

Guidelines

July 2008

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# **1 Medical Specialist Outreach Assistance Program**

## **1.1 Background**

The Medical Specialist Outreach Assistance Program (MSOAP) was established in 2000 to improve the access of rural and remote communities to medical specialist outreach services by complementing outreach specialist services provided by state and Northern Territory governments.

MSOAP has been highly effective in increasing access to medical specialist services for people living and working in rural and remote Australia; however, there is still an unmet need for some specialist outreach services, particularly in Aboriginal and Torres Strait Islander communities.

From 1 July 2008, the Australian Government has committed an additional \$9 million over three years to support the expansion of the Program. This new funding will provide opportunities for new and expanded MSOAP services, and assist in addressing the comparatively higher burden of disease for people in rural and remote communities, reduce waiting lists for these patients in obtaining treatment, and reduce the need for patients to travel to metropolitan areas to access services.

## **2 Aim and objectives of MSOAP**

### **Aim**

MSOAP aims to improve the access of rural and remote communities to medical specialist outreach services.

### **Objectives**

The objectives of the MSOAP are to:

- increase visiting specialist services in areas of identified need;
- support medical specialists to provide outreach medical services in rural and remote areas;
- facilitate visiting specialist and local health professional communication about ongoing patient care; and
- increase and maintain the skills of regional, rural and remote health professionals in accordance with local need.

## **3 MSOAP service eligibility**

### **3.1 Location of services**

MSOAP services are targeted to areas of need in each state and the Northern Territory, and are determined in consultation with an advisory forum that is representative of an appropriate range of stakeholders. The advisory forum considers an area's needs for services in relation to the whole of the state/Northern Territory, as well as an area's capacity to sustain a new specialist service and the cost benefit of a proposed service. More information on the role of the advisory forum is at Section 6 of the Guidelines.

The ARIA (Accessibility/Remoteness Index of Australia) classification system provides a guide to where MSOAP services can be provided. Areas defined as Highly Accessible according to ARIA will not normally be eligible for funding under MSOAP. There may be exceptions where the Department will consider a Highly Accessible location, if the location is clearly remote from existing services and infrastructure, or where the additional service will enhance service access for eligible communities. Please note that ARIA is not GP ARIA or RRMA.

Further information on the ARIA can be found at [www9.health.gov.au/aria/ariaintpt.cfm](http://www9.health.gov.au/aria/ariaintpt.cfm)

### **3.2 How is the need for a service identified?**

In all states and the Northern Territory, a state/territory based advisory forum assists in determining the priority health needs of a community. The advisory forum is a community-based group of members who use their expert knowledge to provide advice on the suitability of services under consideration for support under MSOAP. The criteria used by the advisory forum when considering proposals for funding under the Program includes the:

- level of community need for the service;
- current level of service in the region;
- capacity of the local workforce to support such a service;
- linkages with other state, Northern Territory or Australian Government health programs;
- appropriateness of the service;
- availability of MSOAP funding; and
- value for money.

### **3.3 Who can propose a service?**

Specialists, medical professionals, or other parties interested in providing an outreach specialist service can submit a proposal to the Fundholder in the relevant state or the Northern Territory. Each proposal must meet all eligibility criteria prior to being forwarded to the relevant advisory forum for consideration.

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

### **3.4 Presentation of a service proposal**

The advisory forum will only consider proposals submitted on the MSOAP Service Proposal Form (Appendix 1). The current MSOAP Guidelines will provide assistance with the completion of this form. It is recommended that interested parties also contact the Fundholder in their relevant jurisdiction during the development of their proposal. Contact details are provided under Section 5.1 of the Guidelines.

## 4 What can MSOAP Support?

MSOAP is able to assist with funding to support new and established services, as well as to expand visiting outreach specialist services. MSOAP is not able to provide funding to support allied health or nursing services.

### 4.1 Administrative support for Visiting Specialists

Participating specialists 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.

MSOAP 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 assistance is equivalent to the hourly rate for a medical receptionist with three years experience. Administrative support staff will not be funded under the MSOAP during the time the visiting specialist provides upskilling to local health professionals.

Any person providing assistance to the visiting specialist is engaged under an arrangement with the Fundholder or 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.

