

## Medical Specialist Outreach Assistance Program

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### Guidelines

February 2007

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# **1 Rural Specialist Support Program**

## **1.1 Background**

The Rural Health Strategy announced in the 2004 Federal Budget continues to support medical specialist services in rural communities. The strategy builds on existing rural health initiatives and established programs for regional areas.

The Rural Health Strategy aims to improve health outcomes for rural and remote Australians by:

- increasing the number of health professionals in rural Australia;
- furthering doctors' and medical graduates' training; and
- increasing health services to regional, rural and remote Australia.

The Rural Specialist Support Program is one component of the Rural Health Strategy. The aim of the Strategy is to improve access to specialist health services in rural and remote areas by addressing some of the disincentives for specialists to provide outreach services. The Rural Specialist Support Program encompasses the Medical Specialist Outreach Assistance Program (MSOAP). Under the MSOAP expansion support for established rural specialists who were not eligible under the previous phase of the MSOAP has been funded.

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

The MSOAP was established as a mechanism for improving the health outcomes for rural and remote Australians by increasing access to medical specialist outreach services.

### **Aim**

The 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**

The MSOAP services are targeted to 'Areas of Need' in each state and the NT, 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 or Territory and considers 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 Classification system for remoteness provides a guide to where the MSOAP services can be provided. Areas defined as Highly Accessible according to ARIA will not normally be eligible for funding under the 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 [www.ruralhealth.gov.au](http://www.ruralhealth.gov.au)*

#### **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 who, where members use their expert knowledge to provide advice on the suitability of services under consideration for support under the MSOAP. The criteria used by the advisory forum when considering proposals for funding under the MSOAP will include 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 the 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 put forward a proposal to the Fundholder in the relevant state or the Northern Territory. Each proposal is to be forwarded to the relevant advisory forum for consideration and will be required to meet the eligibility criteria.

The nominee of the proposal is to 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 is to only consider proposals submitted on the MSOAP Service Proposal Form (Appendix I). The current MSOAP Guidelines and Fundholders are to provide assistance with the completion of this form.

## **4 What can the MSOAP Support?**

The MSOAP is able to assist with funding support for new, established or expanded visiting outreach specialist services.

### **4.1 Established Specialists**

An established service is a specialist medical outreach service provided to regional, rural and remote regions of Australia prior to the inception of the MSOAP in 2000. Established specialists are fully integrated into the MSOAP and are able to claim the full support for the provision of an outreach service if they meet the requirements of the MSOAP.

All applicants for support under the MSOAP are assessed against the criteria. This will result in resources being well targeted to areas of unmet or greater need. The administration will be incorporated into the existing arrangements. Proposals from established specialists will be assessed and will be considered in consultation with the advisory forum in the relevant state or the Northern Territory. Each proposal must fulfil the requirements of the MSOAP Guidelines.

### **4.2 Administrative Support for Visiting Specialists**

Participating specialists may receive funding support for costs associated with the delivery of the outreach service such as the organisation of appointments, processing of correspondence and follow up with patients.

The MSOAP may cover the cost of administration support for up to the same working hours (consultations/ treatment time) as those hours undertaken by the specialist. It is recommended that the rate payable for administration assistance is equivalent to the hourly rate for a medical receptionist with 3 years experience. Administration support staff will not be funded under the MSOAP to cover the time the specialist undertakes upskilling of local health professionals.

Any person providing assistance to the specialist is engaged under the 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.

### 4.3 Other Health professionals

Travel costs for other accompanying staff with specific technical skills/qualifications who are required to assist with procedures will be considered, if personnel with these skills are not available locally. Each request will be considered on a case by case basis. Note: Salary for accompanying staff will not be paid. It is preferred that where possible staff are recruited locally and upskilled if needed. The MSOAP is not able to cover any costs for allied 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 will not be paid under the MSOAP.

### 4.4 Travel costs

#### Private Vehicles

The MSOAP will cover the cost of travel by the most efficient and cost effective means to and from the service area. This may include commercial air, bus or train fares, charter flights, expenses associated with the use of a private vehicle (see Table 1 for rates). Other incidental costs such as fuel in hire cars (see Table 2 for rates), parking and cab fares can also be covered.

Use of private vehicle costs will be covered by the following rates.

