



Australian Government  
Department of Health and Aged Care

# Rural Health Outreach Fund Service Delivery Standards (SDS)



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# 1. Rural Health Outreach Fund Overview

## 1.1 Background

In the 2011-12 Budget, the Australian Government announced the establishment of the Rural Health Outreach Fund (RHOF). This was following a review of administrative arrangements in the health portfolio.

The RHOF provides funding for outreach initiatives aimed at improving access to medical specialists, general practitioners (GPs) and allied and other health providers in rural and remote areas of Australia.

Outreach services supported through the RHOF will improve access to health services for people living in rural and remote Australia. This is by supporting a range of targeted rural health programs and activities. These targeted activities 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.

## 1.2 Outline of the RHOF Service Delivery Standards

The RHOF aims 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 Aged Care (the Department) under the RHOF will be required to meet the terms and conditions outlined in their individual grant agreement and its schedules, and this document - the Service Delivery Standards.

The Department ensures that organisations supported through the RHOF 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 aim to provide Fundholders with the information required to deliver the most efficient and effective services to address the RHOF's priorities for each jurisdiction and/or priority area within the funding available.

Overall, these service delivery standards will outline:

- what the RHOF supports
- the Governance structure of the RHOF
- roles and responsibilities under the RHOF
- administration of the RHOF.

The RHOF 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.

To facilitate opportunities for effective administration and synergies in outreach service delivery, the Medical Outreach Indigenous Chronic Disease Program (MOICDP) will be delivered in parallel with the RHOF. The funding rounds for both the RHOF and the MOICDP will be aligned, and the RHOF 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.

## 1.3 Aims and objectives of the Rural Health Outreach Fund

### 1.3.1 Aim

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

### 1.3.2 Objectives

The RHOF objectives are to:

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

The RHOF will support outreach health activities to address health issues identified in 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 four health priorities:

- maternity and paediatric health
- eye health
- mental health
- support for chronic disease management, including chronic pain management.

Fundholders will administer the RHOF by supporting the travel, accommodation and other costs associated with health professionals who provide outreach services.

The support offered by Fundholders on behalf of the RHOF may extend to backfilling salaried health professionals or providing funding for a locum for private health professional to provide outreach services. This will reduce the financial disincentives that may otherwise result in a barrier to service delivery by the health professional.

## 2. The Fundholders

Fundholders is the term given to successful applicants selected from the grant opportunity for the RHOF. Fundholders will be contracted by the Department for the delivery of services for a period as described in the grant opportunity.

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

All Fundholders are required to:

- Deliver the services meeting the terms and conditions outlined in their individual Standard Grant Agreements, its schedules, and the Service Delivery Standards (the Standards).
- Undertake extensive and comprehensive annual needs assessment and service planning activities to identify service delivery gaps for specific populations; to ensure services are provided where they are most needed.
- Engage with relevant stakeholders including Primary Health Networks (PHNs) and local communities who received the services to ensure integration and coordination of services.
- Maintain records and data to inform reporting deliverables.

## 2.1 Jurisdictional Fundholders

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.

## 2.2 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.

## 2.3 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 RHOF in their allocated area of operation. Responsibilities to be managed will include but not be limited to:

- development and implementation of a strategic service plan that covers the duration of the grant agreement
- 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 RHOF
- development and implementation of strategies to market and educate the public and the health care sector about the RHOF
- working with locally based service providers including Primary Health Networks 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
- undertaking other activities necessary for the proper operation of the RHOF.

Improved coordination of services at the location where the service is provided has been identified as a need and will be implemented through the RHOF. 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 RHOF to support improved local coordination.

Fundholders are required to participate in the State or 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.

## 2.4 Program administration costs for Fundholders

The maximum allowable administration cost is 15% of the annual funding allocation.

This can include, but is not limited to:

- salaries/wages and on-costs for administrative staff
- accounting/auditing fees
- communications and IT
- utilities
- online planning/administration tools
- logistics, practice management and scheduling software for the purpose of outreach services
- venue/room hire for education and upskilling events related to outreach services.