### 4.2 Other health professionals

Travel costs for registrars, who accompany visiting specialists in order to gain exposure to rural practice, will be supported. Backfilling of the registrar's position, however, will not be paid under MSOAP. Technical staff who are required to assist specialists with procedures (not nursing or allied health personnel) will be considered on a case by case basis by the Department. Note: salary for accompanying staff will not be paid. It is preferred that, where possible, staff are recruited locally and upskilled if needed. MSOAP is not able to cover any costs for allied health professionals.

### 4.3 Travel costs

#### Private vehicles

MSOAP 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 (see Table 1 below for rates). Other incidental costs such as fuel for hire cars (see Table 2 below for rates), parking and taxi fares may also be covered.

Table 1: Rates for private vehicle use

Engine capacity (standard)	Rate cents per km (ex GST)	GST	Rate cents per km (inc GST)
1,600cc and under	\$0.58	\$0.06	\$0.64
1,601 to 2,600cc	\$0.69	\$0.07	\$0.76
Above 2,600cc	\$0.70	\$0.07	\$0.77

(Current at July 2008). Rates for Rotary engine vehicles are available on request.

#### Hire car

If road travel is the most cost effective option, the visiting specialist may elect to travel to/from the outreach location by a self-drive hire car. The Fundholder will arrange the booking and payment of the hire car. Fuel allowances payable for a hire car are as follows:

Table 2: Fuel rates for hire cars

Engine capacity (standard)	Rate cents per km (ex GST)	GST	Rate cents per km (inc GST)
1,600cc and under	\$0.08	\$0.01	\$0.09
1,601 to 2,600cc	\$0.11	\$0.01	\$0.12
Above 2,600cc	\$0.12	\$0.01	\$0.13
4WD (for remote locations only where travel is undertaken on non-sealed roads)	\$0.12	\$0.02	\$0.14

(Current at July 2008). Rates for Rotary/ Gas engine vehicles are available on request.

Parking and taxi fares are paid on a cost recovery basis only.

#### 4.4 Accommodation

Accommodation will be paid in accordance with Australian Public Service rates. The suggested range for accommodation rates is between \$73.00 and \$100.00 per night (GST exclusive). However, as accommodation in some locations may be more expensive due to seasonal variations, or suitable accommodation is scarce, consideration will be given to paying higher rates on a case by case basis. See Appendix 2 for examples of appropriate rates for outreach locations.

#### 4.5 Meals and incidentals

Meals and incidentals for visiting specialists and approved accompanying staff may be paid at the following rates. The rates in Table 3 are a guide to reasonable expenditure on these items.

Table 3: Meal and incidental allowances

Meal / Incidentals	Allowance payable (ex GST)	GST	Allowance payable (inc GST)
Breakfast	\$17.75	\$1.77	\$19.52
Lunch	\$25.14	\$2.51	\$27.65
Dinner	\$35.24	\$3.52	\$38.76
*Incidentals	\$17.98	\$1.79	\$19.77

(Current at July 2008)

\* Incidental allowance payments are only payable for the second and any subsequent days of a visit at the outreach location.

#### 4.6 Equipment lease/purchase

Under MSOAP, consideration will be given to assisting with equipment lease arrangements. Any financial assistance for the lease of equipment must be with the approval of the Department. All lease quotes must include budget for replacement parts and maintenance to ensure equipment meets required standards.

The Program will not cover the purchase of equipment for use by specialists on outreach visits.

MSOAP may assist with the cost of transportation of equipment (on commercial transport) for use by a specialist on an approved MSOAP outreach service.

#### 4.7 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).

#### **4.8 Cultural training and familiarisation**

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

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

Non-salaried private specialists providing outreach services under MSOAP may claim MSOAP benefits for the time they attend cultural training and familiarisation.

#### **4.9 Absence from Practice Allowance**

An Absence from Practice Allowance is payable to non-salaried private specialists to compensate for “loss of business opportunity” due to the time spent travelling to and from a location where they are delivering an outreach service and/or upskilling. The hourly rate payable for the absence from practice is consistent with the fee-for-service 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).

Salaried specialists, registrars and any accompanying health professionals are not eligible receive an Absence from Practice Allowance for time spent travelling to and from the outreach location.

#### **4.10 Workforce support**

Under exceptional circumstances, financial support (at sessional rates) may be available to private specialists who provide outreach in remote and very remote (ARIA > 5.8), 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.

Such payments will be considered on a case by case basis only. Prior to making any decision in relation to a workforce support payment, the Department will take into account the comments and recommendations from the relevant state/territory MSOAP advisory forum. The Department’s decision in relation to these payments will be final.

