



**Australian Government**  
**Department of Health and Ageing**

## **Rural Health Outreach Fund**

## **Service Delivery Standards**

## **Rural and Regional Health Australia**

## 1. FOREWORD

Following a review of administrative arrangements in the Health and Ageing portfolio, the Australian Government announced in the 2011-12 Budget that it will establish the Rural Health Outreach Fund (the Fund).

The Fund consolidates the activities of five existing rural health outreach programs to provide a larger, flexible funding pool for outreach initiatives aimed at supporting people living in regional, rural and remote locations to access a wide range of health care services.

The Fund is an initiative of the Commonwealth Government to ensure all Australians have the same opportunity to access medical services regardless of the location in which they live.

All organisations supported by the Department of Health and Ageing under the Fund will be required to meet the terms and conditions outlined in the Fund guidelines, their individual funding agreement and its schedules and this document - the Service Delivery Standards.

The Department is looking to ensure that organisations supported through the Fund are accountable, provide quality services and make effective use of available funding to identify and meet community needs. These organisations are referred to as Fundholders.

These service delivery standards should be read in conjunction with the Fund Guidelines and together aim to provide Fundholders with the information required to deliver the most efficient and effective services to address the Fund's priorities for each jurisdiction and/or priority area within the funding available.

Overall these service delivery standards will outline:

- What the Fund supports;
- The Governance structure of the Fund;
- Roles and responsibilities under the Fund; and
- Administration of the Fund.

The Fund supports a service delivery model that includes a multidisciplinary team based approach in delivering services. Multidisciplinary teams may consist of specialists, allied health professionals, midwives, nurses and general practitioners.

The Department's review of administrative arrangements also established the Aboriginal and Torres Strait Islander Chronic Disease Fund.

The Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease (MSOAP-ICD) and the Urban Medical Specialist Outreach Assistance Program (USOAP) are two of the 16 existing programs within the Aboriginal and Torres Strait Islander Chronic Disease Fund. These two programs will now be combined to form the Medical Outreach Indigenous Chronic Disease Program (MOICDP).

To facilitate opportunities for effective administration and synergies in outreach service delivery, the MOICDP may be delivered in parallel with the Fund. The competitive funding rounds for both the Fund and the MOICDP will open and close at the same time, and applicants may wish to be considered to deliver services for both the Fund and MOICDP either for the specific State or Territory or on a National basis. The Fund and MOICDP will be administered in a consistent and coordinated way to achieve value for money whilst meeting the aims and objectives of both funding streams.

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## **2. Background**

The Rural Health Outreach Fund (the Fund) is the consolidation of five existing rural health outreach programs to provide a larger, flexible funding pool for initiatives aimed at improving access to medical specialists, general practitioners (GPs) and allied and other health providers in regional, rural and remote areas of Australia.

The five programs that form the Fund are:

1. Medical Specialist Outreach Assistance Program (MSOAP);
2. MSOAP - Maternity Services;
3. MSOAP - Ophthalmology;
4. National Rural and Remote Health Program; and
5. Rural Women's GP Service Program.

Outreach services supported through the Fund will improve access to health services for people living in rural, regional and remote Australia by supporting a range of targeted rural health programs and activities. They will link with the broader ongoing health reform agenda to develop an integrated health service where local services and outreach services work together to provide communities with the range of services they need to remain vital and viable.

Through an open, competitive funding round, the Fund will seek organisations to auspice the planning, management and delivery of outreach services. The successful organisations (Fundholders) will be offered funding agreements for up to three years. A competitive round may be held every three years. Highly performing Fundholders may be considered for contract extensions of up to three years.

### **3. Aims and objectives of the Rural Health Outreach Fund**

#### ***3.1 Aim***

The aim of the Fund is to improve health outcomes for people living in regional, rural and remote locations by supporting the delivery of outreach health activities.

#### ***3.2 Objectives***

The Fund objectives are to:

- provide both public and private outreach health services that address prioritised community needs;
- broaden the range and choice of health services available in regional, rural and remote locations; and
- remove the financial disincentives that create barriers to service provision.

The Fund will support outreach health activities to address health issues identified in regional, rural and remote locations, including through improved coordination and combination of health activities. Within this broad spectrum, it is acknowledged that there is a need for specific emphasis on the following health priorities:

- Maternity and paediatric health;
- Eye health;
- Mental health; and
- Support for chronic disease management.

Fundholders will administer the Fund programs by supporting the travel, accommodation and other costs associated with health professionals who provide outreach. The support offered by Fundholders on behalf of the Fund may extend to backfilling salaried health professionals or providing funding for a locum for private health professionals, thereby reducing the financial disincentives that may otherwise result in a barrier to service delivery by the health professional.