This list is not exhaustive but aims to provide guidance around eligible administration costs. Any queries should be directed to the Department.

## 2.5 Reporting

Fundholders should provide host organisations, communities, First Nations Health Peak Organisations, and other key stakeholders via the Advisory Fora with an annual report of systems level insight into the outreach services provided in their jurisdictions. The annual report can include, but is not limited to:

- utilisation of funds
- number of episodes of care provided by reporting period and health priority
- number of First Nations people who received outreach services for that reporting period
- feedback received from consumers and practitioners on the outreach services
- any sensitivities/issues experienced during the reporting period (including risk management, if appropriate).

Annual reports will provide host organisations and communities with greater data transparency and information sharing capability to enable rigorous review and program improvement. These reports should be made publicly available as electronic versions.

## 2.6 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.

## 2.7 Service period

All medical outreach services supported under the RHOF 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 RHOF. A service not fulfilling the requirements of the RHOF may be reconsidered and funding may be allocated to an alternative area of need in the relevant region.



## 2.8 RHOF Department of Health and Aged Care contacts

**Address:** GPO Box 9848 in your capital city.

**Email:** [RHOF@health.gov.au](mailto:RHOF@health.gov.au)

## 3. Governance

The RHOF may have the following Governance structure:

- State and Northern Territory Advisory Fora (Advisory); and
- Department of Health and Aged Care (the Department).

### 3.1 Outreach Advisory Forum

Each Fundholder must establish a jurisdictionally based consultative committee known as the Outreach Advisory Forum.

#### 3.1.1 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 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 RHOF in its jurisdiction.

Where a national Fundholder is planning to deliver services for one or more priority areas, 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 RHOF 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, three or four 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 RHOF
- 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
- determining gaps in services.

#### 3.1.2 Terms of Reference for the Advisory Forum

The State/Territory Advisory Forum will:

- analyse and consider the Activity Work Plan completed by the Fundholder and provide impartial advice on which locations should be prioritised for funding

- 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 MM 3-7 so as to target locations and service types where need is greatest
- provide advice to the Department on proposals that are worthy for funding in the relevant State or Northern Territory through the RHOF.

### 3.1.3 Advisory Forum members and observers

Advisory Forum members should have a range of experiences in the planning and provision of health services. Members should also have knowledge of the key stakeholders of the RHOF and the key issues that can affect the delivery of effective outreach services in the jurisdiction.

Advisory Forum members must include local medical professionals and representatives from:

- State/Territory health authorities
- Rural Workforce Agencies
- Medical colleges or other relevant groups of health practitioners
- Primary Health Networks
- Consumer representative
- Relevant First Nation's led health organisations or First Nations Leader in the Health industry
- local hospitals, community-based services and local communities.

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

A representative/s of the Australian Government Department of Health and grant managers from the Community Grants Hub may attend meetings of the Advisory Forum as observers or invited guests of the Fundholder to provide a Commonwealth perspective.

### 3.1.4 Outreach Advisory Forum Chair

An independent Chair and the relevant First Nations health peak body or First Nations Leader in the Health industry for the jurisdiction should be invited to co-chair the Outreach Advisory Forum.

State or territory Fundholders may choose not to nominate a specified chairperson where arrangements for a shared advisory forum exist to coordinate fair and reciprocal decision making. The objectives of the Outreach Advisory Forum should be consistent with the points of reference described in Section 3.1.1

### 3.1.5 Administration of the Outreach Advisory Forum

#### Meetings

The Advisory Forum/s must meet at least annually, with additional meetings held as needed. Alternative meeting arrangements, such as by video/teleconference, are acceptable.

The Fundholder will provide secretariat support. Responsibilities include:

- establishment of the committee, ensuring an appropriate mix of key stakeholders
- providing support for the nominated chair or co-chairs
- organising and documenting meetings
- managing any follow up activities.