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

#### **4.11 Backfilling for salaried specialists**

MSOAP will cover the salary costs of backfilling salaried medical staff who provide approved MSOAP outreach services. Note: any claims made against the MBS by salaried specialists for outreach services supported under the MSOAP would render void any claim to cover backfilling costs.

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

## 4.12 Upskilling

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

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

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

Resident specialists, general practitioners, local health professionals and, where appropriate, other members of the community may attend upskilling sessions provided by the visiting specialist. MSOAP does not cover any costs associated with the attendance of local resident medical and health professionals, or other community members, at the upskilling sessions.

Stand-alone upskilling may be considered for support under MSOAP where an urgent community need is identified; and would be supported on a short-term, time-limited basis only.

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. MSOAP funds must not be used for the administration and allocation of points for Continuing Professional Development.

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

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

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

## 4.13 Professional support

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

Non Salaried private specialists 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 MSOAP supported outreach services.

#### **4.14 Services for public hospital patients**

The provision of hospital services to public patients is the responsibility of state/territory governments under the Australian Health Care Agreements; therefore, the cost of patient care in hospital will not be met by MSOAP.

#### **4.15 Telemedicine**

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

MSOAP also supports the Australian College of Rural and Remote Medicine (ACRRM) to provide Tele-Derm and Radiology Online free to all GPs practising in locations classified as eligible to receive MSOAP supported outreach services.

## **5 Administration**

### **5.1 Fundholders**

The Fundholder in each state or the Northern Territory plays a lead role in achieving the aim and objectives of the MSOAP. This includes working closely with the Advisory Forum and local stakeholders to ensure that the MSOAP is an integrated part of health services in the state/ Northern Territory.

The Fundholder will be required to ensure that full time personnel are available to provide and maintain the administrative requirements of the Program to fulfil and be responsible for the operation of the MSOAP. Responsibilities to be managed will include but not be limited to:

- Administration of payments to participating medical specialists in accordance with services provided;
- Development and implementation of an annual MSOAP strategic service plan;
- Accurate collection, collation and appropriate analysis of data and make this data available to the Department;
- monitoring, management and fulfilment of all reporting obligations;
- development and application of strategies to recruit and retain specialist services;
- communication with members of the medical community and the public to inform them about the MSOAP;
- development and implementation of strategies to market and educate the public and the health care sector about the MSOAP;
- assistance with the provision of upskilling sessions to health care professionals as required; and
- provide other activities necessary for the proper operation of the project.

Fundholders are also required to ensure that the MSOAP is coordinated with local health services to facilitate, where possible, continuity of care to patients and coordination and integration with local health services.

Fundholders are also required to send a representative to all state/Northern Territory advisory forum meetings and Fundholder meetings held by the Department, unless otherwise negotiated with the Department.

The Fundholders in each state and the Northern Territory are:

New South Wales	NSW Rural Doctors Network; and NSW Health	02 9313 5955 02 4824 1805
Northern Territory.	NT Department of Health and Community Services	08 8999 2514
Queensland	General Practice Queensland; and Queensland Health.	07 3105 8300 07 3895 3142
South Australia	Rural Doctors Workforce Agency	08 8234 8277
Tasmania	Tasmanian Department of Health and Human Services.	03 6336 2648
Victoria	Rural Workforce Agency Victoria.	03 9349 7810
Western Australia	Rural Health West	08 6389 4518

## **5.2 Contractual arrangements between Fundholders and service providers.**

All service providers are to be made aware of the Suspension and Termination clause in the Funding Agreement.

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

## **5.3 Conflict resolution**

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

## **5.4 Service termination**

In the event that a service is terminated, the Fundholder should ensure that:

- all patients are advised and informed of the location of their medical (specialist) records; and
- any agreements/lease arrangements for the provision of consultations, treatments or equipment are terminated within the nominated period.

## **5.5 New resident specialists**

Should a specialist take up residence and open a practice in a town where MSOAP is supporting an outreach service, it would be reasonable for the Fundholder to:

- initiate negotiations with the new “resident” specialist for a six month grace period to wind down the MSOAP service; and
- source a suitable location for the services of the “displaced” specialist, if the specialist wishes to provide an outreach service in another location.

## **5.6 Length of agreement.**

All medical outreach services supported under the MSOAP 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 MSOAP. A service not fulfilling the requirements of the MSOAP

may be reconsidered and funds may be allocated to an alternative service of need in the relevant region.

