 (GST excl) per pharmacy, per year) participating in the PMCP to cover costs associated with being involved in the project. Costs that can be covered by the grant funding are listed under '*Section 3 About the Grant Opportunity*'.

It is anticipated that a full-time project management position will be required at the establishment of the project and transition to 0.4 FTE after the first year (2026-2028 onwards) for ongoing implementation.

At the end of each financial year of the Term, the Territory will increase the base Funds by the Community Sector Funding Rate of Indexation (Indexation) calculated by the Territory. The

Territory will notify the Recipient of the relevant indexation rate applied from financial year to financial year and the revised Funding amount payable.

3.6 Timeframe

Grant funding is for a period of four (4) years with the possibility of an extension.

4. Eligibility Criteria

4.1 Who is eligible to apply for this grant

To ensure funding is provided in a manner which aligns with key legislation and policy, grant respondents must meet the following eligibility criteria.

To be eligible the Respondent must

- (a) Have an Australian Business Number (ABN) or Australian Company Number (ACN)
- (b) Be registered for the purposes of GST.
- (c) Have an account with an Australian financial institution, and be one of the following entity types:
 - i. A company incorporated in the ACT under the Associations Incorporation Act 1991:
 - ii. A company limited by guarantee and incorporated under the Corporations Act 2001 (Commonwealth);
 - iii. An incorporated trustee on behalf of a trust;
 - iv. An incorporated association;
 - v. A partnership;
 - vi. A joint (consortia) application with a lead organisation;
 - vii. A registered charity or not-for-profit organisation;
 - viii. Publicly funded research organisation;
- (d) Be financially viable to deliver the project over the term of the grant
- (e) Meet the criteria under 'Eligible services'
- (f) The successful Respondent is required to be compliant with ACT policy priorities, and where applicable Secure Local Jobs Code (SLJC) certification. Where SLJC certification is not applicable, it is highly recommended that the successful Respondent is SLJC certified or is working towards certification.

Ineligible organisations and individuals:

- (a) Commonwealth, state, territory or local government agency or body (including government business enterprises)
- (b) Individuals
- (c) Unincorporated associations
- (d) Overseas residents or organisations.

4.2 What qualifications, skills or checks are required

If you are successful in obtaining grant funding through ACTHCSD, all relevant personnel must maintain the following accreditation/registration/checks (if applicable):

- (a) Qualifications/industry certifications which are commensurate with specific roles and responsibilities (e.g., for health professionals, Australian Health Practitioner Regulation Agency registration is required).
- (b) Depending on the nature of services to be delivered, personnel may need to meet other requirements beyond those specified above.
- (c) Organisations must also ensure that they are appropriately accredited (if required) to provide services under the grant activity.

4.3 Eligible approach/models of service delivery

This grant opportunity will enable the Territory to provide funding to a community organisation, who can design and deliver the PMCP project in the ACT.

The successful applicant will be required to lead all elements of project management to deliver the PMCP Project across the four-year funding period.

Innovative approaches that increase access to after-hours community pharmacy support for home based palliative patients are welcome, and Respondents are encouraged to consider models or care that will maximise geographical reach and coordination between participating pharmacies.

Successful applicants will be required to ensure that all participating pharmacies adhere to the roles and responsibilities under the PMCP Project, and show demonstrated ability and capacity to manage the ongoing coordination of and safe access to palliative care medicines in the community.

Eligible services

To be eligible to apply for this grant, Respondents must be a community organisation located in the ACT that is not government owned.

1.4 Eligible expenditure

Not all expenditure outlined in your grant response may be eligible for grant funding. The Territory makes the final decision on what is eligible expenditure under the grant. Should you be selected as a preferred provider in a grant assessment process, eligible expenditure will be further discussed during contract negotiations.

For expenditure to be eligible, you must incur the expenditure on your grant activities between the start date and end or completion date for your grant activity.

The administration costs of your grant activity should be included within your submitted costings (see Pricing Schedule template) and should not exceed 17.5% of the total funding, including any academic support fees. Administration costs include expenses that are not directly related to the delivery of the relevant service but are necessary for the project's operations (such as utilities and insurance costs).

1.5 What the grant funds cannot be used for

- (a) Government operated services
- (b) purchase of land
- (c) purchase of vehicles
- (d) major capital expenditure
- (e) costs incurred in the preparation of a grant application or related documentation.
- (f) the salaries or training and development of staff not involved in the delivery of grant funded activities
- (g) activities for which you are already receiving government funding
- (h) activities undertaken by or on behalf of political organisations
- (i) activities which subsidise commercial activities
- (j) funded clinical trials
- (k) overseas travel
- (l) activities for which other commonwealth, state, territory or local government bodies have primary responsibility.

