



**Australian Government**

**Department of Health**

# **Visiting Optometrists Scheme Service Delivery Standards**

Effective 1 July 2015

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## 1. BACKGROUND

The Visiting Optometrists Scheme (VOS) was established in 1975 to provide funding to optometrists to deliver outreach eye care services to people living in regional, rural and remote locations of Australia, who do not have ready access to primary eye care services. The VOS plays a significant role in detecting eye disease and ensuring appropriate referral for treatment and ongoing management.

In 2009-10, the VOS was expanded to provide increased optometry services to Aboriginal and Torres Strait Islander people, particularly in remote and very remote locations.

The *Evaluation of the Medical Specialist Outreach Assistance Program and the Visiting Optometrists Scheme*, September 2011, contained a number of recommendations to enhance the VOS. In response to these recommendations, the Department of Health (the Department) is introducing fund holder arrangements for the VOS, with a single fund holder appointed in each jurisdiction. These arrangements are designed to enhance planning, coordination and integration of eye health services for people in regional, rural and remote Australia.

The VOS is not part of the Rural Health Outreach Fund (RHOF) or the Medical Outreach – Indigenous Chronic Disease Programme (MOICDP). It is a discrete programme.

## 2. OBJECTIVE OF THE VOS

The objective of the VOS is to improve the eye health of people in regional, rural and remote locations by:

- increasing optometry services in areas of identified need;
- improving the coordination and integration of those eye health services and the quality of ongoing patient care; and
- enhancing communication between visiting optometrists, local health providers and other visiting health professionals.

To achieve this, the VOS provides funding to address a range of financial disincentives incurred by optometrists providing outreach services, including:

- travel, accommodation and meals;
- facility fees and administrative support at the outreach location;
- lost business opportunity due to time spent travelling to outreach locations;
- locum support at the home practice; and
- lease and transport of equipment.

Improved coordination, integration and communication are addressed through linkages with the planning and service delivery processes undertaken by State/Territory funded health organisations, primary health organisations, the Aboriginal and Torres Strait Islander health sector and other relevant stakeholders at the jurisdiction and local level.

### **3. ELIGIBLE LOCATIONS**

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

Remoteness Area 1 - major cities  
Remoteness Area 2 - inner regional  
Remoteness Area 3 - outer regional  
Remoteness Area 4 - remote  
Remoteness Area 5 - very remote

A map of ASGC-Remoteness Areas is available on the [Doctor Connect website](#).

Using this classification system, services funded through the VOS can be delivered in areas classified as RA2 to RA5, with the emphasis on services in areas classified as RA3 to RA5.

Services for Aboriginal and Torres Strait Islander patients may also be provided in RA1 – refer 3.2 below.

#### **3.1. Services in RA2 Locations**

Although inner regional locations (RA2) generally have better access to local optometrists and fewer barriers to service delivery, there may be some unmet need. VOS funded services can therefore be provided in RA2 areas that have an identified need for additional services, as determined via the needs analysis undertaken by the fund holder in consultation with the Department's jurisdictional Advisory Fora.

#### **3.2. Services for Aboriginal and Torres Strait Islander Patients in RA1 Locations**

In recognition of the need for culturally sensitive services for Aboriginal and Torres Strait Islander people, VOS funded outreach services may be provided in major cities (RA1), provided that the service is delivered in an Aboriginal Medical Service, Aboriginal Community Controlled Health Organisation or other culturally safe/appropriate host organisation.

Fund holders should also consider other options for providing culturally appropriate services for Aboriginal and Torres Strait Islander patients in RA1 locations. Options include use of the MOICDP if the patient has an eligible chronic disease and linking with the Closing the Gap workforce employed through programmes such as the Improving Indigenous Access to Mainstream Primary Care Programme.

#### **3.3. Services for Aboriginal and Torres Strait Islander People**

Since 2009, with the introduction of the Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes measure, additional funding has been provided to deliver services to Aboriginal and Torres Strait Islander people, particularly those in remote and very remote locations.