## **4. Rural Health Outreach Fund Service Eligibility**

### ***4.1 What Services are Eligible for Funding?***

Outreach health activities that may be supported through the Fund include:

- Specialist medical services;
- Allied health services;
- Midwife and nursing services;
- Combinations of eligible services (i.e. multidisciplinary teams);
- Outreach GP services, including support for female GPs to provide outreach services to broaden the health service choices available to rural women; and
- Administration and coordination of these services.

The Fund supports cultural training for outreach service providers and encourages providers to offer upskilling activities at outreach locations.

### ***4.2 What Services are Not Eligible for Funding?***

Funding is not available to support:

- elective cosmetic surgery;
- stand alone training;
- research activities;
- alternative health services – for example Chinese Medicine, reflexology;
- the purchase of medical equipment; and
- the purchase or leasing of motor vehicle.

Further information on support offered through the Fund is set out in 8. *Administrative Arrangements*.

### ***4.3 What Locations are Eligible for Rural Health Outreach Fund Services?***

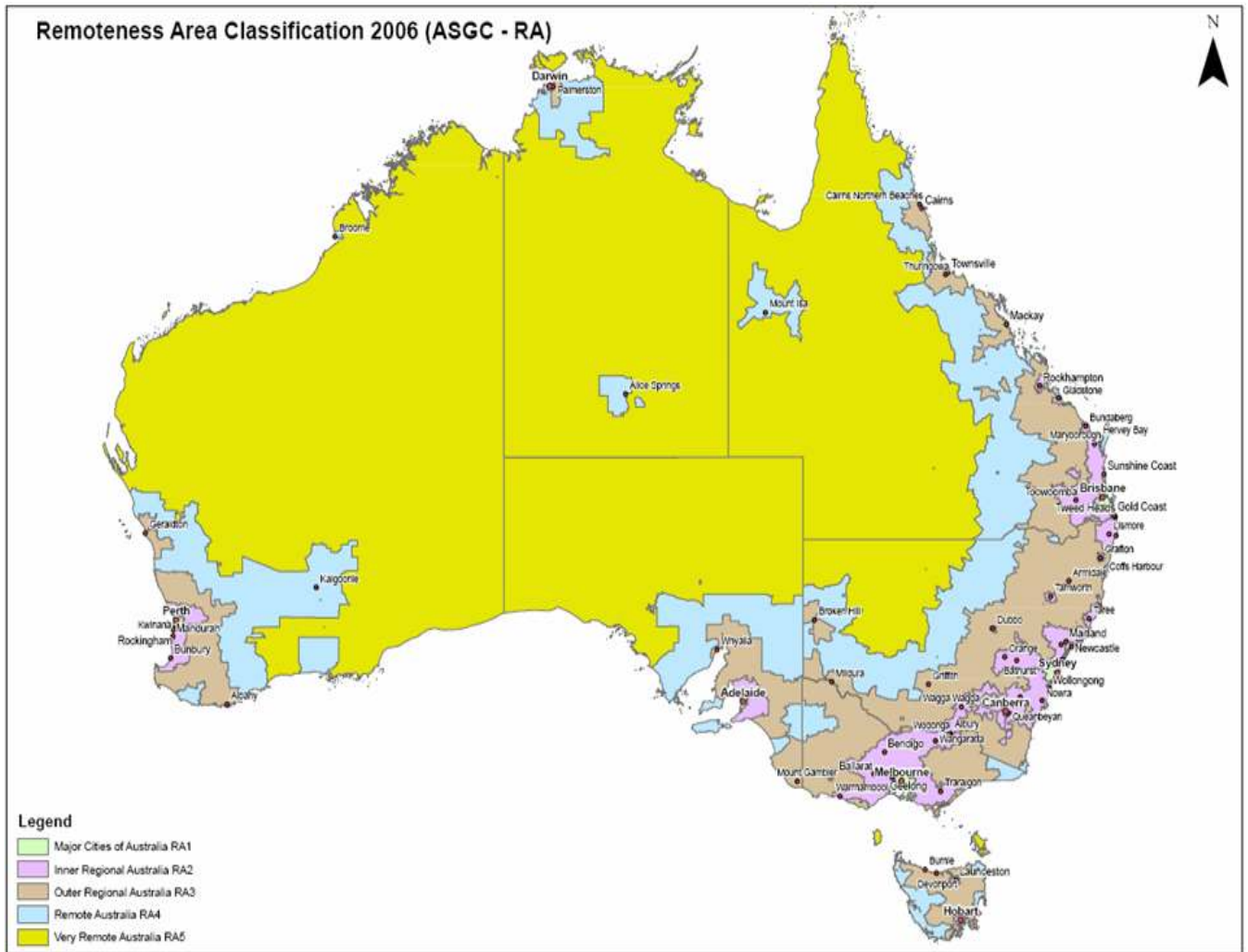
The Department of Health and Ageing uses the Australian Standard Geographical Classification Remoteness Areas (ASGC-RA) classification system to determine eligibility for service locations across Australia.