5. How to apply

Prospective Respondents will be required to access the grants package and submit their grant application via the [SmartyGrants](#) platform.

5.1 Timeframe

You must submit a grant application between the published opening and closing dates. We will not accept late applications, unless it is the direct result of mishandling by ACTHCSD.

Activity	Expected timeframe
Grant opportunity open on SmartyGrants	November 2025 – Jan 2026

Assessment of applications and approval outcome	February 2026
Delegate approval of outcomes of selection process	February 2026
Notification of Preferred and Non-Preferred Respondents	March 2026
Negotiations with Preferred Respondents and award of grant agreements	March – April 2026
Formal notification to unsuccessful respondents (until agreements have been awarded and executed, this cohort is referred to as 'non-preferred respondents')	April- May 2026
Earliest start date of grant activity	May 2026

Briefing information to explain the application process will be provided on the webpage when the grant opportunity opens.

5.2 Questions during the application process

If during the application period, you require clarification of grant information please email AEOLPolicy@act.gov.au, or, if you experience technical or process difficulties, please email PSRContracts@act.gov.au. ACTHCSD will respond to emailed questions within 3 working days.

Questions received that are related to the grant opportunity, and subsequent responses, will be de-identified and communicated to all potential respondents on the webpage, and updated regularly.

The opportunity to ask questions or seek clarification will close five full days before the end of the application period. This allows ACTHCSD to broadly disseminate information to respondents (in line with principles of probity), with sufficient time for respondents to consider the impact of the response on their application.

While ACTHCSD cannot assist you to address assessment criteria, determine eligibility, or complete your application, further information and support on how to write a grant application can be found [here](#).

6. Assessment Criteria

The level of detail and supporting evidence you provide in your application should be clear and relative to the size and complexity of the grant activity, and the grant amount requested. Word limits are applied to all weighted criteria as an indication of the level of detail/explanation expected.

The grant assessment process will include an assessment of Mandatory, Weighted and Non-Weighted Criteria.

- (a) Mandatory Criteria are compulsory assessment items that must be addressed by a Respondent for the overall response to be deemed legitimate and valid. Responses that do not satisfy the Mandatory Criteria will be excluded from further consideration. Mandatory Criteria are scored as pass/fail.
- (b) Weighted Criteria describe the elements that enable a detailed comparative assessment to be undertaken by the Grant Assessment Panel. Scores are assigned a weighting based on the criterion's level of importance or value in relation to delivering the project (in terms of funding and performance).
- (c) Non-Weighted criteria are scored as satisfactory or unsatisfactory and are scored according to whether an application satisfies (or does not satisfy) a value for money assessment by the Grant Assessment Panel. In the context of this document, a satisfactory result indicates that a Respondent has provided a Pricing Schedule and that on the surface, the costings provided represent good value for money for the Territory.

6.1 Mandatory Criteria

Mandatory Criteria	
Grant Governance and Compliance Declaration	
<p>The below Governance and Compliance Declaration assures the Territory that the grant recipient has the capacity to govern, plan and manage the required approach/model of service delivery in accordance with ACT Government policies and procedures, and industry and legislative requirements.</p> <p>Respondents must:</p> <ol style="list-style-type: none"> 1. Complete the Compliance and Governance Declaration as part of their grant application (within SmartyGrants). 2. If a Respondent answers No to questions 1-8, 10 or Yes to question 9, they must provide supplementary explanation/commentary and appropriate evidence as part of their grant application. 3. Complete, have witnessed and upload into SmartyGrants a Statutory Declaration to support responses to the Governance and Compliance Declaration. 	
MC1	<p>Does the Respondent have a Board or similar governance structure that oversees its functions, processes, and funding?</p> <p><i>Note: The Respondent must be able to provide evidence of structures and processes <u>if requested by the Territory.</u></i></p>
MC2	<p>Does the Respondent have a formal process which describes how the organisation ensures continuous quality improvement?</p> <p><i>Note: The Respondent must be able to provide evidence of formal processes <u>if requested by the Territory.</u></i></p>