### 3.4. Letters of Support

Proposals for the delivery of VOS services in RA1 and RA2 locations must include letters of support from relevant local health organisations/professionals confirming the need for outreach optometry services.

Proposals for any VOS services that will supplement existing local optometry services require a letter of support from the local optometry workforce, or an explanation of why this has not been provided.

In the case of VOS funded services provided for Aboriginal and Torres Strait Islander people, proposals for the delivery of services must include letters of support from the relevant Aboriginal and Torres Strait Islander health service and/or community.

## 4. PRIORITY LOCATIONS

The fund holders for the VOS will work with the Department to establish priority locations for VOS services, including those that relate specifically to services for Aboriginal and Torres Strait Islander people.

This will include consideration of:

- gaps in service delivery at the jurisdictional and local level;
- the capacity of the identified location to sustain outreach services;
- potential linkages between VOS services and existing primary care services; and
- potential linkages between VOS services and other visiting health professionals.

## 5. PARTICIPATING OPTOMETRISTS

The VOS is enabled under Section 129A of the Health Insurance Act 1973: *Special Arrangements for Optometrical Services*, which states that:

“the Minister may on behalf of the Commonwealth make such special arrangements with participating optometrists as he/she thinks fit for the purpose of ensuring that an adequate optometrical service will be available to persons living in isolated areas”.

To be eligible to provide services under the VOS, an optometrist **must** be a participating optometrist for the purposes of the Medicare provisions. A participating optometrist is one who has signed an agreement to participate in arrangements with the Commonwealth Government. This agreement, known as the Common Form of Undertaking – Participating Optometrists, is available on the [Department of Human Services website](#).

Information about the VOS can be found in Note 0.8 of the Medicare Benefits Schedule Online under the heading: *Additional payments for optometrists visiting remote and very remote locations (Visiting Optometrists Scheme)*. Note 0.8 can be found on the [Medicare Benefits Schedule Online website](#).

Optometrists participating in the VOS have no claim as an employee of the Commonwealth Government.

### 5.1. PROVIDER NUMBERS FOR OUTREACH LOCATIONS

Any optometrist providing outreach optometric services under the VOS must have appropriate registration by the Optometry Board of Australia and meet Department of Human Services requirements relating to provider numbers for the location in which services are to be delivered.

## **5.2. SUBSIDISED SPECTACLES SCHEMES**

Fund holders should ensure that optometrists providing services under the VOS are aware of subsidised spectacles schemes operating in their jurisdiction. Optometrists should provide this information to patients when prescribing spectacles.

## **6. FUND HOLDERS**

The Department will contract a single fund holder for each jurisdiction<sup>1</sup>. This organisation will undertake the responsibilities outlined below for a period of up to two years commencing on execution of the funding agreement with the Commonwealth.

### **6.1. FUND HOLDER RESPONSIBILITIES**

Each fund holder will develop and manage outreach optometry services for people in regional, rural and remote locations. Each fund holder:

- Undertakes a needs assessment that identifies service and location priorities for delivery of outreach optometry services. The assessment will include consultation with State/Territory funded health organisations, primary health organisations, the Aboriginal and Torres Strait Islander health sector, Optometry Australia and other relevant stakeholders;
- Develops a service delivery plan in a format determined by the Department that addresses the needs assessment outcomes and focuses on the integration of VOS services with other eye health services;
- Reviews proposals for eye health services and seeks endorsement of proposals from the State or Territory Advisory Fora;
- Advises individuals/applicants who submit a proposal of the outcome of their application;
- Once proposals are approved by the Department, recruits and manages optometrists to provide the services included in the service delivery plan; and
- Plans and supports coordination of service delivery at the community level.

The fund holder is responsible for the application process to recruit optometrists to provide the services included in the service delivery plan.

Any eligible optometrist or organisation undertaking coordination of multiple outreach services provided by eligible optometrists can submit a proposal to the fund holder for delivery of VOS services.