Services supported through the Fund are delivered in RA2 (Inner regional) to RA5 (very remote). As Inner regional locations generally have options to access a wider range of services and fewer barriers to service delivery, the main emphasis of the Fund is to deliver services in RA3 (Outer regional) to RA5.

There may be exceptions where the Department will consider RA1 (Major cities) location if the location is clearly remote from existing services and infrastructure, or where the delivery of a service in a major city location will enhance service access for eligible communities.

*For example: if the necessary equipment for surgery is not available at the outreach location, in exceptional cases the service may be funded for people who live in remote locations to travel to RA1 for the surgery.* Funding for situations such as described in this example will only be considered after all other options have been exhausted.

Below is a map which shows the distribution of the different RA classifications.



The ASGC-RA classification system contains five classifications as follows:  
 Remoteness Area 1 – Major Cities (Green);  
 Remoteness Area 2 – Inner Regional (Purple);  
 Remoteness Area 3 – Outer Regional (Brown);  
 Remoteness Area 4 – Remote (Blue); and  
 Remoteness Area 5 – Very Remote (Yellow).

The map is available at [www.doctorconnect.gov.au](http://www.doctorconnect.gov.au) and may assist to determine the eligibility of a specific location.

## **5. Governance Structure for the Fund**

### ***5.1 Summary of Governance Structure***

The Fund may have the following Governance structure:

- State and Northern Territory Advisory Fora (*Advisory*); and
- Department of Health and Ageing.

## **6. State and Territory Advisory Fora**

### ***6.1 Role of the Advisory Forum***

The Advisory Forum is a State/Territory based committee comprised of a broad range of stakeholders with relevant knowledge and expertise about existing health delivery arrangements in regional, rural and remote locations in the jurisdiction.

The Advisory Forum is a jurisdictionally based consultative mechanism that advises the Fundholder and the Department how best to deploy resources to address the identified priorities of the Fund in its jurisdiction.

Where a national Fundholder is planning to deliver services for one or more priority area, Advisory Fora will provide advice to the Department on the planning undertaken and services proposed in each jurisdiction.

The principal role for each Advisory Forum is to evaluate all proposals presented by the Fundholder(s) and endorse those proposals that meet both the priorities of the Fund and the needs of the proposed locations. Specifically the Advisory Forum is responsible for:

- advising on the appropriate types of services to be delivered;
- advising whether the proposals should be considered for funding for one, two or three years;
- considering whether the service delivery plan contains the appropriate mix of team members/health professionals to deliver services that address identified needs;
- advising on the suitability of services being proposed under the Fund;
- identifying linkages (when appropriate) with the planning mechanisms of other programs to explore possibilities for integrated program implementation;
- reviewing the needs assessment and identification of proposed locations and priority locations completed by the Fundholder, including whether the proposed priority locations have the capacity and infrastructure to support the proposed service; and
- determining gaps in services.

### ***6.2 Terms of Reference for the Advisory Forum***

The State/Territory Advisory Forum will:



- analyse and consider the annual needs based planning completed by the Fundholder and provide impartial advice on which locations should be prioritised for the next funding period;
- evaluate and provide impartial advice to the Department on service proposals received from the Fundholder for funding of services, taking into consideration Fund priorities and identified needs for the relevant State or Territory;
- ensure an appropriate and equitable mix of services is recommended across ASGC-RA 2-5 so as to target locations and service types where need is greatest; and
- provide advice to the Department on proposals that are worthy for funding in the relevant State or Northern Territory through the Fund.

### ***6.3 Advisory Forum members***

Advisory Forum members should have a range of experiences in the planning and provision of health services and should also have knowledge of the key stakeholders of the Fund and the key issues that can affect the delivery of effective outreach services in the jurisdiction. Advisory Forum members may include local medical professionals and representatives from:

- the Department of Health and Ageing;
- State/Territory health authorities;
- Rural Workforce Agencies;
- Medical colleges or other relevant groups of health practitioners;
- Medicare Locals;
- Consumer representative;
- Aboriginal and Torres Strait Islander health organisations; and
- local hospitals, community-based services and local communities.

The Advisory Forum will need to include a person with expertise in health service planning.