MC3	<p>Does the Respondent have a formal process which describes how the organisation obtains, uses, stores and shares information in line with relevant national/Territory legislation and policy (e.g., confidentiality, information security and specific technology/data management systems, policies and practices used by the organisation)?</p> <p><i>Note: The Respondent must be able to provide evidence of formal processes <u>if requested by the Territory.</u></i></p>
MC4	<p>Does the Respondent have a formal process which describes how risks are identified, managed, and reported?</p> <p><i>Note: The Respondent must be able to provide evidence of formal processes <u>if requested by the Territory.</u></i></p>
MC5	<p>Does the Respondent have appropriate insurance to cover delivery of the approach/model of service delivery (including public liability and professional indemnity insurance, if required and as specified in Grant Requirements above).</p> <p><i>Note: The Respondent must be able to provide evidence/copies of insurance <u>when requested by the Territory.</u></i></p>
MC6	<p>Is the Respondent compliant with relevant legislation, regulation, and policy (as required by the approach/model of service delivery), for example:</p> <ul style="list-style-type: none"> • relevant Commonwealth and Territory legislation (e.g., Aged Care Act, Australian Aged Care Quality and Safety Commission Aged Care Quality Standards, work health and safety legislation and privacy legislation) • ACT Government policy, including ‘fair and ethical treatment of workers and prioritisation of local and secure employment.’ • The successful Respondent is required to be compliant with ACT policy priorities, and where applicable Secure Local Jobs Code (SLJC) certification. Where SLJC certification is not applicable, it is highly recommended that the successful Respondent is SLJC certified or is working towards certification. <p><i>Note: The Respondent must be able to provide evidence/copies of relevant accreditation, industry certifications, professional qualifications/registration <u>if requested by the Territory.</u></i></p>
MC7	<p>Does the Respondent hold relevant accreditation and do personnel possess appropriate qualifications and certifications (as required by the approach/model of service delivery), for example:</p> <ul style="list-style-type: none"> • Relevant accreditation standards/requirements • Relevant industry/role certifications (e.g., Working with Vulnerable People registration) • Relevant professional qualifications/registration (e.g., Australian Health Practitioner Regulation)
MC8	<p>Is the Respondent financially viable to support the sustainable delivery of the approach/model of service delivery over the term of the grant agreement, and can your organisation provide audited financial statements for the last 3 years?</p> <p><i>Note: The Respondent must provide evidence/copies of audited financial statements <u>if requested by the Territory.</u></i></p>

<p>MC9</p>	<p>Has the Respondent identified any issues or risks* to disclose which may impact their ability/capacity to provide the approach/model of service delivery, or which may adversely impact the reputation of the respondent organisation or the Territory as the funding provider?</p> <p>*Risks include any disciplinary action (current or historical) on the part of the organisation taken by a funding body, criminal/civil action taken against the organisation or staff members/contractors in the context of their employment, critical incidents, or failed accreditation, or if any of the services may be sub-contracted.</p> <p><i>Note: If no, the Respondent must provide additional information <u>when requested by the Territory.</u></i></p>
<p>MC10</p>	<p>Does the Respondent agree to all Performance Requirements under the grant?</p> <p><i>Note: if no, the Respondent must provide additional information <u>when requested by the Territory</u> (additional information may include a request/justification for exemption to the performance requirements, for consideration by the Territory).</i></p>

6.2 Weighted Criteria

Weighted Criteria		Weighted score
WC1	The proposed approach/model	/50
1a	<p><u>Word limit: 500 words</u></p> <p><u>Overview:</u></p> <ul style="list-style-type: none"> Describe how you will project manage the delivery of the Palliative Medicines in Community Pharmacies (PMCP) Project in the ACT. Explain how your organisation will be able to expand and enhance access to palliative medicines under the PMCP. Provide a Project timeline, including implementation dates and deliverables <p><i>You may include examples of similar programs your organisation has successfully implemented to support your proposed model as an attachment.</i></p>	10
1b	<p><u>Word limit: 1,000 words</u></p> <p><u>Operations:</u></p> <ul style="list-style-type: none"> Detail your operational model, including your approach to determine the number and location of participating pharmacies, opening hours, the types of palliative medicines to be stocked, support strategies for pharmacies, including training and capability, and your approach to monitoring and reporting. Detail how your organisation will be able lead the establishment of a community of practice needed under the PMCP Project. 	20
1c	<p><u>Word limit: 500 words</u></p> <p><u>Priority groups</u></p> <p>Describe how your proposed approach/model to deliver the PMCP Project will support and provide extended access for the priority groups identified in section 3.2 of the grant requirements.</p>	10