### **6.2. CONFLICT RESOLUTION**

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

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

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<sup>1</sup> The fund holder for NSW will manage service provision for the Australian Capital Territory.

## **7. GOVERNANCE STRUCTURE FOR THE VOS**

The VOS is governed by the following organisations:

- State and Northern Territory Advisory Fora; and
- Department of Health.

## **8. STATE AND NORTHERN TERRITORY ADVISORY FORA**

*Note: The State and Territory Advisory Fora were established to advise the Rural Health Outreach Fund (the Fund). 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.*

### **8.1. 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 fund holder and the Department how best to deploy resources to address the identified priorities of the Fund and the VOS in its jurisdiction.

In the case of the VOS, the principal role for each Advisory Forum is to evaluate all proposals presented by the fund holder(s) and endorse those proposals that meet both the priorities of the VOS and the needs of the proposed locations. Specifically the Advisory Forum is responsible for:

- reviewing the needs assessment and identification of proposed priority locations completed by the fund holder, including whether the proposed priority locations have the capacity and infrastructure to support the proposed service;
- determining whether there are gaps in services;
- advising on the appropriateness of services to be delivered;
- advising whether the proposals should be considered for funding for one, two or three years; and
- identifying linkages (when appropriate) with the planning mechanisms of other programmes to explore possibilities for integrated programme implementation.

### **8.2. Terms of Reference for the Advisory Forum**

The State/Territory Advisory Forum will:

- analyse and consider the annual needs based planning completed by the fund holder 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 fund holder for funding of services, taking into consideration the objectives of the VOS 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 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 VOS.

### **8.3. Advisory Forum members**

For the purposes of the VOS, Advisory Forum members should have a range of experiences in the planning and provision of optometry services and should also have knowledge of the key stakeholders of the Fund and the VOS 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;
- State/Territory health authorities;
- Rural Workforce Agencies;
- Medical colleges or other relevant groups of health practitioners;
- Primary health organisations;
- Consumer representative organisations;
- 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, and a person with expertise from the optometry profession.

### **8.4. 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 fund holder 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. 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.

Each fund holder is required to undertake an integrated needs assessment, planning and coordination process for eye health services funded through the RHOF, MOICDP and VOS in their jurisdiction. To achieve this, a single Advisory Forum for RHOF, MOICDP and VOS will undertake this task. The Advisory Forum may appoint a working group to provide particular advice about optometry services.

The Terms of Reference for the RHOF and MOICDP Advisory Fora, as well as roles and responsibilities, are set out in the respective Service Delivery Standards for these programmes.

In practice, when undertaking work in relation to services to be funded through the VOS, the Advisory Forum will:

- analyse the needs based planning and identification of priority locations for optometry services completed by the fund holder, including;
  - identifying any gaps in service delivery;
  - considering whether the proposed priority locations have the capacity and infrastructure to sustain outreach services; and
  - considering the potential for linkages between VOS services, the local health care system and other visiting services.
- provide advice to the fund holder on the suitability of locations that have been prioritised for the relevant funding period;
- identify linkages with the planning mechanisms of other programmes/services to explore possibilities for integrated service implementation; and
- evaluate and provide impartial advice to the Department on the service proposals developed by the fund holder, including the period for which funding for recommended services should be provided. The Department will provide a template for use by Advisory Fora when evaluating service proposals.

It may not be possible to support services to all priority locations identified in the needs assessment.

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.

## 9. DEPARTMENT OF HEALTH

The Department will be responsible for the policy for the VOS, including development and management of the programme guidelines. The Department will also develop and manage Funding Agreements with the fund holder.

The Department will ensure that the membership of each Advisory Forum includes appropriate representation from the optometry profession, with knowledge of the key stakeholders and issues affecting the delivery of outreach optometry services in the jurisdiction.

The final decision on all matters relating to the VOS rests with the Department. In coming to decisions about proposals for VOS funded services, the Department will have regard to the recommendations and advice provided by the Advisory Forum.

