Health Workforce Program:
Rural Junior Doctor Training
Innovation Fund – Round 2
Grant Opportunity - GO554
Guidelines

Opening date: 27 October 2017
Closing date and time: 2pm Canberra time on 14 December 2017
Commonwealth policy entity: The Department of Health
Enquiries: If you have any questions, please call (02) 6289 5600 or email grant.atm@health.gov.au
Questions should be sent no later than 5pm (AEDT) on 7 December 2017
Date guidelines released: 27 October 2017
Type of grant opportunity: Open competitive
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1. Health Workforce Program: Rural Junior Doctor Training Innovation Fund - Round 2 Processes

The Health Workforce Program is designed to achieve Australian Government objectives.
This grant opportunity the Rural Junior Doctor Innovation Fund - Round 2 is part of the above Grant Program which contributes to Health Workforce Program Outcome 2. The Department of Health works with stakeholders to plan and design the grant program according to the Commonwealth Grants Rules and Guidelines.

- The grant opportunity opens
  We publish the grant guidelines and advertise on GrantConnect.

- You complete and submit a grant application

- We assess all grant applications
  We assess the applications against eligibility criteria. If your application meets all of the eligibility criteria, it will progress to assessment against the assessment criteria including an overall consideration of value with relevant money.

- We make grant recommendations
  We provide advice to the decision maker on the merits of each application.

- Grant Decisions are made
  The decision maker decides which grant applications are successful.

- We notify you of the outcome
  We advise you of the outcome of your application.
  All applicants will be notified.

- We enter into a grant agreement or a letter of agreement
  We will enter into a grant agreement with the successful applicants. The type of grant agreement is based on the nature of the grant and proportional to the risks involved.

- Delivery of grant
  You undertake the grant activity as set out in your grant agreement. We manage the grant by working with you, monitoring your progress and making payments.

- Evaluation of the Rural Junior Doctor Training Innovation Fund Round 2
  We evaluate the specific grant activity and program as a whole. We base this on information you provide to us and that we collect from various sources.
1.1 About the Health Workforce Program

The Health Workforce Program (the Program) was originally established as a Flexible Fund in 2011. In 2015 the Program was realigned to ensure flexibility, provide efficient evidence based funding for the delivery of health workforce outcomes and support rural outreach services.

There is a continued commitment within the Program to key priorities that support the delivery of a high quality, well distributed future health workforce including activities that increase training opportunities, assist retention, provide support to doctors, nurses and allied health professionals, and improve access to health services in rural, regional and remote areas of Australia.

The Program aims to improve capacity, quality and the mix of the health workforce to meet the requirements of the Australian health system. In addition, it will improve the health outcomes of people living in rural, regional and remote locations by encouraging health professionals to work in these areas and supporting the delivery of outreach health activities.

The Program will fund activities that are directed at strengthening the capacity of the health workforce to deliver high quality care by targeting the following priority areas:

- increase the supply of health workers – taking into account the changing demographics of the Australian population and changing health needs, and address current shortages;
- ensure a capable and qualified workforce – through registration, accreditation, training and development;
- support the Indigenous health workforce – through activities that promote an increase in the capacity of the Aboriginal and Torres Strait Islander health workforce and the broader health workforce to address the needs of Aboriginal and Torres Strait Islander peoples; and
- address health workforce shortages in rural, regional and remote Australia – through, for example, outreach programs, rural workforce programs and targeted workforce incentives.

The Rural Junior Doctor Training Innovation Fund (RJDTIF) is a component of the Program contributing to Outcome 2 – Health Access and Support Services.

Further detail on RJDTIF can be found under Annexure A2 – Medical Training of the Health Workforce Program Guidelines.

1.2 About the Rural Junior Doctor Training Innovation Fund
Grant Opportunity

This second round of funding for the Rural Junior Doctor Training Innovation Fund (RJDTIF) will run over four financial years from 2017-18 to 2020-21.

The objectives of the RJDTIF are to:

• provide rural-based junior doctors with a training period in a rural primary care setting, building on the rural training networks for interns that are funded by the states and territories;
• develop rural training capacity by fostering innovative ways of training junior doctors in primary care settings; and
• strengthen the rural training pathway to improve continuity of training for junior doctors within their region.

