

Expression of Interest Guidance document

Gippsland Advance Care Planning in General
Practice



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Guidance Document

Gippsland Primary Health Network (PHN) invites you to submit an Expression of Interest (EOI) to participate in advance care planning in General Practice – Quality Improvement activities. This is to support General Practices to embed advance care planning conversations in routine health checks.

The purpose of this document is to provide guidance and advice on the scope, eligibility requirements and application process relating to this improvement grant.

Background information

Greater Choices for At Home Palliative Care

Primary Health Networks (PHNs) across Australia receive funding under the Greater Choice for At Home Palliative Care to improve awareness of local palliative care options and to coordinate and facilitate access to palliative care services at home.

The overarching objectives are to:

- improve access to palliative care at home and support end-of-life care systems and services in primary health care and community care
- enable the right care at the right time and in the right place to reduce unnecessary hospitalisations
- generate and use data to support continuous improvement of services across sectors
- use available technologies to support flexible and responsive palliative care at home, including in the after-hours period.

[Gippsland PHN's Palliative Care Needs Assessment](#) recognised that General Practices play a vital role in delivering palliative care for their patients. The Needs Assessment revealed variable levels of skills and confidence among health professionals to take a palliative approach, and low levels of community awareness about Advance Care Planning (ACP).

Advance Care Planning (ACP)

ACP involves thinking about values, beliefs and preferences for future health and care while patients can make decisions and communicate their preferences. General Practices provide a vital role in ensuring their patients are equipped with the information that they need about their health conditions and can support their patients to document their wishes. Advance care plans can significantly reduce patient and carer stress and support medical professionals to provide patient-centred care.

Quality Improvement in General Practice

The Royal Australian College of General Practitioners (RACGP) defines continuous quality improvement as an ongoing activity undertaken within a general practice with the primary purpose to monitor, evaluate or improve the quality of health care delivered to practice patients.

Evidence shows quality improvement leads to better, safer care – particularly when the whole practice team is involved. It also contributes to a more connected, capable and responsive health system.

More information available: [RACGP Standards for general practices \(5th edition\)](#).

Practices participating in this advance care planning initiative will complete the following mandatory quality improvements:

1. Undertake all core palliative care e-learning regarding Advance Care Planning via the e-learning Yarno Platform. For further details of the eLearning requirements, please refer to GCfAHPC – Advance Care Planning in general practice - core eLearning requirements in the appendix below. (The training can take from 30 mins – 1.5 hours to complete.)
2. Review and document procedures for targeted health checks to:
 - a. include Advance Care Planning
 - b. support patients to document their preference, values and choices in Advance Care Directives (ACD), and
 - c. store Advance Care Planning documents appropriately.

The Opportunity

Gippsland PHN is offering up to 20 General Practices a one-off funding grant of up to \$5,000.00 (ex GST) to participate in the Advance Care Planning in General Practice initiative over a duration of three months.

This quality improvement project will be supported with:

- an online kick-off meeting for program leaders from each practice (approx. one hour)
- targeted education and training, for GPs, nursing staff and administrative staff (refer to Appendix 1), and
- support to review and document procedures so that ACP is included in routine health assessments

Participation is designed to be short, supported, and low burden, offering tangible benefits for your practice, your team and patients. Your whole-of-practice team (GP, practice manager, practice nurse, and administration staff) are expected to contribute to the project.

Benefits

Successful practices will benefit from participation in the following ways:

- Participating practices receive a one-off grant of \$5,000 (ex GST).
- Increase skills and confidence across the clinic to support patients to participate in Advance Care Planning, which will lead to better palliative care outcomes.
- Strengthen compliance with PIP QI requirements and enhance eligibility for ongoing incentive payments.
- Demonstrate active quality improvement initiatives to support your RACGP accreditation and continuous improvement goals.

Participant requirements

Participation in this opportunity requires general practices to commit to the requirements below:

- Nominate a practice manager or practice nurse to lead the program in the clinic
- Nominated lead from each clinic to participate in a program initiation meeting (online, one hour)
- Complete mandatory ACP training assignments outlined in Appendix 1
- Review and document policies and procedures to ensure that patients are invited to participate in ACP conversations during *targeted routine health assessments* and reviews, such as:
 - Chronic condition management plans (MBS items 965 & 967)
 - 75+ health checks (MBS item 707 - annually)
 - Aboriginal And Torres Strait Islander people's health assessment (MBS item 715 – every 9 months)

Eligibility Criteria

To be considered eligible, general practice applicants must:

- operate within the Gippsland PHN region
- hold accreditation against the Royal Australian College of General Practitioners (RACGP) Standards for General Practice 5th Edition (or equivalent)
- have an Australian Business Number (ABN)
- ensure all clinical staff have the required professional indemnity insurance cover and active registration with Australian Health Practitioner Regulation Agency (AHPRA)
- declare any perceived or actual conflict of interest
- agree to meet the participation requirements (above) within 6 months of the grant provision

Funding details

Applicants must not assume their EOI will be successful or enter commitments based on that assumption before receiving formal notification of the outcome of their application and confirmation from Gippsland PHN.