## 10. SERVICE PLANNING

Based on the needs analysis undertaken by the fund holder and the priority locations endorsed by the Advisory Forum, a service delivery plan will be developed for the period of the Funding Agreement with the fund holder. The Department will provide a template for use by fund holder when submitting the service delivery plan.

The fund holder will be responsible for the application process to recruit optometrists to provide the services included in the service delivery plan.

The Advisory Forum will consider the service delivery plan and provide feedback to the fund holder as required. The following assessment criteria must be used to select services:

- the service must be consistent with the objectives of the VOS;
- the service must be in a priority location;
- the level of community need for the service;
- the appropriateness of the service in meeting the identified need;
- the integration of the service with other eye health services, including outreach services delivered through the RHOF and MOICDP;
- the availability of resources for coordination of services;
- whether there are appropriate linkages with other State, Northern Territory or Australian Government health programmes; and
- whether the service provides value for money.

A final plan, endorsed by the Advisory Forum, will be submitted to the Department for consideration and approval. The service delivery plan will contain recommendations for:

- services to be funded for the period of the Funding Agreement;
- annual services – those identified as fulfilling a short term need or service gap which will be provided initially for one year, with annual review; and
- reserve services - those of a lower priority or additional visits to an existing high priority location that can be activated if funds become available during the period of the Funding Agreement.

Fund holders must seek endorsement from the Advisory Forum to commence services in a new location not detailed in the approved service delivery plan. Any changes to the approved service delivery plan must be included in the next report due to the Department.

It can be expected that during the period of the Funding Agreement:

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

Therefore, the service delivery plan will be reviewed annually, with services added or removed in line with changing priorities and community need. A service no longer required for the purposes of the VOS may be reconsidered and funding may be allocated to an alternative area of need.

The continuation of funding for a service is not guaranteed and the Department retains the right to terminate any service.

## **11. WHO CAN PROPOSE A SERVICE?**

Any eligible optometrist or organisation undertaking coordination of multiple outreach services provided by eligible optometrists (see Section 5 above) can submit a proposal to the fund holder for delivery of VOS services. Once service proposals are received they will be assessed by the fund holder and Advisory Forum prior to being considered by the Department. The responsibility for approval of VOS funded services rests with the Department.

The individual/organisation that submitted the proposal will be advised in writing by the fund holder of the outcome of their application.

## **12. VOS SERVICES APPLICATION PROCESS**

The fund holder for each jurisdiction will manage the application process for VOS services. The process will be agreed with the Department prior to commencement of each funding period.

### **12.1. CRITERIA FOR ASSESSING APPLICATIONS TO PROVIDE SERVICES**

The following criteria will be used by the fund holder when assessing applications for VOS funding:

- the location to receive the service must be classified as ASGC-RA 2 to 5 (except for services delivered for Aboriginal and Torres Strait Islander patients, which may also be delivered in ASGC-RA 1);
- the current level of service in the region/location;
- the level of community need for the service;
- whether appropriate letters of support have been provided;
- the capacity of the local workforce and infrastructure to support the service;
- the applicant's relevant expertise and their capacity to provide the proposed service, including high quality clinical care;
- how the applicant proposes to facilitate integration and communication with local health providers and other visiting health professionals about ongoing patient care;

- linkages with other State/Northern Territory or Australian Government health programmes, including subsidised spectacle schemes;
- the cultural appropriateness of the proposed service;
- value for money and cost-effectiveness of the proposed service; and
- the availability of funding to support the service.

### **13. SERVICES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE**

Since 2009, with the introduction of the *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure, additional funding has been provided to deliver services to Aboriginal and Torres Strait Islander Australians in remote and very remote Indigenous communities.

#### **Outreach Services in Major Cities**

In recognition of the need for culturally sensitive and accessible services for Aboriginal and Torres Strait Islander people, VOS funded outreach services may be provided in major cities (RA1), provided that the service is delivered in an acceptable host facility such as an Aboriginal Medical Service (AMS), Aboriginal Community Controlled Health Organisation or other culturally safe host organisation.