The intended outcomes of the RJDTIF are:

• improved retention of medical graduates and junior doctors in rural medical practice;
• increased rural medical training capacity; and
• a contribution to the development of a rural pathway continuum for medical education and training in expanded settings by enhancing rural training networks.

The Integrated Rural Training Pipeline (IRTP) for Medicine measure was announced on 15 December 2015 in the 2015-16 Mid-Year Economic and Fiscal Outlook. This initiative will help retain medical graduates in rural areas by better coordinating the different stages of medical training within regions and building additional rural training capacity. Through this approach more health practitioners will be able to complete the different stages of their medical training, from student to specialist, within rural areas.

The IRTP comprises three linked and complementary components:

• the formation of up to 30 regional training hubs;
• the establishment of a rural junior doctor training innovation fund to deliver general practice rotations for junior doctors undertaking their internship in a rural area; and
• support for an additional 100 places on the Specialist Training Program, targeted specifically to rural areas.

The RJDTIF targets organisations that can provide innovative pathways for rural based junior doctors (Post Graduate Year 1) to access an accredited intern rotation (between 8 to 12 weeks) in a rural primary care setting; such as a General Practice or an Aboriginal Medical Service.

The RJDTIF will foster the development of innovative rural junior doctor training within the larger rural training networks for interns, established within state and territory health systems through supporting at least 60 full-time equivalent (FTE) places annually, comprising around 240 accredited intern rotations annually into primary care settings.

The RJDTIF Round 1 closed 4 May 2017 and awarded funding for 78 FTE places (364 rotations) nationally for interns across the 2018, 2019 and 2020 training years.

These guidelines contain information for this grant opportunity, which seeks to support expansion of medical training capacity through fostering the development of innovative
models of junior doctor training between rural public hospitals and primary care settings that include rotations into primary care settings in Australian Statistical Geography Standard - Remoteness Areas (ASGS-RA) 2 to 5 locations. Applicants can find ASGS-RA locations by using a Google Map interface on the DoctorConnect website.

The performance indicators for the RJDTIF are based on:

**Quantitative**
- at least 60 FTE places, comprising around 240 accredited intern rotations into primary care settings each year, successfully completed by rural-based junior doctors; and
- successful completion of a minimum of one (1) accredited intern rotation into a primary care setting undertaken by each rural-based junior doctor.

**Qualitative**
- training activities are delivered in accordance with the requirements of the national registration standards for medical interns set by the Medical Board of Australia; and
- training activities result in junior doctors reporting being supported and mentored into considering a future career in rural medicine.

This document sets out:
- the purpose of the grant opportunity;
- the eligibility and assessment criteria;
- how grant applications are monitored and evaluated; and
- responsibilities and expectations in relation to the opportunity.

You must read this document before filling out an application.

## 2. Grant amount

A total of $18.631 million (GST exclusive) over four financial years is available for this grant opportunity, with limited training opportunities in 2018 and most training commencing in 2019.

### Table 1: Funding Available

<table>
<thead>
<tr>
<th>OUTCOME/ACTIVITY</th>
<th>2017/18 FY (GST excl)</th>
<th>2018/19 FY (GST excl)</th>
<th>2019/20 FY (GST excl)</th>
<th>2020/21 FY (GST excl)</th>
<th>TOTAL (GST excl)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RJDTIF Round 2 annual allocation</td>
<td>$0.847 m</td>
<td>$6.089 m</td>
<td>$6.195 m</td>
<td>$5.500 m</td>
<td>$18.631 m</td>
</tr>
</tbody>
</table>

This round aims to fund at least 36 FTE positions (around 160 rotations) into primary care settings to meet the target of 60 FTE positions for the program as a whole. The total number of funded places will be determined by the cost of accredited intern rotations and funding available.
Submitting a grant application does not guarantee that applicants will receive a grant. Applicants should be aware that the department may enter into negotiations for a lower number of places applied for, based on application numbers, geographic distribution and value with relevant money.