1d	<p><u>Word limit: 250 words</u></p> <p><u>Quality Standards:</u></p> <p>Describe how your organisation will meet national and Territory quality and safety frameworks, and how your proposed approach/model to deliver the PMCP Project is informed and underpinned by best-practice, evidence-based approaches.</p>	10
WC2	Relevant experience, capability and capacity.	/40
2a	<p>Word limit: 750 words</p> <p>Demonstrated expertise in palliative care, with an understanding of the ACT and region's palliative care landscape, including community, primary, and specialist services, and the needs of local consumers. In particular, knowledge of home-based palliative care.</p>	15
2b	<p>Word limit: 750 words</p> <p>Demonstrated expertise and understanding of the community pharmacy sector including existing relationships with and a demonstrated ability to develop relationships with/work with the local ACT community pharmacy sector/community pharmacies.</p>	15
2c	<p>Word limit: 500 words</p> <p>Demonstrated expertise/acumen in project management for a health service, including evaluation of health services/programs.</p>	10
WC3	Organisational capacity and resourcing	/20
3a	<p>Word limit: 500 words</p> <p>Outline your organisational governance and business processes to effectively manage funding across seven local ACT pharmacies, support collaboration in a competitive environment and manage potential conflicts of interest and sensitivities that could potentially arise.</p>	10
3b	<p>Word limit: 250 words</p> <p>Articulate the roles and responsibilities of key personnel involved with the project to be delivered, including positions, professional qualifications and registrations held (if required by the role and/or legislation).</p>	5
3c	<p>Word limit: 250 words</p> <p>Provide an organisational structure, flow chart or similar to show the staff who will be responsible for the proposed service, and the management oversight/ reporting lines.</p>	5

6.3 Non-Weighted Criteria

Non-weighted criteria	
NWC1	<p><u>Referees</u></p> <p>Provide contact details for 2 referees who could substantiate documented experience.</p>
NWC2	<p><u>A pricing schedule</u> must be submitted as a separate document as part of your grant response in Smarty Grants.</p> <p>The Pricing Schedule must provide a breakdown of how the annual grant funding will be used to deliver the proposed approach/model to deliver the PMCP Project. Grant respondents should consider the following within the pricing schedule, including a clear breakdown of each itemised cost for each financial year:</p> <ul style="list-style-type: none"> • Costs associated with project management and administration of the PMCP Project. • Costs that will be expected to be covered under each \$20,000 Grant provided to participating pharmacies. <p><i>* Tip for respondents: When providing your itemised costings, provide as detailed a breakdown as possible (e.g., Number of nurses versus number of administrators etc).</i></p>
NWC3	<p>State if the proposal is dependent on another funding source and if so, whether the funding stream is ACT Government funding or from another source.</p>

7. Grant Assessment

Assessment of Mandatory Criteria

The first step in the grant assessment process involves ACTHCSD undertaking an initial Compliance Assessment. This involves:

- satisfying Mandatory Criteria 1-10 by ensuring that the Governance and Compliance Declaration, as outlined in subsection 6.1 has been completed (supported by a signed and appropriately witnessed Statutory Declaration).
- a cross check of information (such as ABN numbers) against publicly available records.

Only compliant applications (those that have scored a pass for the Mandatory Criteria) will move onto the Assessment of Weighted and Non-Weighted Criteria.

7.1 Assessment of Weighted Criteria

During the Weighted-Criteria Assessment, Grant Assessment Panel members will independently review each grant application against the Assessment Criteria outlined in section 6. Each member will provide a score for Weighted Criteria based on the Assessment Criteria Scoring Matrix table below.

Panel members will consider the application on its merits and will benchmark it against other applications, based on:

- (a) the overall objective/s and outcomes to be achieved through providing the grant activity;
- (b) the strength of detail and evidence provided within the application and attachments, which supports the Respondent’s approach, capacity and capability to provide the proposed approach/model of service to be delivered under the grant; and
- (c) the relative value of the grant sought.

Once panel members have finalised their independent reviews, assessments and scoring of each application, panel members will reconvene as a group over several sittings to discuss and debate their individual scores and comments until the group reaches a consensus score for each criterion.

7.2 Assessment of Non-Weighted Criteria

When assessing the extent to which the application represents value with relevant money, panel members will review the Pricing Schedule provided in the application and will consider the:

- (a) relative value of the grant sought.
- (b) available budget.
- (c) depth and breadth of services, and/or priority population cohorts to be targeted under the proposed grant activity.
- (d) extent to which the evidence in the application demonstrates that it will contribute to meeting the outcomes/objectives identified in these Grant Requirements.
- (e) how the proposed approach/model of service delivery complements and interacts with other approaches/models of service delivery under assessment, or those already in place across the sector (such as publicly funded services).