#### **Letter of Support**

In the case of VOS funded services provided for Aboriginal and Torres Strait Islander people, proposals for the delivery of services must include letters of support from the relevant Aboriginal and Torres Strait Islander health service and/or community, as appropriate, prior to commencement of services.

### **14. PROVISION OF SERVICES ACROSS BORDERS**

Fund holders from different jurisdictions may work together to fund and provide services across State and Territory boundaries.

### **15. EXPENSES/ACTIVITIES SUPPORTED BY THE VOS**

The VOS assists with funding for a range of expenses experienced by optometrists in providing outreach services to eligible locations, as detailed below.

#### **15.1. TRAVEL**

The VOS will reimburse the cost of travel, by the most efficient and cost effective means, to and from the outreach service location. This may include the following:

##### ***Air Travel***

Commercial flights will be reimbursed at the economy class level. If charter flights are the most cost effective or only option, a quotation must be provided with the application. If approved by the fund holder, expenses will then be reimbursed on a cost recovery basis.

##### ***Bus or Train Fares***

Fares will be reimbursed at the economy level.

### *Private Vehicle*

Expenses associated with the use of a private vehicle will be reimbursed in accordance with the national rates accepted by the Australian Taxation Office (ATO). The ATO rates can be found on the [ATO website](#).

Consideration will be given to reimbursement of expenses at higher levels where the optometrists can provide evidence of unavoidable VOS related expenses (e.g. fuel costs in remote areas).

### *Hire Car*

If a self-drive hire car is the best option, a quotation for the cost of a hire car will need to be provided with the application to provide a service. Expenses, including fuel for the hire car, will then be reimbursed on a cost recovery basis.

### *Parking Fees and/or Taxi Fares*

Parking fees and taxi fares associated with service provision will be reimbursed.

## **15.2. ACCOMMODATION**

The VOS will reimburse reasonable costs for accommodation required by optometrists while conducting outreach services. Evidence of costs incurred must be provided to the fund holder as the basis for reimbursement.

Accommodation costs will be reimbursed in accordance with the rates published by the Australian Taxation Office determination 2013/16 (TD2013/16) and any future amendments made to this determination. TD2013/16 can be accessed via the [ATO website](#). Reimbursement will usually be made in accordance with Table 2 of TD2013/16. However, as accommodation in some locations may be more expensive due to seasonal variations, or limited suitable accommodation, consideration will be given to paying higher rates on a case by case basis.

## **15.3. MEALS AND INCIDENTALS**

Meals and incidentals for visiting optometrists and approved accompanying staff may be reimbursed in accordance with Table 3 of TD2013/16, which can be found on the [ATO website](#).

## **15.4. CULTURAL TRAINING AND FAMILIARISATION**

In recognition of the diverse cultural environments in which visiting optometrists may be required to work, the VOS may provide funding for cultural training and familiarisation for optometrists who provide outreach services. The method of delivery is flexible and may take the form of a formal cultural awareness course provided by facilitators/presenters and/or self-learning cultural awareness education programme.

Optometrists providing outreach services under the VOS may claim Absence from Practice Allowance for the time they attend cultural training and familiarisation.

## 15.5. LEASE AND TRANSPORT OF EQUIPMENT

The VOS will not cover the purchase of equipment for use by optometrists on outreach visits. However, consideration will be given to assisting with lease of equipment required for use during outreach visits. Any such financial assistance must be approved by the Department. The following factors will be considered when determining the level of financial assistance to be provided:

- the need for the equipment;
- whether it can reasonably be expected to be available to the optometrist via his/her usual business; and
- the extent to which the equipment will be used for outreach services (for example, where an optometrist operates at the outreach location on more than 45 days a year and/or sees more than 25 per cent of the total number of patients seen by him or her per year at all locations, equipment leased could be regarded as part of a mobile optometry business model and not eligible for support under the VOS - see Section 19. Branch Practice Rules).