Gippsland PHN rights

Notwithstanding anything else in this specification document, and without limiting its rights at law or otherwise, Gippsland PHN reserves the right, at its absolute discretion at any time and following probity advice, to:

- cease to proceed with or suspend the application process
- alter the structure and/or the timing of the application process
- vary or extend any time or date specified in this document
- terminate the participation of any organisation in this application process
- request any applicant to provide clarification or additional information
- short-list applications for assessment purposes
- request any applicant to attend an interview or make a presentation
- call for a new application process
- reject any submission received after closing time, unless the applicant can demonstrate to Gippsland PHN's satisfaction that there has been a technical issue out of the applicant's control that has caused the delay
- reject any application that does not comply with the eligibility criteria or other requirements of this application, and
- enter discussions with respondents to negotiate, aggregate or disaggregate proposals.

How to submit an EOI

Read the guidance document and complete the online application form.

The Expression of Interest opens on Tuesday 28th 2026 and closes at 5:00 pm on Tuesday 12th May 2026.

For further information

For further information about this grant opportunity please contact Rebecca Avery at GPHN Aged Care agedcare@gphn.org.au

Appendix 1

Advance Care Planning in General Practice eLearning and resource guide April 2026

Introduction

This resource aims to assist GPs, nurse practitioners, practice nurses and non-clinical staff in general practice to develop an increased understanding of advance care planning (ACP) and support the implementation of ACP as part of routine health assessments. Training resources identified as “Core” are mandatory for practices participating in the Gippsland PHN Palliative Care Champions in General Practice initiative, 2026.

The training will be made available through Advance Care Planning Australia via their Yarno e-learning platform. Gippsland PHN will take each successful practice through registration and requirements to use the Yarno e-learning platform.

This training guide has been developed to:

- increase promotion and awareness of ACP in general practice
- improve the uptake of ACP ensuring that completed documents meet Victorian legislation
- ensure correct storage of completed ACP documents
- enhance patient choice and promote participation in future care planning decisions, and
- align scope of routine health assessments with RACGP recommendations relating to the inclusion of ACP.

Additional resources have been identified to support promotion of ACP in general practice.

ACP training resources for GPs, nurse practitioners and practice nurses

The table below outlines **core mandatory** training resources for **GPs, nurse practitioners and practice nurses** to undertake. Self-directed CPD can be logged as Educational Activity based on time taken to review the material. Please note these are to be undertaken via the Yarno platform.

Completion of training will assist with satisfying RACGP Standards for General Practices 5th Edition, criterion:

- **GP 1 – Qualifications, education, and training of healthcare practitioners.**

<u>Mandatory Core ACP training resources</u>
ACP in General Practice (7 minute video)

RACGP – Position statement about ACP (5 min read)
Advance Care Planning information from Department of Health (Vic) (5 min read)
Advance care planning micro learning campaigns 1-6 (10 – 30 mins per campaign)
<ol style="list-style-type: none"> 1. What is advance care planning? 2. Starting the conversation 3. Continuing the conversation 4. Documenting wishes and preferences 5. Inclusive approaches to ACP 6. When decisions need to be made
Voluntary assisted dying - health practitioner information and best practice guidance (5 min read)

Additional <u>optional</u> ACP training resources
A nurse introduces her patient to ACP (video) (3 minute video)
A GP continues an ACP conversation at a follow up appointment (2 minute video)
A doctor recommends appointing an alternative decision maker to her patient (3 minute video)
Navigating the topic of Voluntary Assisted Dying in Advance Care Planning Conversations (10 minute read)
Tools to assess for palliative care needs (10 minute read)
Including: <ul style="list-style-type: none"> • Supportive and Palliative Care Indicators Tool (SPICT) and • The surprise question (“would I be surprised if this client died in the next 12 months?”)
Assessing the need for an interpreter (5 minute read)
Advance care planning in General practice - guidance on the use of MBS items

ACP training resources for practice managers and reception staff

The table below outlines **core mandatory** training resources for **non-clinical staff** at general practices to review to increase awareness and confidence about ACP, and to support administration of ACP in the practice. Please note these are to be undertaken via the Yarno platform.

Core ACP training resources
Understanding advance care planning (1 minute video) or ACP in General Practice (7 minute video)
Advance care planning micro learning campaign 1 (10 – 30 minutes) What is advance care planning?
RACGP – Position statement about ACP (5 minute read)
Advance care planning in General practice - guidance on the use of MBS items

ACP resources – optional

The table below outlines key ACP resources for use in the general practice, including brochures and forms for patients.

Links to a number of ACP promotional videos are included – these could be shown in the clinic waiting area.

Form - Advance Care Directive for adults
Form - Appointment of a medical decision maker
Brochure – Advance care planning - Getting started guide
Brochure - Advance care planning made easy
Wallet card – Advance Care Directive notification
ACP information in languages other than english
Journey to dreaming toolkit
ACP promotional video (5 mins)
ACP Promotional video (4 mins)
ACP Promotional video (3 mins)
ACP Promotional video - ATSI lens (10 mins)
ACP information in languages other than english
Uploading advance care planning documents to My Health Record:

Upload to patient's My Health Record is currently available via [Best Practice software](#) only

Otherwise [patients can upload their documents to their My Health Record](#)

Medicare items for billing advance care planning:

[The Advance Project® and Medicare Benefits Schedule Items – Fact Sheet](#)

[Making ACP part of Routine Care](#)