Assessment Criteria Scoring Matrix		
Descriptor	Response to Assessment Criteria	Score /10
Outstanding	<p>Response to Weighted Assessment Criterion far exceeds all the relevant requirements and provides significant additional value to the Territory.</p> <p>Response demonstrates an outstanding understanding of the requirements as assessed against the Weighted Assessment Criterion and presents a strategic view of the requirement within the broader Territory context.</p> <p>Information provided is concise, extensive and offers some knowledge gain to the Territory.</p> <p>All claims are fully substantiated.</p>	10
Excellent	<p>Response to Weighted Assessment Criterion exceeds all the relevant requirements such that the Territory will receive some additional value above the grant requirements.</p> <p>Response demonstrates an excellent understanding of the requirements as assessed against the Weighted Assessment Criterion.</p> <p>Information provided is comprehensive. All claims are fully substantiated.</p>	9

Very Good	<p>Response to Weighted Assessment Criterion meets all the relevant requirements and exceeds some relevant requirements such that the Territory will receive minor value above the grant requirements for those.</p> <p>Response demonstrates a very good understanding of the requirements as assessed against the Weighted Assessment Criterion.</p> <p>All claims are soundly substantiated. Some minor omissions in substantiation may be evident, however the overall claim is well supported.</p>	8
Good	<p>Response to Weighted Assessment Criterion meets all the relevant requirements and may marginally exceed some relevant requirements.</p> <p>Response demonstrates a good understanding of the requirements as assessed against the Weighted Assessment Criterion.</p> <p>Some insignificant uncertainties are evident, however claims or documentation contains most of the information expected of this Weighted Assessment Criterion.</p>	7
Adequate	<p>Response to Weighted Assessment Criterion meets all the relevant requirements.</p> <p>Response demonstrates an adequate understanding of the requirements as assessed against the Weighted Assessment Criterion.</p> <p>Some minor uncertainties or information gaps are evident, however claims or documentation generally contains the information expected of this Weighted Assessment Criterion.</p>	6
Reservations	<p>Response to Weighted Assessment Criterion meets most of the relevant requirements.</p> <p>Response demonstrates a general understanding of the requirements as assessed against the Weighted Assessment Criterion; however, detail is lacking in specific areas.</p> <p>Some uncertainties or information gaps are evident within the key requirements.</p>	5
Poor	<p>Response to Weighted Assessment Criterion does not meet a minority of the relevant requirements.</p> <p>Response demonstrates a poor understanding of the requirements as assessed against the Assessment Weighted Assessment Criterion, with some shortcomings or deficiencies noted.</p> <p>Claims and documentation omit or are unable to substantiate key requirements of the Weighted Assessment Criterion.</p>	4
Very Poor	<p>Response to Weighted Assessment Criterion does not meet most of the relevant requirements.</p> <p>Response does not demonstrate an understanding of the requirements as assessed against the Weighted Assessment Criterion, through lack of provided detail or information.</p> <p>Claims and documentation omit or are unable to substantiate requirements of the Weighted Assessment Criterion.</p>	3
Inadequate	<p>Response to Weighted Assessment Criterion meets only a negligible number of the relevant requirements.</p> <p>Response demonstrates a minor misunderstanding of the requirements as assessed against the Weighted Assessment Criterion. Significant flaws in approach are evident.</p> <p>Claims and documentation are largely unsubstantiated.</p>	2
Not Acceptable	<p>Response to Weighted Assessment Criterion does not meet any of the relevant requirements.</p> <p>Response demonstrates a significant misunderstanding of the requirements as assessed against the Weighted Assessment Criterion. The response lacks fundamental details to address this Weighted Assessment Criterion.</p> <p>Claims and documentation are unsubstantiated and unreliable.</p>	1
Not able to access	<p>Response did not address this Weighted Assessment Criterion. (NOTE: There needs to be confirmed evidence of this circumstance).</p> <p>Response was not evaluated, as it did not provide any requested information.</p>	0
<p>Guidance Note: During <i>Phase 2 of Stage 3 - Assessment</i>, each Assessment Panel member must assess and score each Response for each Weighted Assessment Criterion using the Scoring Scale Table. A total weighted score for each Response will be calculated from the sum of each individual Weighted Assessment Criterion rating and multiplied by the individual Weighted Assessment Criterion weighting.</p> <p>Following discussion and moderation of scores by Assessment Panel members, the agreed consensus score provides the overall score for each Weighted Assessment Criterion. All Weighted Assessment Criteria consensus scores will be multiplied by their respective weighting with the resulting figures tallied to give a total score out of a possible 100% for each Response.</p> <p>NOTE: The descriptions in the “Response to Assessment Criterion” column is intended to act only as guidance on assessing ratings. They are not intended to be wholly exclusive of the issues to be considered, nor to be applied literally.</p>		

7.3 Grant approvals

Once the Grant Assessment Panel has finalised the assessments, the Chair of the Panel will provide several formal recommendations to the Delegate for their approval.