4.4.1 Table 1: Vehicle rates for private vehicles

Engine capacity (standard)	Rate cents per km (ex GST)	GST	Rate cents per km (inc GST)
1,600cc and under	50	.05	.55
1,601 to 2,600cc	59	.06	.66
Above 2,600cc	60	.07	.67

(Current at April 2006). Rates for Rotary engine vehicles are available on request.

#### Hire car

If road travel is the most costs effective option, the specialist can elect to travel to 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 the hire car are as follows:

4.4.2 Table 2: Vehicle 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	.07	.01	.08
1,601 to 2,600cc	.08	.01	.09
Above 2,600cc	.10	.01	.11
4WD (for remote locations only where travel is undertaken on non tarred roads)	.12	.02	.14

(Current at April 2006). Rates for Rotary/ Gas engine vehicles are available on request.

Parking and cab fares are cost recovery only.

## 4.5 Accommodation

An indicative and acceptable level of payment for accommodation would be in the range of \$77.00 to \$110.00 per night (GST exclusive). However, accommodation in some locations may be more expensive and on a case by case basis should be considered and paid for accordingly.

## 4.6 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.

4.6.1 Table 3 Meal and incidental allowances

Meal / Incidental	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
Incidental*	\$17.98	\$1.79	\$19.77

(current April 2006) Exclusive of GST

*\* payment of Incidental allowance is only for services where an overnight stay is planned.*

## 4.7 Equipment lease/purchase

The MSOAP does not cover the purchase cost of equipment for use by specialists on outreach visits. The MSOAP funds may be available to assist with lease arrangements. Any assistance for the lease of equipment must be with the approval of the Department. All lease quotes must include costings for replacement parts and maintenance to ensure equipment meets required standards. The MSOAP may assist with the cost of transportation of equipment which the specialist takes with them to undertake the accepted MSOAP outreach services.

## 4.8 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.

## 4.9 Cultural training and familiarisation

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

- familiarisation site visits to where outreach services are to take place;
- delivery of cultural training by facilitators/presenters; and
- preparation of cultural educational material for self-learning by specialists.

Costs that may be covered include travel to outreach sites, room hire, training delivery, and the development and/ or purchase of educational and training materials.

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

#### **4.10 Travel Time for Private Specialists (Time Zero Travel)**

Travel time payments relate to the time non salaried private specialists spend travelling to and from a location where they are delivering an outreach service and/or upskilling. The hourly rate payable for travel time 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 accompanying health professionals are not entitled to be paid for travel time.

#### **4.11 Workforce support**

Financial support, at sessional rates, may be available to private Specialists who provide outreach in remote or very remote (ARIA > 5.8), mainly Indigenous communities. A workforce support payment may be paid in circumstances where:

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

Such payments must be regarded as a last resort and will be considered by the advisory forum on a case by case basis. Such payments would preclude any additional payments through the Medical Benefits Schedule.

#### **4.12 Backfilling for salaried specialists**

In addition to the costs already described, the MSOAP will also cover the costs of salary for backfilling salaried medical staff who provide approved MSOAP outreach services. Note that backfilling support will not be provided for registrars or other accompanying professional assistants. Any claims to the Medicare Benefits Schedule by salaried specialists for outreach services supported under the MSOAP would render void any claim to cover backfilling costs.

#### **4.13 Upskilling**

Upskilling refers to a structured program of educational activities, of either theoretical or clinical nature, aimed at enabling local medical practitioners and health professionals to develop or enhance specific skills, to participate in the sharing of knowledge and to enhance ongoing patient care. Upskilling should complement existing training arrangements within the area. Funding support can be provided for MSOAP supported procedural and non-procedural upskilling.

The arrangements for upskilling activities must be developed in consultation with local health professionals and the specialists providing the service and therefore may vary from region to region. Upskilling activities should normally take place in an area where an outreach service



is being provided. However, stand alone upskilling may be considered for support under the MSOAP where an urgent community need is identified. The stand alone upskilling is to be supported on a short term and time limited basis to address the urgent need. The MSOAP funds must not be used for the administration and allocation of points for Continuing Professional Development (CPD).

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

#### **4.14 Costs covered when providing Upskilling**

Where visiting MSOAP specialists provide approved upskilling to local practitioners, health professionals and where appropriate, other members of the public (eg carers), the MSOAP may cover the cost of the venue/room hire and reasonable costs associated with catering for the upskilling activity (excluding alcohol).