### **5.7 Life of a service**

It can be expected that over the life of the MSOAP:

- the need in the community for an identified service could change;
- the priorities of the state/territory planning mechanism may change;
- a service could become self-sustaining from a commercial perspective and will no longer require MSOAP support;
- a service provider may not wish to continue providing outreach services; and
- the priorities of the Department may vary.

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

Fundholders should seek approval from this Department with respect to any changes to intended or operational services; however a variation to the Funding Agreement is not required. Should a change to an approved service be required, the Department must be notified prior to the change. A change which amends the budget must be documented on the MSOAP Proposal Form (include a revised budget) and be submitted to the Department. A change to service frequency or provider does not require Advisory Forum approval however it should be noted for advice for the next Advisory Forum meeting. A change of location (unless previously approved) must be agreed by the Advisory Forum prior to being submitted for approval to the Department.

## **6 Advisory Forum**

Service priorities will be determined in a consultative environment in each state and the Northern Territory. The Fundholders will be required to report on this aspect of service planning. The following information may act as a guide to the role and responsibilities of an advisory forum.

The advisory forum is a state/territory based community forum comprising a broad range of stakeholders, with relevant knowledge and expertise, who provide advice on the suitability of services under consideration by the MSOAP. The forum should work as an effective consultative mechanism which informs the Fundholder about how to best deploy resources and determine priorities in project plans. The Fundholder is to ensure that the selection of services or any changes in the Project Plan meet the priority health needs of the relevant community and are decided in conjunction with the advisory forum.

### **6.1 Role of the advisory forum**

The principal role for the advisory forum is to evaluate all proposals for MSOAP funding as they are presented to:

- identify whether the selected region has the need and the capacity to sustain support for a new service;
- determine gaps in services;
- advise on the appropriate types of services to be delivered; and
- link (when appropriate) with the planning mechanisms of other programs to explore possibilities for integrated program implementation.

## **6.2 Review of services**

The advisory forum is to contribute to review processes for the operation of MSOAP services in its relevant state or territory, and to provide advice on the proposed services in order to confirm ongoing need and viability.

## **6.3 Advisory forum members**

Advisory forum members, along with being experienced in the provision of health services, should also have a knowledge and understanding of the principles of the MSOAP, its key stakeholders, and rural and remote health, and may include:

- medical specialists;
- local general practitioners; and
- personnel of local hospitals, community-based services and local communities.

## **6.4 Administration of the advisory forum**

### Role of the Department

The Department, as represented in each state and the Northern Territory, will take on the responsibilities associated with the position of Chair of the MSOAP advisory forums (in each jurisdiction). Responsibilities associated with the role of the chairperson include:

- directing and facilitating the business of the MSOAP advisory forum;
- providing a national perspective of the MSOAP;
- presiding as the chairperson at all MSOAP advisory forum meetings, which would include maintaining order and guiding the meeting through the agenda items;
- certifying that the meeting occurred, who attended and the meeting duration; and
- ensuring that MSOAP advisory forum related business is completed.

The Department must also be present at MSOAP advisory forum meetings in its role as secretariat.

The Department will consider recommendations and comments from all MSOAP advisory forums; however, the final decision on all matters relating to the MSOAP rests with the Department.

### Secretariat

All secretariat functions relating to the operation of the advisory forum will be the responsibility of the state/Northern Territory office of the Department. However, it will be the responsibility of the Fundholder to advise service providers of the decisions of the Department; this includes decisions on new services and the termination of a service.

### Meetings

Meetings of the advisory forum will be held regularly; however, out-of-session evaluation of proposals may be canvassed as required. Members may participate in a meeting by alternative arrangements, such as by teleconference, organised by the secretariat.

### Costs

It is preferred that meetings of the advisory forum are held at the Department's offices. The Department may provide assistance with costs for members who attend in a capacity which is not part of their paid employment. Any travel and/or accommodation arranged by the

Department will be in accordance with the Australian Public Service's current travel guidelines. Sitting fees will not be paid to the members.

#### Deed of Confidentiality and Conflict of Interest

Advisory forum members are required to enter into a *Deed of Confidentiality and Conflict with the Commonwealth* (refer to Appendix 3).

In addition, members who have either a direct, indirect or personal interest in an issue being considered by the advisory forum must disclose the nature of the interest prior to the commencement of the meeting. This disclosure must be recorded in the advisory forum's minutes. The advisory forum will consider whether the person is present when the issue is considered, with the final decision resting with the chairperson.