The grant opportunity and process will be administered by the Department of Health via the Community Grants Hub

3. Grant eligibility criteria

We cannot consider your application if it does not satisfy all the eligibility criteria indicated in the application form and below:

- To participate in the Activity, applicants must be able to deliver, independently or in partnership, accredited medical internships for junior doctors based in ASGS-RA 2 to 5 locations including at least one rotation in a rural primary care setting that meets the Medical Board of Australia’s registration standard: *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*. 
  - Demonstrated ability to deliver primary care rotations, supported by evidence in the form of a signed letter from each supporting entity stipulating:
    - that the entity employing the intern will release them for the primary care rotation; and
    - that the entity supplying the primary care rotation will accept the intern for the primary care rotation. This entity must control the primary care setting, not be a coordinating service.
  
  **Note:** If the applicant is either the intern employer or the entity supplying the primary care rotation, that component of the eligibility criteria can be satisfied by stating the circumstance in the application.

  Provide the address of both the primary base(s) and the primary care rotation location(s) identifying the ASGS-RA rating. Applicants must use the excel spread sheet - Intern Rotation Placement Information for RJDTIF Round 2 Funded Places, Attachment (Table A.1) to the Application Form.

  Applicants can find ASGS-RA locations by using a Google Map interface on the DoctorConnect website.

  Applicants must consult with the jurisdictional body coordinating internships; see the membership list of the National Medical Intern Data Management Working Group (NMIDMWG) for initial contacts at Attachment A. At a minimum, applicants must note that they have consulted the appropriate area.

  - Applicants must demonstrate that places will be accredited medical internship training in ASGS-RA 2 to 5 locations for each training site for the duration of the funding period or have the capacity and means to attain this prior to commencement of training if successful. Applicants must provide written evidence in the application, of communication with the intern training accreditation authority (body accredited by the Australian Medical Council) to confirm (1) current accreditation status; (2) current application to attain accreditation; or (3) planning for an application to attain accreditation. Accreditation must be in place and confirmed with the department prior to
the commencement of training and active / current throughout the life of the granting period.

NOTE: Where not all proposed rotations applied for meet the eligibility criteria, only the eligible rotations will be assessed and considered.

3.1 Who is eligible to apply for a grant?

To be eligible you must:

- be one of the following entity types:
  - a company incorporated in Australia
  - a company incorporated by guarantee
  - an incorporated trustee on behalf of a trust
  - an incorporated association
  - a partnership
  - a consortium with a lead organisation
  - a registered charity or not-for-profit organisation
  - an individual
  - an Australian local government body
  - an Australian State/Territory government body
  - an Aboriginal and/or Torres Strait Islander Corporation registered under the Corporations (Aboriginal and /or Torres Strait Islander) Act 2006; or
- have an Australian Business Number (ABN)
- be registered for the purposes of GST
- be a permanent resident of Australia
- have an account with an Australian financial institution
- applications for funding must be submitted on the application form provided
- complete the application form in English
- be a legal entity able to enter into a legally binding agreement
- ensure the declaration in the application form is signed by a person authorised to act on behalf of the applicant. In the event of a consortium only the lead organisation can sign the Declaration.

Applications from consortia are acceptable, provided you have a lead applicant who is the main driver of the project and is eligible as per the list above.

1 The Australian Government recognises that some organisations may seek to form consortia in order to apply for a grant under the Program. Consortia are eligible to apply and the relevant conditions applicable to consortia are at 7.6 ‘Grant Applications from Consortia’
3.2 Who is not eligible to apply for a grant?
You are not eligible to apply if you are an:
- unincorporated association;
- overseas resident; or
- unincorporated entity.

3.3 What can the grant money be used for?
The grant can only be used for the reasonable direct costs associated with delivering accredited primary care intern rotations. Payments may be made for costs incurred by a hospital, when they are integral to providing the primary care rotation; either because the primary care rotation is directly linked to the hospital, as may be the case in more remote areas, or where the hospital is involved in providing education or support as part of the rotation. The accredited rotation(s) must be undertaken in a primary care setting, in ASGS-RA 2 to 5 locations by rural-based junior doctors.
Evidence will be required to support claims for funding. Costs that the grant can be used for may cover the following activities, either in full, or in part:
- a contribution to provide interns with salary and conditions equivalent to those which exist in public hospitals in the relevant state or territory, during the primary care rotation;
- clinical supervision and support costs during the primary care rotation;
- administration and education support and education materials linked to training in the primary care setting;
- reasonable travel and accommodation - reasonableness will be considered based on the rotation location as well as the relation between the rotation location and the intern’s primary base;
- minor contributions to furnishing an office for the intern at the rotation location, where necessary; and
- training infrastructure for the primary care setting (limited to minor essential items i.e. desk space, basic information technology, communications equipment).