### ***6.4 Administration of the Advisory Forum***

#### **Role of the Department**

The Department, as represented in each State and the Northern Territory, will Chair the Forum and provide secretariat support (in each jurisdiction). Responsibilities associated with the role of the chairperson include:

- directing and facilitating the business of the Advisory Forum;
- providing a Commonwealth perspective;
- presiding as the chairperson at all Advisory Forum meetings;
- certifying that the meeting occurred, who attended and the meeting duration; and
- ensuring that Advisory Forum related business is completed.

The Department will have regard to the recommendations and advice from the Advisory Forum in coming to decisions about which services to approve. The final decision on all matters relating to the Fund and eligibility against the Guidelines rests with the Department.

#### **Secretariat**

All secretariat functions relating to the operation of the Advisory Forum will be the responsibility of the State or Northern Territory offices of the Department. The Secretariat is responsible for organising the meeting, taking minutes, and completing any follow up activities from the meeting.

It will be the responsibility of the Fundholder to advise service providers of the decisions of the Department including decisions on new services and changes in existing services.

### Meetings

Meetings of the Advisory Forum will be held as needed. Out-of-session evaluation of proposals may be canvassed as required. Face to face and alternative meeting arrangements, such as by teleconference are acceptable.

### Decision making processes

In a situation where local priorities may influence best practice decision making, proposed services should be scored using the Fund Service Matrix form (**Appendix 3**). It is noted that services may not be able to be provided to all priority locations identified in the service planning. It is expected that where possible proposals targeting services to priority locations are prioritised over proposals which are not targeted at priority locations.

Where the recommendation of the Advisory Forum is not unanimous, the documentation highlighting the differences of opinion must be presented to the Department with justification for the recommendation.

## **7. Fundholders**

Fundholders is the term given to successful applicants selected from the competitive funding round for the Fund. Fundholders will be contracted by the Department for the delivery of services for a period of up to three years with the option to extend for an additional of up to three years.

The competitive funding round may identify a single Fundholder to deliver all outreach services for each State and the Northern Territory. Alternatively, the competitive funding round may also identify National Fundholders to deliver one or more of the identified priorities at the national level. Where a National Fundholder is delivering specific services, jurisdictional based Fundholders will be contracted in each State and the Northern Territory to deliver the outreach services not included in the national service delivery contract(s).

Fundholders play a lead role in achieving the aim and objectives of the Fund. This includes working closely with Advisory Forum and local stakeholders to ensure that the Fund is an integrated part of health service delivery in the State or the Northern Territory.

Fundholders will be required to undertake detailed needs assessment and planning in consultation with communities and local health organisations, including Medicare Locals and Jurisdictional Health Departments where they are in place. Based on the outcomes of the planning, Fundholders will develop proposals for service delivery and once proposals are approved, Fundholders are responsible for the delivery of services in accordance with the approved plans.

The needs assessment should be based on local information – for example: population, demographics, local burden of disease, access to appropriate services and identification of gaps. It may also be appropriate to consider issues such as local waiting lists and whether an issue is ongoing or a ‘spike’.

### ***7.1 Jurisdictional Fundholders***

Jurisdictional Fundholders will have responsibility for delivering outreach services for a specific State or the Northern Territory. It is possible for one Fundholder to be responsible for the delivery of outreach services in more than one jurisdiction.

## ***7.2 National Fundholders***

A National Fundholder will have responsibility for delivering all of the outreach services in all States and the Northern Territory or for a particular health priority.

Both National Fundholders and Jurisdictional Fundholders are required to work with the State and Territory Advisory Fora when planning and considering services for approval.

## ***7.3 Fundholder Responsibilities***

Fundholders will be required to ensure that adequate personnel are available to provide and maintain the administrative requirements needed to plan, maintain and deliver outreach services through the Fund in their allocated area of operation. Responsibilities to be managed will include but not be limited to:

- development and implementation of a three year strategic service plan;
- accurate collection, collation and appropriate analysis of data, and provision of this data to the department;
- monitoring, management and fulfilment of all reporting obligations;
- development and application of strategies to recruit and retain health professionals;
- administration of payments to participating health professionals in accordance with services provided;
- verification of service delivery following receipt of invoices;
- communication with members of the medical community and the public to inform them about the Fund;
- development and implementation of strategies to market and educate the public and the health care sector about the Fund;
- working with locally based service providers including Medicare Locals and Local Health Services to ensure details of outreach visits are known, access to services is maximised and barriers to care (e.g. procedures/surgery) are identified and addressed;
- encouraging health professionals to provide culturally appropriate services;
- providing assistance with upskilling sessions to health care professionals as required;
- planning and supporting effective coordination of service delivery at the community level; and
- undertaking other activities necessary for the proper operation of the Fund.