## Decision making processes

In a situation where local priorities may influence best practice decision making, proposed services should be scored using the RHOF 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.

## 3.2 The Department of Health and Aged Care

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 RHOF and eligibility rests with the Department.

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 to existing services.

## 4. Service Eligibility

### 4.1 Culturally appropriate service delivery

Cultural Awareness and Safety Training: All Health Professionals providing services to First Nations patients through the RHOF must verify that they have undertaken appropriate Cultural Awareness and Safety Training prior to commencing service delivery.

The Fundholder will be responsible for verifying and/or arranging this training and ensure it is acceptable to organisations receiving outreach services.

Fundholders must embed culturally appropriate practices in their delivery of outreach services to First Nations people. This includes culturally appropriate information given to patients about the health service being provided, including choices/options of care and financial implications of any agreement (e.g., any gap fee payments).

### 4.2 Services and service delivery plan

Effective health service planning is required to ensure the objectives of the program are met. The RHOF will build on existing services and establish new services in locations of greatest need, consistent with the program aims and objectives. Service types of greatest need will be prioritised.

The RHOF should complement services provided by State and Territory governments or other providers/ funders. Fundholders must work with host organisations when scheduling outreach visits to ensure convenient timing of visits, seek synergies with existing services to maximise the benefit of the outreach visit, and limit overlap/duplication of services being provided in communities.

#### 4.2.1 Prepare service delivery plan

Following a grant opportunity process, the successful applicants will be offered up to a four-year grant agreement to take on the role of Fundholder.

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

- Services to be provided for the period of the grant agreement
- Annual services - Services provided initially for one year and then reviewed before the next year's annual services are agreed
- Reserve services - are 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 RHOF may change
- a service could become self-sustaining from a commercial perspective and would no longer require support from the RHOF
- a service provider may no longer wish to continue providing outreach services.

In any circumstance, or the ones described above, the continuation of funding for a service is not guaranteed and the Department retains the right to terminate any service.

Any changes to the approved service delivery plan must be endorsed by the relevant State/Territory Advisory Forum. 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, including if a service from the reserve list is activated, must be documented in reporting deliverables and only require prior Departmental approval where MM 1-2 locations are proposed.

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 service types will be considered a priority. These priority locations and services will then be recommended to the State or Territory Advisory Forum for endorsement.

#### 4.2.2 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 RHOF
- the level of community needs 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
- does the service provide value for money.

#### 4.2.3 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 Primary Health Networks, Jurisdictional Health Departments and relevant First Nations led health organisations or First Nations Leader in the Health industry 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 RHOF.

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

#### 4.2.4 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 MM 3-7 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.

#### 4.2.5 How proposals should be assessed?

The Service Matrix scorecard at Attachment A can be used as a guide to identify service proposals that address areas of greatest need. Key considerations include that the service proposal:

- is in line with the aim and objectives of the relevant Outreach Program
- addresses high community need for the service
- demonstrates cultural appropriateness
- complements existing service levels or addresses a shortfall or gap within the community
- takes account of local workforce and infrastructure that will support the service
- links with other State, Territory or Australian Government health programs
- offers bulk billing
- demonstrates value for money when compared with other potential similar services.

### 4.3 Health Professionals supported by the RHOF

Funding for the RHOF can be used to support a range of appropriately qualified Health Professionals. Health Professionals include those working in primary, secondary and tertiary health (refer to glossary).

All Health Professionals providing services through the RHOF must maintain the following:

- appropriate qualifications, registration and/or license and insurance to practise in their profession both individually and in their area of speciality, if appropriate
- unique Medicare provider numbers that will enable them to claim under the Medicare Benefits Schedule
- cultural awareness and safety training that is locally relevant, as specified at 4.1
- Working with Children check (where applicable)
- Working With Vulnerable People registration for the jurisdiction in which services are delivered
- compliance with child safety requirements consistent with the Commonwealth Child Safe Framework.

On request, evidence of the above must be made available to the host facility before outreach health services are provided.