The grant Activity (the primary care intern rotation) is anticipated to commence from May 2018, but the expected commencement date for the majority of activities is January 2019 and be completed by January 2021. Applicants should be aware that the department may enter into negotiations for a different number of places than is applied for, based on application numbers and value with relevant money considerations.

3.4 What the grant money cannot be used for?
You cannot use the grant for the following activities:
- any activity not supporting the grant program objectives and outcomes at Section 1.2;
- intern salaries for non-primary care rotations;
- Postgraduate Year 2 (PGY2) and beyond;
- primary care settings in locations that are not designated ASGS-RA 2 to 5;
- capital works or infrastructure projects;
4. The grant selection process

The selection process will be undertaken in two stages:

The eligibility of applicants will be considered at Stage 1 before applications are assessed. Each applicant must satisfy the Eligibility Criteria in Section 3 in order to be considered further.

Only applications that satisfy all of the eligibility criteria will proceed to Stage 2 and be considered for assessment against the Assessment Criteria. The Assessment Committee may contact applicants to clarify the eligibility or compliance of an application at the discretion of the chair of the Assessment Committee.

We will then assess your application using the below Rating Scale for all Assessment Criteria. Your application will be considered on its merits, based on:

- how well it meets the criteria;
- how it compares to other applications; and
- whether it provides value with relevant money.

**Table 2: Rating Scale for all Assessment Criteria**

<table>
<thead>
<tr>
<th>Rating Scale for all Assessment Criteria</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent Quality – response to this criterion, including all sub-criteria exceeds expectations. Additional evidence is available and confirms consistent superior performance against this criterion</td>
<td>9-10</td>
</tr>
<tr>
<td>Good quality – response to this criterion, addresses all or most sub-criteria to a higher than average standard. Some additional evidence* is available and confirms good performance against this criterion</td>
<td>7-8</td>
</tr>
<tr>
<td>Average quality – response against this criterion, meets most sub-criteria to an average but acceptable level. Some additional evidence* is available and provides some support for claims against this criterion</td>
<td>5-6</td>
</tr>
<tr>
<td>Poor quality – poor claims against this criterion but may meet some sub criteria. Additional evidence* available may be lacking detail and/or not directly relevant to the criterion</td>
<td>2-4</td>
</tr>
<tr>
<td>Does not meet criterion at all – response to this criterion does not meet expectations or, insufficient or no information to assess this criterion. Little or no additional evidence* available</td>
<td>0-1</td>
</tr>
</tbody>
</table>
Additional evidence may include attachments to the application, previous departmental experience with this applicant, referee reports or information from other responses in the application.

Weightings will be applied to the score for each assessment criterion to reflect the importance of each criterion. These weightings are based on a percentage allocation that totals 100% across all assessment criteria, with the most important assessment criterion being allocated the highest percentage and the least important assessment criterion being allocated the lowest percentage.

**Assessment Criterion Weighting**

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion 1: Alignment with program objectives and outcomes</td>
<td>50%</td>
</tr>
<tr>
<td>Criterion 2: Requirement for program activity</td>
<td>10%</td>
</tr>
<tr>
<td>Criterion 3: Capability and capacity to undertake the program activity</td>
<td>25%</td>
</tr>
<tr>
<td>Criterion 4: Efficient and effective use of grant funds</td>
<td>10%</td>
</tr>
<tr>
<td>Criterion 5: Risk and risk management</td>
<td>5%</td>
</tr>
</tbody>
</table>

5. The assessment criteria

You must address all of the following assessment criteria in your application. We will judge your application based on the weighting given to each criterion. The amount of detail and supporting evidence you provide in your application should be relative to the project size, complexity and grant amount requested. The application form includes word limits.