Improved coordination of services at the location where the service is provided has been identified as a need following the Review of MSOAP, and will be implemented through the Fund. Fundholders are expected to access identified local coordination personnel available to enable the visiting services to be as effective as possible.

It is noted that the existing coordinators do not cover all rural and remote areas. To facilitate improved coordination, an allocation has been made under the Fund to support improved local coordination.

Fundholders are required to participate in State or the Territory Advisory Forum meetings and Fundholder meetings with the Department, unless otherwise negotiated with the Department.

Fundholders must ensure that all service providers engaged to deliver outreach services agree to submit invoices and reports on service delivery within two months of the service being provided.

#### ***7.4 Conflict Resolution***

In the event of a conflict between the Fundholder and the Department, it is expected that the Fundholder will initiate actions to negotiate a suitable resolution between the parties concerned.

Where the conflict is between the Fundholder and a service provider, the Department may provide mediation where the parties have not been able to resolve the issue.

#### ***7.5 Service Period***

All medical outreach services supported under the Fund will be reviewed annually by the Fundholder and the Advisory Forum to ensure that the service continues to meet the needs of the community and the Fund. A service not fulfilling the requirements of the Fund may be reconsidered and funding may be allocated to an alternative area of need in the relevant region.

### ***7.6 RHOF Department of Health and Ageing Contacts***

Address: GPO Box 9848 in your capital city.

Phone:

Central Office	02 6289 1034
Western Australia	08 9346 5438
Northern Territory	08 8919 3435
Queensland	07 3360 2730
New South Wales	02 9263 3924
Victoria	03 9665 8220
Tasmania	03 6221 1435
South Australia	08 8237 8027

## **8. Administrative Arrangements**

### ***8.1 Service Delivery Plan***

Following a competitive funding round, the successful applicants will be offered up to a three year funding agreement to take on the role of Fundholder.

At the beginning of the funding agreement, a service delivery plan for the period of the funding agreement that has been endorsed by the appropriate Advisory Forum will be considered by the Department for approval. The service delivery plan will contain:

1. Services to be provided for the period of the funding agreement;
2. Annual services - Services provided initially for one year and then reviewed before the next year's annual services are agreed; and
3. Reserve services - Pre-approved services that can be activated if needed during the period.

The service delivery plan will be reviewed annually with services added or removed in line with changing priorities and community need.

It can be expected that during the period of the funding agreement:

- the need in the community for an identified service could change;
- the priorities of the Fund may change;
- a service could become self-sustaining from a commercial perspective and would no longer require support from the Fund; and/or
- a service provider may no longer wish to continue providing outreach services.

In any circumstance, or the one's described above, the continuation of funding for a service is not guaranteed and the department retains the right to terminate any service.

Fundholders must seek approval from the Department to:

- commence a new service not detailed in the Approved service delivery plan;
- change the location of a service in the Approved service delivery plan;
- change a service detailed in the Approved service delivery plan where there is a change in the cost of the service of more than \$5,000 (GST exclusive) annually, (any increase in costs must be offset within the Fundholders annual funding allocation).

Such changes must be endorsed by the relevant State/Territory Advisory Forum prior to seeking written approval from the Department (using the approved service Proposal Form). A change to service frequency or provider does not require Advisory Forum endorsement; however it should be noted for advice at the next Advisory Forum meeting.

Any changes to the approved service delivery plan will need to be approved by the Department. If a service from the reserve list is activated the Fundholders must inform the Advisory Forum and the Department (*the State Advisory Forum is defined at 6.1*).

When developing the service delivery plan, Fundholders must consider the needs assessment information and then apply the assessment criteria below to determine which locations and services types will be considered a priority. These priority locations and services will then be recommended to the State or Territory Advisory Forum for endorsement.

### ***8.2 Assessing the Service Delivery Plan***

The assessment criteria used to select services are as follows:

- is the service in line with the priorities of the Fund;
- the level of community need for the service;

- is there an appropriate mix of services across the regions, and particularly in more remote locations;
- the current level of service in the region;
- the capacity of the local workforce and infrastructure to support the service;
- are there linkages with other State, Northern Territory or Australian Government health programs;
- the cultural appropriateness of the service;
- availability of funding to support the service; and
- does the service provide value for money.

### ***8.3 Annual Service Planning***

Fundholders will be responsible for completing a needs assessment for their jurisdiction(s) early in each calendar year to determine the level of community need for services for the following financial year. In developing the needs assessment, the Fundholder will consult broadly with health organisations, including Medicare Locals, Jurisdictional Health Departments and relevant Aboriginal and Torres Strait Islander health organisations, in their jurisdiction to ensure the data accurately reflects need.

The needs assessment information will be provided to the State or Northern Territory Advisory Forum for consideration in line with the priorities of the Fund.