#### Decision making processes

In a situation where local priorities may influence best practice decision making, proposed MSOAP services should be scored using the MSOAP Service Matrix form (Appendix 4).

In situations 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 decisions supporting or not supporting the service.

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

The MSOAP advisory forum will:

- analyse, consider, evaluate and provide impartial advice on proposals received from the Fundholder(s) for funding of services under the MSOAP in their respective state or territory;
- ensure that the MSOAP aims and guidelines are fully met in the consideration of each proposal;
- ensure that each proposal fulfils the Australian Government priority of providing value for money and, if the level of funding requires it, advise on priorities between services;
- ensure that MSOAP funding contributes to an improved access to specialist services in the selected community/area, and that new services in one area are not established at the expense of services in another;
- ensure that capacity exists in the region/community to support and sustain a specialist service (eg. available infrastructure, clinical supports and/or networks and client base);
- use the Evaluation Matrix as supporting documentation as required; and
- provide written advice to the secretariat on proposals that are worthy for funding in their respective state or territory under the MSOAP.

## **7 MSOAP Department of Health and Ageing Contacts**

Address: GPO Box 9848 in your capital city.

Phone:

Central Office	02 6289 9279
Western Australia	08 9346 5237
Northern Territory	08 8919 3494
Queensland	07 3360 2597
New South Wales	02 9263 3856
Victoria	03 9665 8220
Tasmania	03 6221 1426
South Australia	08 8237 8107

## 8 MSOAP Glossary of Terms

*These terms provide definition and apply to any MSOAP document.*

Absence From Practice

Allowance:

A payment made to a non-salaried private specialist for the time spent travelling to and from a location where they are providing approved MSOAP outreach services and/or upskilling.

Accessibility/Remoteness

Index of Australia (ARIA):

A geographic measure of remoteness in terms of accessibility to goods, services and social interactions. ARIA provides a standardised approach to measuring remoteness and has capacity to accommodate the issue of disadvantage in access and provides a more equitable platform from which to base decisions about resource targeting. ARIA uses road distance to major population centres as the basis for quantifying service access and hence remoteness. ARIA offers:

- Simplicity – measurements are only in geographic terms,
- Flexibility – is able to provide an index for any location,
- Precision – considers actual road distances and point locations
- Stability – affected only by population movements

ARIA is scored between 0 and 12. A high score indicates a high degree of remoteness.

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.

Backfilling:

Short-term relief of a position vacated by a salaried public specialist who is providing approved MSOAP outreach services.

General Practitioner:

A duly licensed medically qualified person. This term is used interchangeably with Medical Practitioner.

Health professional:

A general term for a person with tertiary qualifications in a health related field, eg. doctor, dietician, nurse, pharmacist, physiotherapist, psychologist.

Need:

Need would include consideration of issues such as the burden of disease, level of disadvantage, services currently available locally, linkages and integration with other services and effect on local planning and initiatives.

Non operational service:

A service is approved and has funding allocated under the MSOAP but is awaiting a provider; or has ceased to operate and another provider has not been identified to provide the service.

Operational:	A service is currently being provided or has a specialist contracted to provide a service.
Outreach service:	Where a specialist provides medical specialist services in a location that is not the location of their principal practice.
Professional support:	<p>Informal support provided by the visiting specialist to the general practitioner and/or other local health professionals through, for example, lunchtime meetings and/or telephone/email support once the specialist has returned to their main practice. For example:</p> <ul style="list-style-type: none"> <li>• informal discussions/telephone conversations/meetings with general practitioners for specific patient management; or</li> <li>• general practitioner and specialist see the patient or perform a medical procedure together.</li> </ul>
Registrar:	<p>Medical registrars are either "basic trainees" or "advanced trainees". Basic trainees have generally completed at least two post-graduate years in hospital practice (usually more), but have not completed any specialty exams. Advanced trainees have completed at least four post-graduate years (usually more), and are undertaking advanced training in general medicine (internal) or in a particular sub-specialty. On the successful completion of their training, they will have met the requirements for fellowship of the relevant specialist college. All registrars require support/supervision from a suitably qualified supervisor.</p>
Service/location:	A single town or community where a specialist provides a consultation.
Session:	A period of time, usually 3.5 – 4.0 hours.
Specialist:	<p>A medical practitioner who:</p> <ol style="list-style-type: none"> <li>1) is registered as a specialist under State or Territory law; or</li> <li>2) holds a fellowship of a recognised specialist college; (see Item 9) or</li> <li>3) is considered eligible for recognition as a specialist or consultant physician by a specialist recognition advisory committee.</li> </ol>
Upskilling:	<p>Training in a clinical or practical context. Upskilling is provided by the visiting specialist and may be a structured or unstructured. Examples include:</p> <ul style="list-style-type: none"> <li>• statewide programs for both procedural and non-procedural general practitioners and other health professionals; and</li> <li>• after hours meeting where specialists' knowledge is shared with general practitioners and other health professionals</li> </ul>
Visiting Medical Officer:	A private medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid or fee for service basis (National Health Data Dictionary, Version 12).