**Criterion 1: Alignment with program objectives and outcomes**

**Demonstrate how:**

- the proposal will contribute to delivering the RJDTIF objectives and outcomes, including any linkages with other components under the Integrated Rural Training Pipeline (IRTP) measure; and

- the junior doctor training will be implemented to meet the RJDTIF objectives and outcomes without duplicating activities or causing disruption of existing medical education and training activities in the region.

Your response should include:

- A detailed description of your organisation’s proposed model for delivering training and approach to clinical supervision. Give particular information about any innovative approaches/strategies which will deliver the proposed accredited intern rotation(s) in the rural primary care setting(s).

- Detail on how your organisation’s training delivery will support the rural training pathway and encourage junior doctors to pursue careers in rural practice.
Demonstrate your organisation’s ability to link into existing and developing medical training capacity, particularly in regional areas and in primary care setting(s).

**Further information on the IRTP is available at:**
- Media release ‘Building a Health Workforce for Rural Australia’
- Specialist Training Program

(Weighting 50%. Word limit: 1,500. If the response exceeds word limit, only the first 1,500 words will be considered)

**Criterion 2: Requirement for program activity**
Detail the rotations you are applying to fund, including their Australian Statistical Geography Standard – Remoteness Areas (ASGS-RA) 2 to 5, and the location of other rotations for those junior doctors (see section 15, Frequently Asked Questions, for further detail).

Your response should include:
- the number and location of junior doctor FTE places you are applying for by completing the excel spread sheet ‘Intern Rotation Placement Information for RJDTIF Funded Places’ - Attachment 1 to the Application Form.

(Weighting 10%. Word limit: 1,000. If the response exceeds word limit, only the first 1,000 words will be considered).

**Criterion 3: Capability and capacity to undertake the program activity**
Demonstrate how you will support junior doctors to complete their accredited intern rotation(s) in primary care setting(s) to meet the Medical Board of Australia’s registration standard; *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*. (see section 15, Frequently Asked Questions, for further detail on primary care settings).

Your response should include:
- Detail of your organisation’s governance and management structure.
- Detail of any previous and current experience in delivering medical education and training.
- Detail of any existing workforce and infrastructure available to support the delivery of junior doctor training including any accredited intern rotations into primary care settings.
- Demonstration that all medical internship training will occur in facilities that are accredited in accordance with the national standards and have or will be assessed by the intern accreditation authority. If accreditation has not been completed include pending accreditation activities including expected approval dates.

(Weighting 25%. Word limit: 1,000. If the response exceeds word limit, only the first 1,000 words will be considered)
Criterion 4: Efficient and effective use of grant funds

Submit a detailed cost breakdown of the project costs. You must also complete the indicative Grant Activity Budget Table A1 of the Application Form. Your budget should include assumptions for each line item.

(Weighting 10% Word limit: 500. Excluding the program activity budget table A1. If the response exceeds word limit, only the first 500 words will be considered)

Criterion 5: Risk and risk management

Demonstrate your organisation’s capacity to identify and manage the risk associated with the proposed activity.

Your response should include:
Anticipated key risks or issues associated with your application, whether they relate to the proposed model of delivery, rotations into primary care setting(s), governance, performance management, financial management or meeting professional standards, and provide a risk management plan for the anticipated risks including ownership of the risk, mitigation strategy(ies) and prioritisation.

(Weighting 5%. Word limit: 1,000. If the response exceeds word limit, only the first 1,000 words will be considered)

In assessing an application, the Assessment Committee may consider the applicant’s financial viability and the risk of the applicant undertaking the activity, and may use material included in response to one criterion in the assessment of other criteria.

The Assessment Committee may seek information about any applicant from any other source, including from within the Commonwealth, whether or not the individuals or organisations contacted are nominated as referees by the applicant.

The Assessment Committee may also consider information about the applicant that is available through the normal course of the department’s business.

The department will give consideration to a range of factors in assessing your application as a whole including innovation, commitment to a sustainable rural training pathway, links with local medical education and training networks, increased rural training capacity, state and territory support for the application and distribution of RJDTIF places to achieve national distribution.