## 4.4 Models of care

A range of flexible service models may be used to meet the aim and objectives of the RHOF:

- Outreach – service provision provided to rural, remote and very remote communities by service providers travelling to these locations from a larger town. This is the preferred model under the RHOF.
- Cluster - service provision to multiple communities from a variety of service providers located in different communities within the cluster. Coordination is paramount in this model to ensure a united approach to care.
- Hub and spoke – service provision provided both in a central town and the service provider(s) travelling to remote communities.
- Telehealth - service provision provided through telecommunication technologies to exchange health information and provide health care services across geographic, time, social and cultural barriers.

Where feasible, a multidisciplinary team-based approach is the recommended service model to increase efficiencies and effectiveness. All services should be coordinated to ensure effective care pathways for patients.

Outreach Health Professionals must work with the local health service to embed their service delivery in existing structures including, but not limited to, the patient information and recall system used by the health service.

Issues relating to the coordination and continuity of care of patients, sequencing of visits, managing the impact on the community and costs related to travel must be considered when planning services.

## 4.5 Eligible locations

The Department uses the Modified Monash Model (MMM) 2019 classification system to determine eligibility for service locations across Australia.

Services supported through the RHOF are delivered in Modified Monash (MM) 3 (large rural towns) to MM 7 (very remote communities). As larger rural towns generally have options to access a wider range of services and fewer barriers to service delivery, the main emphasis of the RHOF is to deliver services in MM 4 (medium rural towns) to MM 7.

There may be exceptions where the Department will consider MM 1-2 (metropolitan areas and regional centres) locations 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.

The map showing the MMM 2019 is available at <http://www.health.gov.au/doctorconnect> and may assist to determine the eligibility of a specific location.

Fundholders from different jurisdictions may work together to fund and provide services across State and Territory boundaries, where appropriate.

## 4.6 Eligible activities

In addition to provision of clinical services for patients, funding can be used for:

- coordination and administration of these services
- travel costs, accommodation and meals/incidentals for visiting Health Professionals
- equipment lease

- host facility fees
- upskilling / training associated with the outreach visit
- cultural awareness training for non-salaried private providers
- orientation to communities
- professional support associated with outreach services
- program administration costs for Fundholders (see Section 2.4;
- marketing, health promotion and activities to raise public awareness of outreach services
- insurance for Health Professionals to provide the outreach services
- development and implementation of patient experience markers, engagement (e.g., yarning circles, outreach forums) and outcome measures (e.g., surveys, focus groups, interviews).

Section 5 provides details on the types of expenses supported in these categories.

## 4.7 Ineligible activities

Funding is not available to support:

- hospital services outside of those listed at Section 5.7
- salaries for Health Professionals (other than the support payment arrangements outlined at Section 5.7)
- elective cosmetic surgery
- dental health services and procedures
- stand-alone training
- research activities
- alternative/complementary health services – for example Chinese Medicine, reflexology
- capital expenditure
- the covering of retrospective costs
- purchase of land
- overseas travel
- purchase of medical equipment outside of the RHOF exemption at Section 5.4
- purchase or leasing of a motor vehicle.

Further information on support offered through the RHOF is set out in section 5. Expense Eligibility.

## 5. Expense Eligibility

The RHOF is able to assist with funding to support new services, as well as to expand established visiting outreach health services.

The RHOF funding cannot be used to pay salaries for health professionals or purchase equipment for use by clinical/allied health professionals without prior written approval from the Department.

The fund holder will determine which expenses will be paid, using these Service Delivery Standards as a guide.

## 5.1 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 RHOF 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 for administrative support using the State or Territory of the service at a grade 2 or 3 level, 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. .

Any person who provides 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.

## 5.2 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 RHOF. 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.

## 5.3 Travel Costs

The RHOF 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) for the current financial year. Other incidental costs such as fuel for hire cars, parking and taxi fares may also be covered in line with accepted and current ATO rates. The current ATO rates can be found on ATO website at <http://www.ato.gov.au/>.