## **9 Specialist Colleges**

### **9.1 Recognised Specialist Colleges**

Australian and New Zealand College of Anaesthetists (ANZCA)

Australian College of Dermatologists (ACD)

Australasian College for Emergency Medicine (ACEM)

Royal Australasian College of Physicians (RACP)

- Australasian Faculty of Occupational Medicine
- Australasian Faculty of Public Health Medicine
- Australasian Faculty of Rehabilitation Medicine
- Joint Faculty of Intensive Care (RACP and ANZCA)

Royal Australasian College of Surgeons (RACS)

Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANCOG)

Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Royal College of Pathologists of Australasia (RCPA)

The Royal Australian and New Zealand College of Radiologists (RANZCR)

## 9.2 List of Specialist/sub-specialists supported under the MSOAP

Anaesthetic - pain management	Physician - Gastroenterology	Surgery - Vascular
Anaesthetic - upskilling	Physician - General	Tele - medicine
Anaesthetic - upskilling (SimMan)	Physician - Genetics	Tele Radiology
Dermatology	Physician - Geriatrics	Telederm
Emergency Medicine	Physician - Haematology	Telehealth - Burns
O&G - Fertility	Physician - Nephrology	Telehealth - Gastroenterology
O&G - General	Physician - Neurology	Telehealth - Geriatric Medicine
O&G - Gynaecology	Physician - Oncology	Telehealth - Hepatology
O&G - Obstetrics	Physician - Palliative	Telehealth - Neurology
Ophthalmology - General	Physician - Rehabilitation	Telehealth - Orthopaedics
Ophthalmology - Retinal Surgery	Physician - Renal	Telehealth - Pain Medicine
Ophthalmology - Surgery	Physician - Respiratory	Telehealth - Plastics Reconstructive
Paediatrics - Allergies	Physician - Rheumatology	Telehealth - Respiratory (Sleep Disorder)
Paediatrics - Cardiology	Physician - Sexual Health	Telehealth - Respiratory
Paediatrics - Developmental	Physician - Thoracic	Telehealth - Retinal Screening
Paediatrics - Endocrinology	Psychiatry - Adult	Telehealth - Rheumatology
Paediatrics - Gastroenterology	Psychiatry - Child and Adolescent	Telehealth - Vascular
Paediatrics - General	Psychiatry - Forensic	Telepaediatrics - Burns
Paediatrics - Genetics	Psychiatry - General	Telepaediatrics - Cardiology
Paediatrics - Haematology	Psychiatry - Geriatric	Telepaediatrics - Dermatology
Paediatrics - Nephrology	Psychiatry - Neurology	Telepaediatrics - Diabetes
Paediatrics - Neurology	Radiology	Telepaediatrics - ENT
Paediatrics - Ophthalmology	Spinal Chord Injury Service	Telepaediatrics - Gastroenterology
Paediatrics - Orthopaedic	Surgery - Colorectal	Telepaediatrics - General
Paediatrics - Rehabilitation	Surgery - ENT	Telepaediatrics - Haematology
Paediatrics - Respiratory	Surgery - Gastroenterology	Telepaediatrics - Immunology
Paediatrics - Rheumatology	Surgery - General	Telepaediatrics - Nephrology
Paediatrics - Urology	Surgery - Neuro	Telepaediatrics - Neurology
Physician - Addiction Medicine (Drug and Alcohol)	Surgery - Oral and Maxillo-facial	Telepaediatrics - Neurosurgical
Physician - Cardiology	Surgery - Orthopaedic	Telepaediatrics - Oncology
Physician - Endocrinology	Surgery - Otolaryngology Head and Neck	Telepaediatrics - Orthopaedic
Physician - Endocrinology (Diabetes)	Surgery - Paediatric	Telepaediatrics - Psychiatry
Physician - Endocrinology (Renal)	Surgery - Reconstructive	Telepaediatrics - Respiratory
	Surgery - Thoracic	Telepaediatrics - Rheumatology
	Surgery - Urology	Telepaediatrics - Surgery
		Upskilling only