Following consideration by the Advisory Forum, the needs assessment will be provided to the Department for approval.

### ***8.4 Who Can Propose a Service?***

Any interested party can submit a service proposal application to the appropriate Fundholder for their consideration. Once service applications are received they will be assessed by the State or Territory Advisory Forum, where it exists to determine if the proposal meets eligibility criteria prior to being considered by the Department for approval.

For a service to be eligible for funding it must be for a location in ASGC RA2 to RA5 that has been identified by the Fundholder as needing the proposed service, and be provided on an outreach basis by an eligible health professional.

The nominee of the proposal will be advised in writing by the Fundholder of the outcome of their application.

### ***8.5 What Activities/Expenses can the Fund Support?***

The Fund is able to assist with funding to support new services, as well as to expand established visiting outreach health services. The Fund cannot be used to pay salaries for health professionals or purchase equipment for use by clinical/allied health professionals.

### ***8.6 Administrative Support for Visiting Health Professionals***

Participating health professionals may receive funding support for administrative costs associated with the delivery of outreach services, such as the organisation of appointments, processing of correspondence and follow up with patients, at the outreach location.

The Fund may cover the cost of administrative support for up to the same working hours (consultations/treatment time) as those hours undertaken by the visiting specialist. It is recommended that the rate payable for administrative support is equivalent to the hourly rate paid using the Department of Health and Ageing pay scale at an APS 2 or 3, depending on the complexity of the work.

Administrative support staff will not be funded during the time the visiting health professional provides upskilling to local health professionals. Information on salary scales is available at page 64 at the following link: <http://www.health.gov.au/internet/>.

Any person providing assistance to visiting health professionals is engaged under an arrangement with the Fundholder host service, or visiting service provider, and has no claim as an employee of the Australian Government. The Australian Government will not cover any costs associated with employment and/or termination of administrative support staff.

### ***8.7 Registrars and Technical Staff***

Travel costs for registrars who accompany visiting medical professionals in order to gain exposure to rural practice will be supported. Backfilling of the registrar's position will not be paid under the Fund. Technical staff who travel to the outreach location to assist health professionals will be considered on a case by case basis by the Department. Providing salary for, or backfilling of accompanying technical staff will not be paid. It is preferred that, where possible, staff are recruited locally and upskilled if needed.

### ***8.8 Travel Costs***

#### Private vehicles

The Fund will cover the cost of travel by the most efficient and cost effective means to and from the outreach service location. This may include commercial air, bus or train fares, charter flights, and/or expenses associated with the use of a private vehicle as per the national rates accepted by the Australian Taxation Office (ATO). Flights will be costed at the economy class level. Other incidental costs such as fuel for hire cars, parking and taxi fares may also be covered in line with accepted ATO rates. The ATO rates can be found on ATO website via the following link: <http://www.ato.gov.au/businesses/>.

#### Hire car

If road travel is the most cost effective option, the visiting health professional may elect to travel to/from the outreach location by a self-drive hire car. The Fundholder will arrange the booking and payment of the hire car. Fuel allowances payable for a hire car are outlined on the ATO website via [www.ato.gov.au](http://www.ato.gov.au). Parking and taxi fares are paid on a cost recovery basis only.

Use of private aircraft will be considered, however if a commercial flight services the location, reimbursement will be capped at the economy flight cost.

### ***8.9 Accommodation***

Accommodation will be paid in accordance with the rates which are published by the Australian Taxation Office determination 2012/17 (TD2012/17) including any future amendments made to this determination. For the purpose of the program the accommodation rates may be paid in accordance with Table four of TD2012/17: High cost country centres – accommodation expenses. However, as accommodation in some locations may be more expensive due to seasonal variations, or suitable accommodation is scarce, consideration will be given to paying higher rates on a case by case basis. TD2012/17 can be accessed via the ATO website at: <http://law.ato.gov.au/atolaw/>.



### ***8.10 Meals and Incidentals***

Meals and incidentals for visiting health professionals and approved accompanying staff may be paid in accordance with Table four of TD2012/17. The rates in Table four for meals and incidentals for high cost centres will be used as the rates which may be paid under the Fund.

Please note the incidental allowance payments are only payable for the second and any subsequent days of a visit at the outreach location. Breakfast on the first day and dinner on the last day of outreach visits are not payable. The meals and incidental allowances payable under TD2012/17 can be accessed via the ATO website at: <http://law.ato.gov.au/atolaw/>.

### ***8.11 Equipment Lease/Purchase***

Under the Fund, consideration may be given to assisting with equipment lease arrangements. Any financial assistance for the lease of equipment must be approved by the Department. All lease quotes must include budget for replacement parts and maintenance to ensure equipment meets required standards. The period of the lease may not exceed the end date of the contract the Fundholder has with the health professional.