All lease quotes must include a budget for replacement parts and maintenance to ensure equipment meets required standards. The VOS will only fund the lease for the period of the Funding Agreement.

The VOS may also assist with the cost of transportation of equipment (on commercial transport) for use by optometrist(s) on outreach visits, with the prior approval of the fund holder.

## 15.6. FACILITY FEES

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

Financial assistance for the hiring of venues or facilities will only be provided for the days the venue or facility is used in the delivery of VOS services and must be with the prior approval of the fund holder. Reimbursement will be based on evidence of cost.

## 15.7. ABSENCE FROM PRACTICE ALLOWANCE

An Absence from Practice Allowance may be payable to participating optometrists to compensate for loss of business opportunity due to the time spent travelling to and from an outreach location to deliver VOS supported services. The hourly rate payable is two times the current rate paid for Medical Benefits Schedule Item 10900 - Initial consultation.

The Absence from Practice Allowance will be calculated on the distance between the origin and service locations and return. For example, it takes approximately two hours to travel by road between Broken Hill and Wilcannia, therefore, the allowance payable for a return trip is a total of four hours, (i.e. \$568.00 (GST exclusive)).

If an optometrist elects to receive an Absence from Practice Allowance, they will not be eligible to receive a Locum Support payment for the same period.

The maximum travel time that can be claimed under the VOS for a full (return) circuit is 10 hours.

## **15.8. LOCUM SUPPORT**

An optometrist providing outreach services may be eligible to receive locum support at his/her principal practice.

The hourly rate for locum support is \$86 (GST exclusive) for the equivalent of the optometrist's normal business hours, up to a maximum of ten hours per day.

A maximum of 600 hours can be paid for locum support without prior approval of the Department (based on 60 days of outreach provision per year).

Reimbursement will be paid based on evidence of costs incurred.

## **15.9. WORKFORCE SUPPORT**

Under exceptional circumstances, the Department may agree to provide guaranteed financial support of \$142 per hour to optometrists 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.

Optometrists 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, taking account of advice from the relevant State/Territory Advisory Forum. The Department's decision will be final.

Visiting optometrists, who accept a workforce support payment, will be precluded from claiming MBS payment for the delivery of services to the designated outreach location(s) on the same day that the workforce payment is applied.

## **15.10. ADMINISTRATIVE SUPPORT FOR VISITING OPTOMETRISTS**

Optometrists may be eligible to receive funding for staff providing administrative support associated with the delivery of VOS, such as the organisation of appointments, processing of correspondence and follow up with patients at the outreach location.

The VOS may cover the cost of administrative support for the same consultation/ treatment time as undertaken by the optometrist, as well as reasonable organisation/coordination time before and after circuits, as determined by the fund holder.

Administrative support staff will not be funded during the time the visiting health professional provides up skilling to local health professionals.

It is recommended that the rate payable for administrative support is equivalent to the hourly rate paid using the Department of Health pay scale at an APS 2 or 3 level, depending on the complexity of the work.

Information on salary scales is available at page 64 of the [Department of Health Enterprise Agreement 2011-2014](#).

Any person providing assistance to visiting optometrists is engaged under an arrangement with the fund holder, 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.

### **15.11. COORDINATION OF SERVICES**

Where a fund holder contracts an organisation to coordinate multiple optometrists to provide services across a range of priority locations, VOS funds may be made available to the organisation to assist with administrative expenses associated with arranging service provision.

### **15.12. OUTREACH EXPOSURE: ACCOMPANYING OPTOMETRISTS AND STUDENTS**

To allow for succession planning and to encourage new optometrists to participate in the VOS, travel costs, including meals, accommodation and incidentals, will be supported for registered optometrists and later or final year optometry students wishing to gain exposure to outreach service provision by accompanying VOS funded optometrists. Learning objectives must be clearly identified.

In addition to travel costs, registered optometrists who are participating optometrists for the purposes of the Medicare provisions may also be eligible to receive Locum Support or Absence from Practice Allowance, based on negotiation with the fund holder prior to the mentored optometrist participating in an outreach visit.