*The above table replicates the specialist/ sub specialists list which is a component of Attachment B: MSOAP Service Report template.*

### \*Note

**Plastic / Reconstructive** surgery can be considered under the MSOAP providing that it is for the management and treatment of complicated skin tumours, wound management or special reconstructive cases. Non Medicare Benefits Schedule services or cosmetic surgery services will not be supported.

**Paediatrics** is a sub specialty registered through the College of Physicians, however for the purposes of the MSOAP reporting, it has been recorded as its own specialty.

## 10 Appendices

### 10.1 Appendix 1: MSOAP Service Proposal Form

#### Medical Specialist Outreach Assistance Program

#### Service Proposal Form

	Proposed Service ID number		
Fundholder			
Submission date			
Service Provider			
Specialty proposed			
Service proposed	<input type="checkbox"/> Variation	<input type="checkbox"/> Extension	<input type="checkbox"/> New
If variation, detail proposed changes			
Service Provider Identified ( <i>specialist name</i> )			
State/Territory of proposed service			
<b>Location of proposed service</b>			
<b>ARIA score of proposed location</b>			
<b>Catchment population</b>			
<b>Proposed commencement Date</b>			
<b>Service endorsed by the Advisory Forum</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Yet to go to Advisory Forum <input type="checkbox"/>

**Please mark the appropriate box**

Confirmation that the specialist has agreed to invoice fundholder within 2 months of service to ensure reimbursement of costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirmation that the specialist has agreed to provide the service report to the fundholder identifying patient numbers and upskilling undertaken during the reporting period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Established Specialist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service reflects an identified need in the region?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Evidence of Need**

Why should this service be supported? What services in this discipline are already in the community/ region?

--

**Description of Proposal**

What will the specialist do? Consultations, procedures or both? Upskilling?

•
---

Objectives of the Proposal

--

Upskilling / training of local health professionals, including GPs, medical, nursing and allied health staff and patients/carers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

How will the service be provided?

Duration of visit	Days	Nights	Duration of clinic by session: (session = 3.5-4 hrs)
frequency of visits		Number of visits pa	
location (town):			
facilities required (GP rooms, hospital etc):			
billing:			
upskilling to other local health professionals: co-consultations, workshops, professional support			
Technical/support staff required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details			
Registrar involvement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe consultation with stakeholders in the region, as well as linkages and support.

--

Are funds received for this service from any other source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

**Cost of the Project** [double click on spreadsheet section below to edit]

Service Location					
Specialists Base Location					
Number of visits per annum					
Number of visits this fy					
<b>Item (ex gst)</b>	<b>Rate</b>	<b>Unit</b>	<b>Quantity</b>	<b>Cost per trip</b>	<b>Annual</b>
<b>Travel Mode</b>					
Air Fares return		per trip		\$ -	\$ -
Hire Car		per day		\$ -	\$ -
Hire Car Fuel	\$0.10	per km		\$ -	\$ -
Taxi		per trip		\$ -	\$ -
Parking		per trip		\$ -	\$ -
1600cc and under	\$0.53	per km		\$ -	\$ -
1601 to 2600cc	\$0.62	per km		\$ -	\$ -
Above 2600cc	\$0.63	per km		\$ -	\$ -
<b>Subtotal</b>				<b>\$ -</b>	<b>\$ -</b>
<b>Accommodation</b>	<b>\$100.00</b>	per night		\$ -	\$ -
<b>Subtotal</b>				<b>\$ -</b>	<b>\$ -</b>
<b>Meals</b>					
Breakfast	\$17.75	per day		\$ -	\$ -
Lunch	\$25.14	per day		\$ -	\$ -
Dinner	\$35.24	per day		\$ -	\$ -
Incidentals (only payable for second and si	\$17.98	per day		\$ -	\$ -
<b>Subtotal</b>				<b>\$ -</b>	<b>\$ -</b>
<b>Administration</b>					
Administrative Support	100	per day		\$ -	\$ -
Room Hire	150	per day		\$ -	\$ -
<b>Subtotal</b>				<b>\$ -</b>	<b>\$ -</b>
<b>Absence from Practice Allowance</b>		per hour		\$ -	\$ -
<b>Subtotal</b>				<b>\$ -</b>	<b>\$ -</b>
<b>Backfilling (public spec)</b>	<b>\$148.00</b>	per hour		\$ -	\$ -
<b>Subtotal</b>				<b>\$ -</b>	<b>\$ -</b>
<b>Upskilling expenses</b>					
Upskilling Sessions	\$148.00	per hour		\$ -	\$ -
Professional Support		per hour		\$ -	\$ -
Room Hire		per event		\$ -	\$ -
<b>Subtotal</b>				<b>\$ -</b>	<b>\$ -</b>
<b>Other Expenses</b>					
Equipment Leasing		per day		\$ -	\$ -
Workforce support		per day		\$ -	\$ -
<b>Subtotal</b>				<b>\$ -</b>	<b>\$ -</b>
<b>Current year total</b>				<b>\$ -</b>	<b>\$ -</b>
<b>Total</b>				<b>\$ -</b>	<b>\$ -</b>