The Fund will not cover the purchase of equipment for use by health professionals on outreach visits.

The Fund may assist with the cost of transportation of equipment (on commercial transport) for use by the health professionals in delivering approved services.

### ***8.12 Motor Vehicle Lease/Purchase***

The Fund will not cover the purchase/lease of motor vehicle for use by health professionals on outreach visits.

### ***8.13 Facility Fees***

Fees incurred in hiring appropriate venues or facilities to support either outreach service provision or upskilling activities will be paid as appropriate. The suggested maximum facility fee payable for any venue is \$200 per day (GST exclusive). However, suitable facilities in some locations may be more expensive due to seasonal variations, or availability, consideration will be given to paying higher rates of up to \$400 per day (GST exclusive) on a case by case basis.

### ***8.14 Cultural Training and Familiarisation***

In recognition of the diverse cultural environments in which visiting health professionals may be required to work, the Fund may provide funding for cultural training and familiarisation for health professionals who provide outreach services. The method of delivery is flexible and may take the form of:

- formal cultural awareness course provided by facilitators/presenters; and/or
- self-learning cultural awareness education program.

Non-salaried private health professionals providing outreach services under the Fund may claim Absence from Practice Allowance for the time they attend cultural training and familiarisation.

### ***8.15 Absence from Practice Allowance***

An Absence from Practice Allowance is payable to non-salaried private health professionals and accompanying registrars to compensate for loss of business opportunity due to the time spent travelling to and from a location where they are delivering an outreach service and/or upskilling.

The hourly rate payable for the absence from practice is consistent with the fee-for-service hourly rates paid by the relevant State/Northern Territory government, area health service or local hospital (depending on the organisational level at which these payments are established in the State/Northern Territory).

### ***8.16 Workforce Support***

Under exceptional circumstances, financial support (at sessional rates) may be available to private health professionals who provide outreach in RA4 (remote) and RA5 (very remote) to mainly Indigenous communities.

A workforce support payment may be paid in circumstances where:

- access to Medical Benefits Schedule (MBS) payments are not assured; and/or
- patient compliance with appointments is uncertain.

Medical professionals who receive a workforce support payment are also eligible to receive payments such as the Absence from Practice Allowance.

Workforce support payments will be considered on a case by case basis only. Prior to making any decision in relation to a workforce support payment, the department will take into account the comments and recommendations from the relevant State/Territory Advisory Forum. The department's decision in relation to these payments will be final.

Visiting health professionals, who accept a workforce support payment, will be precluded from claiming MBS payment for the delivery of services to the designated outreach location(s).

### ***8.17 Backfilling for Salaried Health Professionals***

The fund will cover the salary costs of backfilling salaried medical staff who provide approved outreach services. Any claims made against the MBS by salaried health professionals for outreach services supported under the Fund would render void any claim to cover backfilling costs.

Salary costs of backfilling registrars and/or other accompanying health professionals will not be paid.

### ***8.18 Upskilling***

Upskilling is **not** a requirement of health professionals providing outreach services; however, they may wish to provide educational and upskilling activities, of either a theoretical or clinical nature, to local medical practitioners and health professionals aimed at:

- developing or enhancing specific skills;
- sharing of knowledge; and/or
- enhancing on-going patient care.

Upskilling activities should take place at the location where an outreach service is being delivered, and should aim to complement existing training arrangements within the area. Funding may be provided for supported procedural and non-procedural upskilling.

Arrangements for formal upskilling activities must be developed in consultation with local medical and health professionals and the specialists providing the service and, therefore, may vary from region to region. Funding provided through the Fund must not be used for the administration and allocation of points for Continuing Professional Development.

When visiting health professionals provide upskilling to local medical and health professionals and, where appropriate, other members of the public (such as carers), the Fund may cover the cost of the venue/facility/room hire.

In addition, non-salaried private health professionals may claim an hourly rate which is consistent with the applicable fee-for-service rates for the time required to present the agreed upskilling activity.

Administrative support staff will not be funded to assist with preparation of upskilling materials or during the time the visiting health professional provides upskilling to local health professionals.

Upskilling cannot be supported as a “stand alone” activity under the Fund.

### ***8.19 Professional Support***

For the purposes of the Fund, professional support means the informal support provided by the visiting health professionals to local medical and health professionals through, for example, lunchtime meetings and/or telephone/email support once the health professional has returned to their principal practice.

Non salaried private health professionals may claim an hourly rate for providing professional support which is consistent with the fee-for-service rates paid by the relevant State/Northern Territory government, area health service or local hospital (depending on the organisational level at which these payments are established in the State/Northern Territory).