The delegate will make a final determination of the grant recipients based on the recommendations put forward by the Chair of the Grant Assessment Panel and the available funding under the grant.

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

- (a) the approval of the grant
- (b) the grant funding amount to be awarded
- (c) the terms and conditions of the grant.

7.4 Notification of application outcomes

The Grant Assessment Panel will advise respondents of the outcome of applications by phone and in writing. ACTHCSD will advise successful, or Preferred, Respondents, of any specific conditions attached to the grant and will set up a time to commence contract negotiations.

Non-Preferred Respondents are those whose application has been unsuccessful in the short-term. From time to time however, contract negotiations with Preferred Respondents break down, and in such circumstances, ACTHCSD reserves the right to re-engage Non-Preferred Respondents in contract negotiations until all coverage for all service streams has been achieved and new grant agreements have been executed.

Once new grant agreements with providers have been executed, Non-Preferred Providers will be formally notified that they have been unsuccessful in the grant process. Unsuccessful Respondents can request a formal debrief. Debrief requests should be made to AEOLPolicy@act.gov.au within 5 working days of being notified as an Unsuccessful Provider. The business unit responsible for the grant will respond to your request via email as soon as practicable.

8. Successful grant applications

Successful Respondents will be offered a legally binding grant agreement with the Territory.

We will use a standard agreement for this project, with general terms and conditions that cannot be changed.

The agreement must be signed by the Successful Provider and executed by the Territory before any payments can be made under the grant. The Territory is not responsible for any expenditure until the agreement has been executed. If an organisation chooses to commence grant activities before the agreement is executed, they do so at their own risk.

The agreement may include specific conditions, such as those determined during the assessment and/or contract negotiations, or conditions imposed by the delegate. ACTHCSD will clearly articulate these within the agreement.

Successful Respondents offered an agreement will have 20 days business days from the date of written offer to sign and return the signed agreement to ACTHCSD, so that it can be executed by the Delegate in a timely manner. ACTHCSD will work with Successful Respondents to finalise the details.

The offer may lapse if both parties (the Successful Respondent and the Delegate) do not sign and execute the grant agreement within the allocated timeframe (20 working days from offer to execution). Under certain circumstances, ACTHCSD may extend this period.

Once an agreement has been executed, a Grant Recipient may request changes to the grant during the life of the agreement. However, any changes will need to be agreed between ACTHCSD and the Grant Recipient.

8.1 Grant payments

The agreement will clearly state:

- (a) the total amount of grant funding to be paid over the period of the agreement;
- (b) if annual indexation will be applied; and
- (c) the schedule of payments.

ACTHCSD will not be able to exceed the maximum grant amount outlined in the agreement. Further costs incurred by the organisation that are related to the grant activity, but which exceed the maximum grant amount will fall under the responsibility of the organisation to meet.

ACTHCSD will make payments to Grant Recipients according to an agreed schedule set out in the agreement. Some payments may be subject to satisfactory progress on the grant activity and compliance with reporting requirements.

The grant payments must be used to deliver the project, and the Grant Recipient must provide financial reporting as required, setting out the amount of funding received for that period, and the costs of the project.

9. Transition Requirements

Transitions signal a shift to a new operating environment and are a key component of any human service system grant program. Through this grant opportunity, it is envisaged that several providers will be transitioning into the service system through a new grant arrangement, while other providers may be required to transition out of service delivery following an unsuccessful application, or other reason.

9.1 Transition in

During the Transition-In Period, the Territory's responsibilities will include:

- (a) Providing a point of contact within ACTHCSD to engage with service providers
- (b) Managing the overall transition from any current arrangements to new arrangements

During the Transition-In Period, the service provider's responsibilities will include:

- (a) Making every reasonable effort to ensure that service users do not experience an interruption in the provision of services.
- (b) Providing support as required during the transition and implementation to allow problem determination and resolution.
- (c) Meeting as required with the Territory's Relationship Manager and other stakeholders.
- (d) Cooperating with the Territory and any outgoing service providers (if applicable) to ensure an orderly transition of service users.
- (e) Complying with all reasonable directions from the Territory.