### 5.3.1 Hire car

If road travel is the most cost-effective option, the visiting health professional may elect to travel to and from the outreach location by a self-drive hire car.

Fuel costs for a hire car, parking and taxi fares should be paid on a cost recovery basis where appropriate. 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.

### 5.3.2 Air

Flights will be paid at the economy class level. Use of private aircraft will be considered. However, if a commercial flight services the location, reimbursement will be capped at the economy flight cost, whichever is the lesser.

### 5.3.3 Accommodation

Accommodation will be paid in accordance with the rates considered reasonable and published annually by the ATO in a Taxation Determination. As accommodation in some locations may be more expensive due to seasonal variations, or if suitable accommodation is scarce, consideration



should be given to paying higher rates on a case-by-case basis. Accommodation rates can be accessed via the ATO website at <https://www.ato.gov.au/>.

#### 5.3.4 Meals and Incidentals

Meals and incidentals for visiting health professionals and approved accompanying staff may be paid in accordance with Table four of TD2019/11. 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 RHOF.

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 TD2019/11 can be accessed via the ATO website at <https://www.ato.gov.au/>.

### 5.4 Equipment and vehicle lease/purchase

Fundholders may consider equipment lease arrangements for the delivery of outreach services. All lease arrangements must include a 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. Fundholders should consider the following when assessing requests to lease equipment:

- type of equipment
- availability of equipment in the area to receive the services
- how often services are to be provided
- impact on the relevant Outreach Program budget.

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

The RHOF will not cover:

- the purchase of equipment for use by health professionals on outreach visits, without prior written approval from the Department
- the purchase/lease of motor vehicles for use by health professionals on outreach visits.

### 5.5 Host 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, as suitable facilities in some locations may be more expensive due to seasonal variations, or availability, consideration can be given by the Fundholder to paying a higher rate on a case-by-case basis.

To be eligible for Host Facility Fees, the venue or facility used to support outreach service provision must be separate to an organisation engaged to deliver outreach services.

### 5.6 Hospital services

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 paid by the RHOF.

## 5.7 Support payments for visiting Health Professionals Support

### 5.7.1 Cultural training and familiarisation

In recognition of the diverse cultural environments in which visiting health professionals may be required to work, the RHOF 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
- self-learning cultural awareness education program.

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

### 5.7.2 Travel time allowance

Travel time 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 suggested hourly rate payable 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).

### 5.7.3 Workforce Support

Under exceptional circumstances, financial support (at sessional rates) may be available to private Health Professionals (including allied Health Professionals).

Workforce support payments should be prioritised in MMM5 to MMM7 locations and must only be used as a last resort where services would otherwise not be provided.

A workforce support payment may be paid in circumstances where:

- access to Medical Benefits Schedule (MBS) payments are not assured
- patient attendance at appointments is uncertain.

Medical professionals who receive a workforce support payment are also eligible to receive payments such as the Time Travel Allowance.

Visiting health professionals, who accept a workforce support payment, will be precluded from claiming MBS payment for the delivery of services for the same clinical session. Any proposed arrangement outside of these parameters must be approved by the Department.

Fundholders must consider the impact on the relevant Outreach Program budget when assessing the use of workforce support payments in lieu of usual MBS payments for Health Professionals.

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 consider the comments and recommendations from the relevant State/Territory Advisory Forum. The Department's decision in relation to these payments will be final.

#### 5.7.4 Backfilling for Salaried Health Professionals / Locum Support

The RHOF 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 RHOF would render void any claim to cover backfilling costs.

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

Additionally, the RHOF will provide funding for a locum or private health professionals to cover their travel, accommodation and incidental costs. Salary costs for locum support will not be paid.

#### 5.7.5 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
- 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 RHOF 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 RHOF 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 RHOF.

#### 5.7.6 Professional Support

For the purposes of the RHOF, professional support means the informal support provided by the visiting health professionals to local medical and health professionals. For example, through 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 RHOF.