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.

#### **4.15 Professional Support**

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

#### **4.16 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 and therefore the costs of patient care in hospitals are not met by the MSOAP.

#### **4.17 Telehealth**

The MSOAP supports the use of telehealth 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.

## **5 Administration**

### **5.1 Fundholders**

The Fundholder/s in each state or the Northern Territory should play a lead role in the delivery of the MSOAP. The Fundholder should provide expertise in the:

- knowledge of the delivery of health services in regional, rural and remote communities;
- understanding of the local health needs, current services and programs within identified localities;

- capacity to organise and coordinate additional specialist outreach services including (depending on local needs) consultations, procedures and training;
- appropriate financial management and administration skills, including appropriately skilled/experienced staff;
- capacity to maximise sustainability of the MSOAP;
- capacity to plan for future needs;
- capacity to build effective relationships at a regional level; and
- previous experience in delivering rural workforce support services for the Australian Government.

The Fundholders are responsible for the needs assessment process, developing proposals for services, assisting establishing, managing and coordinating the services, administering payments to participating specialists, coordination and presenting reports to the Department.

The Fundholder will be required to provide and maintain an administrative unit which will be responsible for the proper operation of the MSOAP. The unit will:

- administer payments to participating medical specialists in accordance with services provided;
- develop and implement an annual MSOAP strategic business plan;
- collect and collate data and make this data available to the Department;
- develop and fulfil all reporting obligations;
- develop and apply strategies to recruit and retain specialist services;
- develop and implement strategies to educate the public and the local health care sector about the MSOAP;
- manage the provisions of upskilling sessions to health care professionals; and
- provide other activities necessary for the proper operation of the project.

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

The Fundholders in the states and the Northern Territory are:

New South Wales	NSW Rural Doctors Network; and NSW Health
Victoria	Rural Workforce Agency Victoria.
Queensland	Queensland Divisions of General Practice; and Queensland Health.
Western Australia	Western Australia Centre for Remote and Rural Medicine
South Australia	Rural Doctors Workforce Agency
Tasmania	Tasmanian Department of Health and Human Services.
Northern Territory.	NT Department of Health and Community Services

## **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 Agreement.

Fundholders must ensure that all service providers accept that invoices and reports for services must be provided 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 the MSOAP is supporting, it would be reasonable for the Fundholder to;

- Initiate negotiations with the new “resident” specialist for a 6 months 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;
- that a service could become self sustaining from a commercial perspective and will no longer require the MSOAP support;
- that 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.

## **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 to be a state/territory based community forum comprising a broad range of stakeholders, who, using their expert knowledge, 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 projects 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 Forum**

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

- identify whether the selected region/s has the need and the capacity to sustain support for new service;
- determine gaps in services;
- advise on the appropriate type/s 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 forum is to contribute to review processes for the operation of the MSOAP services in the relevant state or territory, and to provide advice on the proposed services in order to confirm ongoing need and viability.

### **6.3 Forum Participants**

The advisory forum participants, along with being experienced in the provision of health services, should also have knowledge and understanding of the principles of the MSOAP, its key stakeholders and rural and remote health and could 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 the Chair for the MSOAP Advisory Forums (in each location). Responsibilities associated with the role of the chairperson includes:

- directing and facilitating the business of the MSOAP Advisory Forum;

- 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 and to provide a national picture of the MSOAP. The Department has the final decision on any recommendation and will consider the recommendations and any comments from the relevant (state / NT) MSOAP Advisory Forum.

In extraordinary circumstances, and with the written agreement of the Department, a previously constituted Forum may be used as the MSOAP Advisory Forum in a jurisdiction. It should be assured, if this alternative forum is used as the advisory body for the MSOAP that the Department representative has status to engage with other committee members to have comprehensive and complete dialogue about MSOAP business.

The Department is also to be assured that copies of any minutes or outcomes of the meetings will be available to them as a record of business from the meetings. The ancillary role played by such a forum will be monitored by the Department and if, at any time, access to members or discussion is restricted, the Department retains the right to request an Advisory Forum for the purpose of the MSOAP is constituted in the jurisdiction.