10. Ethical Process

10.1 Probity

The ACT Government defines probity as *"complete and confirmed integrity, uprightness and honesty in a particular process"*. Compliance with probity assists in ensuring that an investment can withstand internal and external scrutiny. In pursuing value for money in a grant process, the Territory must have regard, amongst other things, to probity and ethical behaviour. More information about probity can be found on the [Procurement ACT website](#).

Furthermore, the ACT Government will make sure that the grant opportunity process is fair, according to the published guidelines and that it incorporates appropriate safeguards against fraud, or other unlawful activities. This grant process will also be undertaken in a manner which is consistent with the ACT Government's framework and best practice policy for the [Administration of Government Grants in the ACT](#).

10.2 Conflicts of interest

Conflicts of interest have the potential to compromise the integrity of the grant opportunity or program. A conflict of interest, or perceived conflict of interest may arise for an ACT Public Service employee, a member of a Grant Assessment Panel, a member of a committee, an advisor or a Grant Respondent (or personnel within a Grant Respondent organisation). Conflicts of interest include:

- (a) Professional, commercial or personal relationships with a party who can influence a grant assessment or application selection process, such as an ACT Government officer.
- (b) Someone who 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 opportunity.

Grant Respondents will be asked to declare, as part of their grant application, any perceived or existing conflicts of interests.

If a Grant Respondent identifies a potential, actual, apparent, or perceived conflict of interest after a grant application has been submitted, or at any time during the grant assessment or selection process, they must inform the Directorate in writing immediately.

Territory employees also have existing confidentiality obligations and an ongoing requirement to disclose and take steps to avoid any actual, perceived, or potential conflicts of interest in connection with ACT Public Service employment. These obligations arise from such sources as:

- (a) ACT Public Service Code of Conduct 2022
- (b) ACT Public Service Code of Ethics
- (c) *Public Sector Management Act 1994*
- (d) *Crimes Act 1900*

To promote best practice, the Delegate, all Assessment Panel members, and other individuals involved with the grant assessment process must read and sign a Conflict

of Interest Disclosure and the Confidentiality Undertaking prior to undertaking a grant assessment.

11. Other Service Requirements

11.2 Qualifications and resourcing

11.3 Risk management and business continuity

The Grant recipient must ensure that they have appropriate business continuity plan documents to ensure the continuity of service in the event of natural disasters, power outages, medical emergencies/pandemics, or other significant events that would otherwise impact the delivery of regular services.

11.4 Work Health and Safety Requirements

The Service provider must comply with all relevant legislation to ensure the health and safety of staff and clients through the assessment and mitigation of risks in the service.

11.5 Privacy

In respect of any Personal Information (defined in section 8 of the *Information Privacy Act 2014* (ACT)) that is held in connection with the Contract, the Service provider must:

- (a) comply with the Territory Privacy Principles (TPPs) and any applicable TPP Code (sections 21(1) and (3) of the *Information Privacy Act* refer) as though the Service provider is a public sector agency and must not (and procure that any subcontractor engaged by the Service provider under this Agreement does not) act or engage in a practice that breaches a TPP or a TPP Code

- (b) co-operate with any reasonable requests or directions of the Territory arising directly from, or in connection with, the exercise of the functions of the Information Privacy Commissioner under the *Information Privacy Act*.

Providers must also manage all Personal Health Information in accordance with the *Health Records (Privacy and Access) Act 1997*.

12. Reporting

For year 1 of service provision (2026) Service providers must report against the measures outlined in the Performance Report Template.

Performance Reports will be a central reference point for discussion during Annual Service Visits.

Reporting requirements for year 2 onwards will be developed and agreed to between the Territory and Service providers.

The Service provider must provide the following reports:

Title	Description	Distribution	Timing
PMCP Project plan	This plan will contain all relevant information and timeframes that are imperative to the successful delivery on the PMCP.	To be submitted to the Aging and End of Life Policy team. (AEOLPolicy@act.gov.au)	Within four weeks of execution of contract.
Community of Practice (CoP) governance arrangements and proposed implementation plan.	This plan will contain all governance arrangements for the delivery of CoP sessions throughout the project period. This plan will also include suggested timeframes for CoP Sessions.	To be submitted to the Aging and End of Life Policy team. (AEOLPolicy@act.gov.au)	Within eight weeks of execution of contract.
Financial Report	This report will contain information about how funding was acquitted during the reporting period and an Audit Report on the Service providers accounts. In addition, it will include information about the indirect costs connected with the delivery of Services to enable	To be submitted to ACTHCS Community Sector Contracts & Grants unit (CSCGU)	Within 30 days of 30 June for each financial year of the Agreement Period. (For annual reporting – or 6 monthly: ‘and withing 30 days of 31 December.’)