6. The grant application process

6.1 Overview of application process

You must read these grant opportunity guidelines, the application form and the standard funding agreement 2015 terms and conditions before you submit an application.
You are responsible for ensuring that your application is complete and accurate. Giving false or misleading information will exclude your application from further consideration.

You must address all of the eligibility and assessment criteria to be considered for a grant. Please complete each section of the application form and make sure you provide the information we have requested.

Please keep a copy of your application and any supporting papers.

We will acknowledge that we have received your grant application within three working days.

### 6.2 Application process timing

Submit your application/s to the Department of Health by the closing date below (Table 3). The Australian Government will only accept a late application where it is a result of mishandling by the department or where the lateness was beyond the applicant’s control. The department may ask the applicant to provide evidence to support their claim regarding reasons for the lateness. The Chair of the Assessment Committee will take the reasons into consideration when deciding whether or not to accept the late application.

The selection process may take some time to complete - it is anticipated that successful applicants will be notified of the outcome by the end of February 2018.

A limited number of activities may commence from May 2018, but the expected commencement date for the majority of activities is January 2019 and the expected completion date for all activities is January 2021.

You must spend the grant by the end date. Any unspent funds will be returned to the department.
Table 3: Expected timing for this grant opportunity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application period:</td>
<td>Open: 27/10/2017 Close: 2.00pm Canberra time on 14/12/2017</td>
</tr>
<tr>
<td>Assessment of applications:</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Approval of outcomes of selection process:</td>
<td>1-2 weeks</td>
</tr>
<tr>
<td>Negotiations and award of grant agreements:</td>
<td>1-3 weeks</td>
</tr>
<tr>
<td>Notification to unsuccessful applicants:</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Activity commences:</td>
<td>05/2018</td>
</tr>
<tr>
<td>End date:</td>
<td>31/01/2021</td>
</tr>
</tbody>
</table>

6.3 Completing the grant application

You must submit your grant application on the application form, which can be downloaded at GrantConnect. The application form includes help information.

You must make sure that your application is complete and accurate and submitted in accordance with these Guidelines and application form.

You cannot change your application after the closing date and time.

You should email Grant.ATM@health.gov.au immediately if you discover an error in an application after submission. The Department of Health may request clarification or additional information from you that does not alter the substance of your application in response to an omission or error of form. The Department of Health is not bound to accept any additional information, or requests to change applications after the closing time.

6.4 Attachments to the application

The following documents must be included with your application:

- intern rotation(s) accreditation documentation;
- evidence of support from the intern employer (unless the applicant);
- evidence of support from the provider of the primary care rotation (unless the applicant);
- completed excel spread sheet - Intern Rotation Placement Information for RJDTIF Round 2 Funded Places, Attachment 1 to the Application Form;
- completed indicative budget (Table A1 of the Application Form.);
- letters of support from Consortia (if applicable); and
- proof of consultation or letter from the Jurisdictional body coordinating internships.
Your supporting documentation should be attached to the application form. There will be instructions in the application form to help you. You may, but do not need to, attach written referee reports relating to the proposed training model or your ability to deliver the proposed activity. Only attach the documents you have been asked to include.

6.5 Applications from consortia

Some organisations may apply as a consortium to deliver grant activities. A consortium is two or more businesses who are working together to combine their capabilities when developing and delivering a grant activity.

If you are submitting a grant application on behalf of a consortium, a member organisation or a newly created organisation must be appointed as the 'lead organisation'. Only the lead organisation will enter into a grant agreement with the Commonwealth and will be responsible for the grant. The lead organisation must complete the application form and identify all other members of the proposed consortium in the application. The application must include a letter of support from each organisation involved in the grant. Each letter of support should include:

• an overview of how the consortium will work together to complete the grant activity;
• an outline of the relevant experience and/or expertise of the consortium members;
• the roles/responsibilities of consortium members and the resources they will contribute (if any);
• details of a nominated management level contact officer; and
• details of the lead organisation.

6.6 Questions during the application process

If you have any questions during the application period, please email Grant.ATM@health.gov.au or call (02) 6289 5600 Monday to Friday 9:00am to 5:00pm Canberra time. The department will respond to emailed questions within three working days.