#### Secretariat

The forum servicing such as agenda, papers, minutes, follow up action and communication relating to the Forum will be the responsibility of the state/ NT office of the Department. However it will be the responsibility of the Fundholder to advise the service provider/s of the decisions of the advisory forum, this includes decisions on new services or termination of a service.

#### Meetings

Meetings of the forum will be held regularly, however out of session evaluation of proposals may be canvassed at times as required. Members may participate in a meeting by alternative arrangements such as a telephone link up arranged by the secretariat.

#### Costs

Meetings of the forum would be held in 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 Department's current travel guidelines. Sitting fees will not be paid to the members.

#### Conflict of interest

In any situation that may give rise to a conflict of interest or a potential conflict of interest, the member should immediately declare that conflict of interest to the chair of the relevant committee and seek the chair's agreement to retain their position.

#### 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 II).

In situations where the recommendation of the 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.

#### Confidentiality

The participants to the advisory forum must agree not to disclose to any person or entity other than the Department, any information relating to proposals for consideration or outcomes of meetings without prior approval in writing from the Department.

#### **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 for services under the MSOAP in their state or the Northern Territory;
- ensure that the MSOAP Aims and Guidelines are fully met in their 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, the advisory forum will advise on priorities between services;
- ensure that the 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 that state or the Northern Territory under the MSOAP.

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

Address: GPO Box 9848 in your capital city.

Phone:

Central Office	1800 020 787
Western Australia	08 9346 5442
Northern Territory	08 8946 3494
Queensland	07 3360 2597
New South Wales	02 9263 3568
Victoria	03 9665 8758
Tasmania	03 6221 1500
South Australia	08 8237 8246

## 8 MSOAP Glossary of Terms

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

### 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 organising appointments, processing of correspondence, typing of referral letters and making hospital bookings etc.

**Advanced Trainee:** A trainee who is completing the final three years of training as a specialist, on the successful completion of which they will have met the requirements for fellowship of the relevant specialist college.

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

**Established Services:** Specialist medical services provided to regional, rural and remote regions prior to the inception of MSOAP.

**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 e.g. 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 but is awaiting a provider or has ceased to operate and has not yet located another provider
Operational:	A service is currently being provided or has a specialist contracted to provide a service.
Outreach Services:	Where a medical specialist provides specialist medical health services in a location that is not the location of their regular 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>• The General Practitioner and Specialist see the patient or perform a procedures together.</li> </ul>
Service/Location:	A single town or community where a specialist provides 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>
Time Zero Travel:	A payment to a non-salaried specialist for the time spent travelling to and from a location where they are providing visiting outreach services and/or upskilling.
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.

9.2.1 Table 4 List of specialties

Specialty / Sub specialty	Specialty / Sub specialty
Anaesthetist - Upskilling ( SimMan)	Surgery - Colorectal
Anaesthetic - Pain management	Surgery - Cardio / Thoracic
Dermatology	Surgery - ENT
Emergency Medicine	Surgery - General
Obstetrician & Gynaecology - Fertility	Surgery - Neuro
Obstetrician & Gynaecology – General	Surgery - Orthopaedic
Obstetrician & Gynaecology - Gynaecology	Surgery - Oral and Maxillofacial
Obstetrician & Gynaecology - Obstetrics	Surgery - Paediatric
Ophthalmology – General	Surgery – Plastic / Reconstructive
Ophthalmology - Surgery	Surgery - Thoracic
Physician - Addiction Medicine ( Drug and Alcohol)	Surgery - Urology
Physician - Cardiology	Surgery - Vascular
Physician - Endocrinology	Psychiatry - Adult
Physician - General	Psychiatry - Child and Adolescent
Physician - Genetics	Psychiatry - Forensic
Physician - Geriatrics	Psychiatry - General
Physician - Haematology	Psychiatry - Geriatric
Physician - Nephrology	Psychiatry - Neurology
Physician - Oncology	Paediatrics - Allergies
Physician - Palliative	Paediatrics - Developmental
Physician - Respiratory	Paediatrics - Endocrinology
Physician - Rehabilitation	Paediatrics - Genetics
Physician - Sexual Health	Paediatrics - Haematology
Physician - Thoracic	Paediatrics - Neurology
	Paediatrics - Rheumatology
	Radiology

*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.