RELEASE OF CLARIFICATION QUESTIONS

The following additional information is available regarding the Request for Quotation (RFQ) for the Emergency Locum Service (ELS) Program.

Question	Answer
Are ELS placement numbers available?	Placement numbers for the financial year 2025-2026 are listed in the RFQ document Request for Quotation – Emergency Locum Service 2026
Can you advise whether data is available on the total number of emergency requests listed, including those that were not filled?	All ELS requests are considered an 'emergency request' due to the short notice given to deploy a locum. A summary of ELS Placement numbers for the financial year 2025-2026 are detailed in the RFQ document Request for Quotation – Emergency Locum Service 2026. From 1 July 2025 to 30 June 2026, there were a total of 12 ELS placements requested that were not placed due to a range of reasons such as ineligible request, application withdrawn, or unable to be placed in the short timeframe required.
Can AHA provide ELS application and placement volumes by financial year, state/territory and MMM category for the life of the current/previous ELS arrangement, including any periods where placements were paused due to budget exhaustion?	AHA is not in a position to release detailed placement information for the life of the program. Some information regarding ELS placements from 2019 is publicly available: https://www.health.gov.au/resources/publications/rural-support-and-aboriginal-and-torres-strait-islander-pharmacy-programs-dataset https://www.health.gov.au/resources/publications/community-pharmacy-agreements-rural-support-and-aboriginal-and-torres-strait-islander-pharmacy-programs-data-agreements-6-and-7 To date and for the life of the program, placements have not been paused due to budget exhaustion, however this may be a factor in the future depending on budget allocation and the number of placements required by pharmacies.
What is the actual dollar figure of the annual government funding allocation for placement fees and travel reimbursement? The RFQ	AHA is not in a position to release the annual budget and associated item lines. To assist with this question some information is publicly available:

states Fees cannot exceed this allocation and placements may be paused if it is exhausted, but the figure itself is not disclosed in the RFQ documents, and it directly caps achievable revenue for the supplier.	https://www.health.gov.au/resources/publications/rural-support-and-aboriginal-and-torres-strait-islander-pharmacy-programs-dataset https://www.health.gov.au/resources/publications/community-pharmacy-agreements-rural-support-and-aboriginal-and-torres-strait-islander-pharmacy-programs-data-agreements-6-and-7 Suppliers are welcome to submit their best offer for consideration.
Given the discrepancy between the RFQ body (locum placement within 48 hours) and Attachment C – Service Specifications (preferably within 24 hours), which timeframe is the binding KPI used to assess performance and potential default?	As per the Program Rules and in most situations, locums are deployed at short notice, generally in under 24 hours, to provide relief in urgent and emergency situations. However, in other situations additional notice of up to 48 hours for locum placement may be received by the supplier. The binding KPI for placement is 48 hours. Additionally, the number of successful placements vs unfilled placements will be reviewed monthly to assess performance of the successful supplier.
Is there an expected or currently-monitored service standard for answering calls to the ELS toll-free number (e.g. average speed of answer, maximum wait time, abandonment rate), given the 12-hour timeframe in the specifications applies to acknowledging receipt of an application rather than to answering the phone itself? Is voicemail an acceptable channel for after-hours or overflow calls, or must calls be answered live given the 24/7 requirement?	Suppliers are welcome to submit their own service standards and proposed processes for management of 24/7 access, to display how they can meet the 24 to 48 hour timeframe for placement.
If an organisation currently holds ISO 27001 certification and a SOC 2 Type 2 report, would AHA accept these as evidence of meeting the Essential Eight/ISM/PSPF requirements in clause 14.4 of	Suppliers submitting an RFQ should provide details of their current security systems and management. ISO 27001 and SOC 2 Type 2 report, are likely to be sufficient, noting a draft subcontract has been provided with the RFQ documents, with individual clauses open to negotiation for

the draft subcontract (via a controls mapping), or is a separate, dedicated Essential Eight self-assessment against Maturity Level Two required regardless of existing certifications?	the successful supplier depending on their current certifications.
How is the "equitable adjustment" to Fees calculated if AHA reduces scope (clause 20.3) or a Whole-of-Government arrangement forces a rate cut (clause 3)? Is there a defined formula, or is this entirely at AHA's discretion?	If 'equitable adjustment' is required, it would be made through negotiation with the successful supplier and AHA. If a Whole-of-Government arrangement forces a rate cut, any resulting rate cut to the supplier would be at AHA's discretion, as it would depend on the dollar amount involved.
Clauses 11.2(a)(viii) and 14.3(b)(ii) of the draft subcontract prohibit access to Personal Information or Health Data from outside Australia. Does this extend to functions such as answering the 24/7 toll-free number – where an offshore-based call taker would be collecting applicant/pharmacy details at first contact – or only to back-end storage, processing and IT/development access? Is there any approval pathway for offshore involvement in any function under additional safeguards, or is this an absolute, no-exceptions requirement?	The ELS Program is funded by the Department of Health, Disability and Ageing and service provision must ensure there is no offshore involvement for data security and privacy reasons.
Could PPA please confirm, of the 12 unfilled ELS requests, how many were: Eligible requests that could not be filled because suitable locum cover could not be secured.	The PPA is unable to provide further details regarding unfilled placements.

Could PPA please provide some insight into the average cost per ELS placement, including: • **The average amount invoiced for the recruitment/placement component** • **The average amount invoiced for travel per placement** • **Whether travel costs to PAA can be itemised as:** ○ **the actual travel cost, and** ○ **a separate travel agent/management cost** **If exact figures cannot be disclosed, an indicative average would be appreciated.**	According to the Program Rules, the ELS Program funds up to $2,500 (plus GST) per placement to contribute towards the travel costs between the locum's home and the Community Pharmacy location. Some placements are filled by pharmacists living in close proximity to the pharmacy, and in these situations the full $2,500 (plus GST) may not be required. Placement costs vary depending on the distance and method of travel required by the locum pharmacist. Any travel agent/management costs would be included in the placement fee. No further details regarding the itemisation of placement fees can be provided by PPA. PPA would like suppliers responding to the RFQ to provide their best possible price for placement and methods they will utilise to ensure placements can be made including the use of a travel agent (if this is a cost-effective option) and considerations that will be made for road and/or air travel to secure the placement.
Can AHA please clarify what constitutes meeting the requirement for the ELS to be accessible 24 hours per day, seven days per week, including telephone access via a toll-free number? **Specifically, is there a requirement for continuous live operator coverage, or is the requirement that applications and enquiries can be received and appropriately responded to/escalated 24 hours per day?**	The successful supplier must operate the ELS service ensuring an agent is available to answer phone enquiries 24 hours a day, 7 days a week, inclusive of public holidays. A toll-free telephone service used solely for the purpose of receiving ELS applications and/or enquiries from community pharmacies is required, as well as an email contact and a web based online ELS application form, to assist with timely collection of information and locum placement. The successful supplier will need to outline how they plan on meeting these requirements. Suppliers are welcome to submit their own service standards and proposed processes for management of 24/7 access.