## 5.8 Telehealth and eHealth

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

The RHOF also supports the use of eHealth initiatives such as the My Health Record (MHR) and access to and use of video conferencing for patient's consultations when clinically appropriate to support continuity of care.

# Glossary

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

Term	Definition
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 Outreach Programs.
Backfilling	Short-term relief of a position vacated by a Health Professional who is providing approved outreach services.
Chronic disease	Chronic disease is defined as 'a condition that has been (or is likely to be) present for six months or longer'.
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 working in primary, secondary or tertiary care. e.g., doctor, dietician, nurse, pharmacist, physiotherapist, psychologist, surgeon etc.
Hospital services	Applies to clinical services provided in a hospital. See MBS online: <a href="http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home">http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home</a>
Host facility fees	Fees incurred in hiring appropriate venues or facilities to support either outreach service provision or upskilling activities
Modified Monash Model	The Modified Monash Model (MMM) defines an area according to geographical remoteness and town size. The model measures on a scale of Modified Monash (MM) category MM1 to MM7. MM1 is a major city and MM7 is very remote.
Multidisciplinary teams	A team of Health Professionals from a range of disciplines in primary, secondary and tertiary care working together to deliver comprehensive health care. Commonly includes medical, nursing and allied health professionals. The composition of multidisciplinary teams will vary depending on the health and treatment needs of communities and individual patients.
Need	Need includes 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 RHOF 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.

Term	Definition
Primary care	The primary care Health Professional is usually the first point of medical consultation. This includes general practitioners, family physicians, nurse practitioners, Aboriginal Health Workers and physician assistants.
Private car	Any private vehicle used by a Health Professional to deliver outreach services. A private vehicle may include a company car provided by a Health Professional's workplace.
Professional support	Informal support provided by the visiting Health Professional once the Health Professional has returned to their main practice. For example: <ul style="list-style-type: none"> <li>informal discussions/telephone conversations/meetings with general practitioners for specific patient management; or</li> <li>support for the general practitioner and specialist e.g., Seeing the patient together.</li> </ul>
Registrar	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.
Secondary care	Care provided by medical specialists, for example, cardiologist, rheumatologist, urologist or other specialty physician. Also includes care provided by physical therapists, respiratory therapists, speech therapists, occupational therapists and other allied Health Professionals.
Service/location	A single town or community where a Health Professional (i.e., any individual medical specialist, GP, nurse and/or allied Health Professional) provides a consultation at an approved location.
Session	A period of time, usually 3.5 – 4.0 hours.
Specialist	A medical practitioner who: <ul style="list-style-type: none"> <li>is registered as a specialist under national 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>
Tertiary care	Treatment requiring a higher level of specialised care, usually in a hospital. For example, care provided by surgeons.
Travel Time Allowance	A payment made to a non-salaried private Health Professionals for the time spent travelling to and from a location where they are providing approved outreach services and/or upskilling.
Upskilling	Training in a clinical or practical context. Upskilling is provided by the visiting Health Professional and may be structured or unstructured. Examples include: <ul style="list-style-type: none"> <li>statewide programs for both procedural and non-procedural training in a clinical or practical context;</li> </ul>

Term	Definition
	<ul style="list-style-type: none"> <li>• after hours meeting where the Health Professional’s knowledge is shared with general practitioners, other Health Professionals and carers/community members where appropriate.</li> </ul>
Value for money	A measure that evaluates an investment (of monetary value, time or resources) to be of good value to the program. Fundholders should weigh an assessment of costs against an assessment of outcomes for each investment.
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 16.2).