Title	Description	Distribution	Timing
	ACTHCSD to improve insights into the real cost of service delivery.		
Performance Report	<p>This report will contain data and information demonstrating agreed Outputs and Performance Expectations.</p> <p>Outcome reporting requirements will be revised in the coming years in collaboration with Service providers to develop a staggered plan for the implementation of modified and/or additional outcome measures.</p>	To be submitted to ACTHCSD CSCGU	Within 30 days of 30 June for each financial year of the Agreement Period. (For annual reporting – or 6 monthly: ‘and withing 30 days of 31 December.’
Critical Incident Report	<p>The Provider must notify and fully disclose to the Territory in writing any incident in which a serious, notifiable incident which involves a service user causing harm to themselves, another service user, an engaged person or a third party, or any other similar adverse situation, such that:</p> <p>(a) death or serious injury has been caused; or</p> <p>(b) severe damage or destruction of a property has occurred; or</p> <p>while receiving a service or undertaking an activity while under the care of the Service provider.</p> <p>The Critical Incident Report must include:</p>	To be submitted in writing to CSCGU.	As required – the Territory must be notified of any Critical Incidents within 48 hours of the Critical Incident occurring.

Title	Description	Distribution	Timing
	(a) Details of the Incident (b) How the Service User Incident was managed by the Service provider (c) If the Service User Incident was reported to relevant authorities; and (d) Any consequences of the Service User Incident		

13. Meetings

The Service provider must attend the following meetings:

Meeting	Timing	Attendees
Project start up meeting.	Within two weeks of execution of contract	Successful applicant and the Ageing and End of Life Policy team, HSCD.
Service Visit	Annual unless otherwise advised	The Territory Relationship Manager, the Territory Contract Manager and the Service provider’s Contract Manager or a senior proxy must attend.
Transition meeting to discuss matters related to Transition In and/or Transition Out	As required	The Territory Relationship Manager, the Territory Contract Manager and the Service provider’s Contract Manager or a senior proxy must attend.

Either party may request additional meetings throughout the Term of the Agreement to aid communication or resolution of issues, and overall contract management, at no additional costs to the Territory.

14. Contract Management and Governance

The funding instrument will be managed in accordance with the Territory contract management plan and any variations to the funding instrument will not be accepted without prior Territory written approval.

The Service provider must nominate a Contract Manager as the authorised representative under the funding instrument and the key contact for notices under the funding instrument. The Contract Manager will have delegation to represent the Service provider in all respects, including ensuring Service provider alignment with the Territory’s strategic priorities.

A Territory Contract Manager with appropriate delegations will engage and work with the Service provider Contract Manager.

The Territory reserves the right to negotiate the inclusion of additional Service Requirements or amendments of existing Services for the term of the funding instrument.

The Service provider must notify the Territory as soon as practicably possible if for any reason they are no longer able to deliver a particular Service Requirement and discuss potential alternative approaches.

The Service provider must maintain the same Service Requirements for the term of the funding instrument and substitutions will not be accepted without prior review, testing and approval by the Territory.

15. Performance Management

The Service provider must achieve compliance with the Performance Requirements and Service Requirements.

Together with data and information reported in the Service Performance Report will be used to measure ongoing performance and raise any issues in any contract management meetings with the Service provider.

The performance of the Service provider will be monitored over time using the agreed measures.

Where a deficiency in the Service provider’s performance is identified the Territory and the Service provider will work together to develop a means of remedying the deficiency. Where an identified deficiency is unable to be remedied or non-performance continues despite a remedy being implemented, the Territory may seek to terminate the funding instrument for default.

ⁱ Musgrave K, To T (2024) OP-2 Palliative care need and management in a tertiary Australian emergency department *BMJ Supportive & Palliative Care*; 14:A1-A2 http://spcare.bmj.com/content/14/Suppl_3/A1.2.info

ⁱⁱ Allcroft P, Tait P, DelCampo M. (2024) M OP-6 Community pharmacy engagement in palliative care, *BMJ Supportive & Palliative Care*; 14:A5 https://spcare.bmj.com/content/14/Suppl_3/A5.1creation-tools