All allowances will be paid in accordance with those detailed in Section 15 of these Service Delivery Standards.

Any arrangements for the provision of services to patients by eligible accompanying optometrists while participating in outreach familiarisation visits will be negotiated with the principal VOS optometrist and the fund holder prior to undertaking the services.

### **15.13. UP SKILLING**

Up skilling is **not** a requirement of optometrists providing outreach services; however, they may wish to provide educational and up skilling 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 ongoing patient care.

Up skilling 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 up skilling.

Arrangements for formal up skilling activities must be developed in consultation with local medical and health professionals and the optometrists providing the service and, therefore, may vary from region to region.



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

In addition, optometrists may claim an hourly rate which is consistent with the applicable fee-for-service rates for the time required to present the agreed up skilling activity.

Administrative support staff will not be funded to assist with the preparation of up skilling materials or during the time the visiting optometrist provides up skilling to local medical and health professionals.

Up skilling cannot be supported as a “stand alone” activity, but must be incorporated as part of outreach visits.

#### **15.14. PROFESSIONAL SUPPORT**

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

Optometrists 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 VOS.

#### **15.15. ACCOMPANYING HEALTH PROFESSIONALS**

Travel costs, including meals, accommodation and incidentals, for accompanying staff with specific technical skills/qualifications required to assist with procedures will be considered only where such personnel are not available locally.

Requests will be considered by the fund holder on a case by case basis prior to undertaking services.

A salary for other accompanying staff will not be paid. It is preferred that, where possible, staff are recruited locally. The VOS does not cover any costs for engaging allied health professionals.

#### **15.16. ACCOMPANYING OPTICAL DISPENSER**

An optical dispenser accompanying an optometrist to an outreach location is not eligible to receive financial assistance under the VOS.

#### **15.17. MARKETING COSTS**

The fund holder may use administrative funds to raise public awareness of VOS services.

#### **15.18. VOS SERVICE PROVISION – SPECIAL ARRANGEMENTS**

The Department may negotiate funding under ‘special arrangements’ with optometrists to guarantee service delivery in priority locations. These special arrangements may include costs that fall outside those allowances detailed in these guidelines, but that are required to ensure service delivery.

## **16. TAXATION IMPLICATIONS**

Participants should seek guidance from the Australian Taxation Office (ATO), or their tax advisor on the impact of VOS funding on their organisation's taxation liabilities.

## **17. SERVICE TERMINATION**

In the event that a service is terminated, the fund holder will ensure that the optometrist funded under VOS advises:

- all patients of alternative arrangements for receiving optometric services and the location of their patient records; and
- that any agreements/ lease arrangements for the provision of consultations, treatments or equipment are terminated within the nominated period.

## **18. OPTOMETRIST TAKES UP RESIDENCE AT A VOS PRIORITY LOCATION**

If an optometrist takes up residence and opens an optometry practice in a location where VOS outreach services are being supported, it is expected that the optometrist contracted to provide the outreach services will contact the fund holder to advise of the changed circumstances.

In consultation with the VOS Advisory Forum and the Department, the fund holder will determine whether VOS services should be continued at this location. The VOS optometrist will then be advised whether to continue to provide services at this location, or whether there may be a suitable alternative location to provide services under the VOS.

## **19. BRANCH PRACTICE**

An optometrist is not eligible to receive financial assistance for the delivery of outreach optometric services under the VOS where services are delivered at their branch practice (which may be located in an 'outreach' location).

The definition of a branch practice for the purpose of the VOS is:

"A location where any optometrist operates on more than 45 days a year and/or sees more than 25% of the total number of patients seen by him or her per year at all locations, or if the premises are rented full time and staff are engaged on either a full or part time basis when the optometrist is not in attendance at that location, that location shall be considered a branch practice for the purposes of section 129A of the Health Insurance Act 1973."

Exceptions may be considered, on a case by case basis, for locations with an identified need.