# Attachments

## Attachment A: Deed of Confidentiality and Conflict of Interest

### Rural Health Outreach Fund – [STATE/NORTHERN TERRITORY] Advisory Forum

THIS DEED is made the .....day of..... 20\_\_

between

**THE COMMONWEALTH OF AUSTRALIA** ('The Commonwealth') as represented by the Department of Health ('the Department') ABN 83 605 426 759

and

..... ('the Member' or 'Proxy')

#### **WHEREAS**

- A. A Committee has been established by the Commonwealth for the purpose of the Rural Health Outreach Fund to provide advice and recommendations to the Commonwealth regarding the delivery of outreach health services to people living and working in rural and remote communities ('the Committee').
- B. The Commonwealth has appointed the Member or Proxy as a Member of the Committee.
- C. The Commonwealth requires the Member or Proxy to
  - (1) preserve and maintain the confidentiality of information to which the Member or Proxy will have access by virtue of their appointment to the Committee;
  - (2) undertake certain actions in relation to any conflict of interest, and
  - (3) indemnify the Commonwealth against loss or damage arising out of a breach of this Deed by the Member or Proxy.

#### **NOW IT IS HEREBY AGREED AS FOLLOWS:**

##### **1. INTERPRETATION**

1.1 In this Deed unless the contrary intention appears:

'**Confidential Information**' means all information made available to the Member by the Commonwealth for the purposes of the Committee, whether orally or in writing, or by any other means whatsoever, and includes information that:

- (a) is by its nature confidential; or
- (b) is designated by the Commonwealth as confidential; or
- (c) the Member knows or ought to know is confidential;

but does not include information which:



- (d) is or becomes public knowledge other than by breach of this Deed or by any other unlawful means;
- (e) is in the possession of the Member without restriction in relation to disclosure before the date of receipt from the Commonwealth; or
- (f) has been independently developed or acquired by the Member.

**'Conflict'** includes any conflict of interest, any risk of a conflict of interest and any apparent conflict of interest arising through the Member engaging in any activity or obtaining any interest that is likely to conflict with or restrict the Member in performing the work of the Committee fairly and independently;

**'Member'** includes a Proxy for the Member;

1.2 No variation of this Deed is binding unless it is agreed in writing between the parties.

1.3 Any reading down or severance of a particular provision does not affect the other provisions of this Deed.

1.4 The laws of the Australian Capital Territory apply to this Deed. The parties agree to submit to the non-exclusive jurisdiction of the courts of the Australian Capital Territory in respect of any dispute under this Deed.

## **2. PROTECTION OF CONFIDENTIAL INFORMATION**

2.1 The Member must not disclose Confidential Information to any person other than current members of the Committee, without prior approval in writing from the Department. In giving written approval the Department may impose such terms and conditions as it thinks fit.

2.2 The Member shall not use any Confidential Information except for the purpose of fulfilling their duties as a member of the Committee.

2.3 The obligations on the Member under this clause 2 will not be breached if the Confidential Information is required by law to be disclosed.

2.4 Property in any copy of Confidential Information (in the form of a document, article or removable medium) vests or will vest in the Commonwealth. The Member shall:

- (a) secure all copies within their control against loss and unauthorised use or disclosure; and
- (b) on the expiration or termination of their appointment to the Committee, deliver all copies to the Commonwealth, or otherwise deal with all copies as directed by the Commonwealth.

2.5 The Commonwealth gives no undertaking to treat the Member's information, or this Deed, as confidential. The Member acknowledges that the Commonwealth may disclose information relevant to this Deed, or this Deed itself, to any person:

- (c) to the extent required by law or by a lawful requirement of any government or governmental body, authority or agency;
- (d) if required in connection with legal proceedings;
- (e) for public accountability reasons, including a request for information by parliament or a parliamentary committee or a Commonwealth Minister;
- (f) for any other requirements of the Commonwealth.

2.6 The operation of this clause 2 survives the expiration or termination of the Member's appointment.

## **3. CONFLICT OF INTEREST**

3.1 The Member warrants that, to the best of their knowledge and after making diligent inquiry, at the date of signing this Deed, no Conflict of interests exists or is likely to arise in the performance of the

Member's duties as a member of the Committee.

3.2 If, during the period of the Member's appointment to the Committee, a Conflict arises in respect of the Member, the Member must:

- (a) immediately notify the Department in writing of that Conflict making a full disclosure of all information relating to the Conflict; and;
- (b) take such steps as the Department may reasonably require to resolve or otherwise deal with the conflict.