**10.2 Appendix 2: Examples of accommodation costs, including high cost towns.**

LOCATION	ACCOMMODATION RATES (per night) (GST Excl.)	GST	ACCOMMODATION RATES (per night) (GST Incl.)
Derby (WA)	\$126.36	\$12.64	\$139.00
Broome (WA)	\$139.09	\$13.91	\$153.00
Port Lincoln (SA)	\$87.27	\$8.73	\$96.00
Cooper Pedy (SA)	\$100.00	\$10.00	\$110.00
Katherine (NT)	\$73.64	\$7.36	\$81.00
Tenant Creek (NT)	\$90.00	\$9.00	\$99.00
Weipa (Qld)	\$113.64	\$11.36	\$125.00
Thursday Island (Qld)	\$150.00	\$15.00	\$165.00
Lake Cargelligo (NSW)	\$73.64	\$7.36	\$81.00
Walgett (NSW)	\$73.64	\$7.36	\$81.00
Nhill (Vic)	\$68.18	\$6.82	\$75.00
Warracknabeal (Vic)	\$73.64	\$7.36	\$81.00
Strahan (TAS)	\$81.82	\$8.18	\$90.00
St Helens (TAS)	\$86.36	\$8.64	\$95.00

### 10.3 Appendix 3: Deed of Confidentiality and Conflict of Interest

#### *MEDICAL SPECIALIST OUTREACH ASSISTANCE PROGRAM – [STATE/NORTHERN TERRITORY ADVISORY FORUM*

**THIS DEED** is made the .....day of .....2008

between

**THE COMMONWEALTH OF AUSTRALIA** ('The Commonwealth') as represented by the Department of Health and Ageing ('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 Medical Specialist Outreach Assistance Program and providing advice and recommendations to the Commonwealth regarding the delivery of outreach optometric 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:

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

### 10.4 Appendix 4: MSOAP Service Matrix

Fundholder:.....State/Territory:.....

Service Proposed:.....

Date of Consideration:.....

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

	<b>Criterion</b>	<b>Score</b>	<b>5 Excellent</b>	<b>4 Very Good</b>	<b>3 Acceptable</b>	<b>2 Marginal</b>	<b>0 Not acceptable</b>
<b>1</b>	Is identified as of high medical need in the community		High need	Medium to high need	Medium to low need	Low need	Not required
<b>2</b>	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
<b>3</b>	Increases access to medical specialist services 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
<b>4</b>	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
<b>5</b>	Service provider identified		Provider identified and agreed to commence	Provider approached	Provider targeted	Search commenced	No search commenced
<b>6</b>	<u>Support</u> from all medical professionals in the region		Fully supported	Mostly supported	Under negotiation	Not really supported	No Support apparent
<b>7</b>	Provider has <u>capacity</u> to meet the requirements of the MSOAP		Full Capacity	Full capacity but may need assistance	Some capacity	Partial capacity	No capacity
<b>8</b>	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 Medical Specialist Outreach Assistance Program

<b>Scale</b>	<b>Description</b>
32-40	<b>Fully supported</b> The proposed service has been completely and thoroughly considered and is able to meet to 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 and 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 services is unable to meet the necessary requirements and 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 specialist

Capacity – The Specialist 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.