Professional support is **not** a requirement of outreach services provided through the Fund.

### ***8.20 Care While in Hospital***

The provision of hospital services to public patients is the responsibility of State/Territory governments under the Australian Health Care Agreements; therefore, the cost of patient care in hospital will not be met through the Fund.

### ***8.21 Telemedicine and eHealth***

The Fund supports the use of telemedicine services as a supplement to usual face-to-face consultations between patients and health professionals. The Fund does not support the capital costs associated with the establishment of telemedicine services but may cover costs, such as hire of venue and equipment, associated with consultations using this medium.

Similarly, the Fund support the use of eHealth initiatives such as the Personally Controlled eHealth Record (PCEHR) and access to and use of Video conferencing for patients consultations and to support continuity of care.

## Glossary of Terms for the Fund

*These terms provide definition and apply to any document associated with the administration of the Fund.*

Absence From Practice Allowance:	A payment made to a non-salaried private health professional for the time spent travelling to and from a location where they are providing approved outreach services and/or upskilling.
The Australian Standard Remoteness Areas (ASGC- RA)	<p>Geographical Classification ASGC-RA is a system developed in 2001 by the Australian Bureau of Statistics (ABS) as a statistical geography structure that allows quantitative comparisons between 'city' and 'country' Australia.</p> <p>The purpose of the structure is to classify data from census Collection Districts (CDs) into broad geographical categories, called Remoteness Areas (RAs). The RA categories are defined in terms of 'remoteness' – ie the physical distance of a location from the nearest Urban Centre (access to goods and services) based on population size. A primary advantage of this classification system is that the remoteness structure is updated following each census.</p>
Administration costs:	Payments to cover the costs of administration directly related to the provision of patient services including reception duties, organising appointments, processing of correspondence, typing of referral letters and making hospital bookings etc.
Advisory Forum:	State/Territory based committee that provides advice to the Fundholder on how best to deploy resources, determine priorities in project plans, and the suitability of services being proposed for funding under the Fund.
Backfilling:	Short-term relief of a position vacated by a salaried public specialist who is providing approved outreach services.
General Practitioner:	A duly licensed medically qualified person. This term is used interchangeably with Medical Practitioner.
Health professional:	A general term for a person with tertiary qualifications in a health related field, eg. doctor, dietician, nurse, pharmacist, physiotherapist, psychologist.
Need:	Need would include consideration of issues such as the burden of disease, level of disadvantage, services currently available locally, linkages and integration with other services and effect on local planning and initiatives.

Non operational service:	A service is approved and has funding allocated under the Fund but is awaiting a provider, or has ceased to operate and another provider has not been identified to provide the service.
Operational:	A service that is currently being provided or has a health professional contracted to provide the service.
Outreach service:	Where a health professional provides services in a location that is not the location of their principal practice.
Professional support:	<p>Informal support provided by the visiting health professional to the general practitioner and/or other local health professionals through, for example, lunchtime meetings and/or telephone/email support once the health professional has returned to their main practice. For example:</p> <ul style="list-style-type: none"> <li>• informal discussions/telephone conversations/meetings with general practitioners for specific patient management; or</li> <li>• general practitioner and specialist see the patient together.</li> </ul>
Registrar:	<p>Medical registrars are either "basic trainees" or "advanced trainees". Basic trainees have generally completed at least two post-graduate years in hospital practice (usually more), but have not completed any specialty exams. Advanced trainees have completed at least four post-graduate years (usually more), and are undertaking advanced training in general medicine (internal) or in a particular sub-specialty. On the successful completion of their training, they will have met the requirements for fellowship of the relevant specialist college. All registrars require support/supervision from an appropriately qualified supervisor.</p>
Service/location:	A single town or community where a health professional provides a consultation.
Session:	A period of time, usually 3.5 – 4.0 hours.
Specialist:	<p>A medical practitioner who:</p> <ul style="list-style-type: none"> <li>• is registered as a specialist under State or Territory law; or</li> <li>• holds a fellowship of a recognised specialist college; or</li> <li>• is considered eligible for recognition as a specialist or consultant physician by a specialist recognition advisory committee.</li> </ul>
Upskilling:	<p>Training in a clinical or practical context. Upskilling is provided by the visiting health professional and may be a structured or unstructured. Examples include:</p> <ul style="list-style-type: none"> <li>• statewide programs for both procedural and non-procedural general practitioners and other health professionals; and</li> <li>• after hours meeting where the health professionals' knowledge is shared with general practitioners, other health</li> </ul>

professionals and carers/community members where appropriate.

Visiting Medical Officer: A private medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid or fee for service basis (National Health Data Dictionary, Version 12).