3.3 If the Member fails to notify the Department of a Conflict or is unable or unwilling to resolve or deal with the Conflict as required by the Department, the Department may terminate the Member's appointment to the Committee.

#### **4. INDEMNITY**

4.1 The Member shall indemnify the Commonwealth, its officers, employees and agents ('those indemnified') from and against all actions, claims, demands, costs and expenses (including the costs of defending or settling any action, claim or demand) made, sustained, brought or prosecuted against those indemnified in any manner based on any loss or damage to any person or loss or damage to property which may arise as a result of a breach of this Deed by the Member.

4.2 The Member agrees that the Commonwealth will be taken to be acting as agent or trustee for and on behalf of those indemnified from time to time.

4.3 The indemnity referred to in this clause 4 survives the expiration or termination of the Member's appointment.

**Executed as a Deed**

By and on behalf of THE COMMONWEALTH

**OF AUSTRALIA** acting through the Department of Health and Aged Care ABN 83 605 426 759 by:

\_\_\_\_\_  
*Name of Delegate*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Position of Delegate*

in the presence of:

\_\_\_\_\_  
*Name of Witness*

\_\_\_\_\_  
*Signature of Witness*

By the **Member** or **Proxy**

\_\_\_\_\_  
*Name of Member or Proxy*

\_\_\_\_\_  
*Signature of Member or Proxy*

in the presence of:

\_\_\_\_\_  
*Name of Witness*

\_\_\_\_\_  
*Signature of Witness*

## Attachment B: The RHOF Service Matrix

Fundholder:.....State/Territory:..... Service Proposed:.....

Date of Consideration:.....

Score ..... Recommendation: Service Supported / Not supported

	Criterion	Score	5 Excellent	4 Very Good	3 Acceptable	2 Marginal	0 Not acceptable
1	Is identified as of high medical need in the community		High need	Medium to high need	Medium to low need	Low need	Not required
2	Local workforce and facilities can support any treatment performed / provided		Highly supported	Mostly able to be supported	Some capacity to be supported	Low capacity to be supported	Not able to be supported
3	Increases access to health professionals for local and regional residents		Maximum increase in access	High increase in access	Medium increase in access	Some increase in access	Small increase in access
4	Has linkages with other State/ NT and Australian Government health service Programs in the region		Multiple linkages	Many linkages	Some linkages	Few linkages	No linkages
5	Service provider identified		Provider identified and agreed to commence	Provider approached	Provider targeted	Search commenced	No search commenced
6	<u>Support</u> from all medical professionals in the region		Fully supported	Mostly supported	Under negotiation	Not really supported	No Support apparent
7	Provider has capacity to meet the requirements of the RHOF		Full Capacity	Full capacity but may need assistance	Some capacity	Partial capacity	No capacity
8	Provides value for money		Outstanding in all respects	Well met and has additional factors that set it apart	Well met	Partially met	Not met
	<b>Total</b>						

Rating Scale for use by Forum Groups for consideration of funding for services under the Fund.

Scale	Description
32-40	<b>Fully supported.</b> The proposed service has been completely and thoroughly considered. It is able to meet all the criterion and is sustainable in the long term.
24-31	<b>Supported</b> This service has been identified as of need but potentially does not have the necessary support in the region for sustainability.
16-23	<b>Partially supported.</b> Could be considered at a later date. This service only partially meets key criteria. Until it is further refined and linked with other health strategies it could not be supported by health services in the region.
0 -15	<b>Not supported</b> This service is unable to meet the necessary requirements. It is not of identified need by either the community or the State health strategies.

**Definitions:**

**Support** - Confirmed consultation with all local resident general practitioners, specialists, hospital administrators, and other health professionals that might be impacted on by the additional visits from the Health Professional.

**Capacity** - The health professional has considered all the ramifications of providing this service in addition to his/her usual practice such as:

- timely reporting;
- invoices; and
- routine patient correspondence.