Questions seeking clarification of grant opportunity content should be emailed to Grant.ATM@health.gov.au by 5pm Canberra time on 7 December 2017. Where responses provide information that could advantage individual applicants, we will provide responses in writing to all prospective applicants. This will involve updating/adding content to a copy of Section 15, Frequently Asked Questions, during the open period of this grant opportunity. Each revision will be listed as an addendum to this grant opportunity on GrantConnect. Each revision will contain all previous questions and highlight in red the question(s) and answer(s) added since the previous version. Each revision will be dated and the last revision prior to the grant opportunity closing will be used to inform the assessment process.

Only those individuals that have registered their interest for this grant opportunity on GrantConnect will receive addenda notifications.
6.7 Further grant opportunities

In the event there are insufficient suitable applications to meet the program’s objectives, the department may seek to fill any gaps through subsequent or additional funding rounds, including targeting particular regions or previous applicants where applicable.

7. Assessment of grant applications

7.1 Who will assess applications?

An Assessment Committee will be established to assess applications on the merits of each application. The Assessment Committee will be comprised of representatives of the program policy division, specialist grant application assessors and grant managers. Depending on the volume and complexity of grant applications received, the Assessment Committee may utilise surge capacity to assist with the assessment.

The Assessment Committee may also seek input from external advisors to inform the assessment process. Any non-APS personnel involved in the assessment will be treated as entity staff in accordance with Part 1, Section 2.8 of the CGRGs.

The assessment committee may seek information about you or your application. They may do this from within the Commonwealth, even if the sources are not nominated by you as referees. The assessment committee may also consider information about you or your application that is available through the normal course of business.

If the selection process identifies unintentional errors in your application, you may be contacted to correct or explain the information.

7.2 Who will approve grants?

The assessment committee will make recommendations to the Assistant Secretary, Health Training Branch, Health Workforce Division (the decision maker). The decision maker will make the final decision to approve a grant.

The decision maker’s decision is final in all matters, including:

- the approval of the grant;
- the grant funding amount to be awarded; and
- the terms and conditions of the grant.

The decision maker must not approve funding if they reasonably consider the program funding available across financial years will not accommodate the funding offer, and/or the application does not represent value for money.

There is no appeal mechanism for decisions to approve or not approve a grant.
8. Notification of application outcomes

You will be advised of the outcomes of your application in writing, following a decision by the decision maker. If you are successful, you will also be advised about any specific conditions attached to the grant.

8.1 Feedback on your application

If you are unsuccessful, you may request feedback from the department within a period of one month of being advised of the outcome. All feedback provided by the Department will be verbal feedback.

If your application is deemed not eligible, the department will advise you in writing. Feedback will not be provided for ineligible applications.

9. Successful grant applications

9.1 The grant agreement

If you are successful, you must enter into a legally binding grant agreement with the Commonwealth represented by the department. The department will use the Department of Health’s Standard Funding Agreement to formulate our agreement with your organisation. Standard terms and conditions for the grant agreement will apply and cannot be changed. A schedule will be used to outline the specific grant requirements including outcomes, activities, milestones and performance indicators. Any additional conditions attached to the grant will be identified in the grant offer or during the grant agreement negotiations.

Specific reporting requirements will form part of the department’s grant agreement with successful applicants, and may include, but not limited to:

- Evidence of formal accreditation recognised by the Medical Board of Australia to deliver medical internship training for the duration of the funding period;
- Progress Reports including approach strategies for resolving any identified issues and a detailed financial statement of revenue and expenditure;
- Final Report; and
- Financial Reports (annual, externally audited, end of financial year statement of revenue including variances between proposed and actual expense).
- Evidence that Insurance requirements are in place.

Reporting requirements may vary depending on the department’s risk assessment of each organisation. Risk assessments may be reviewed by the department at any time during the life of the grant agreement and reporting requirements may be adjusted accordingly.

You should not make financial commitments until a grant agreement has been executed by the Commonwealth. While in-principle support from participating entities is required at the time an application is submitted; no payments will be made under the contract until the
successful applicant demonstrates that all participating entities have confirmed their participation and support.

9.2 How the grant will be paid

The grant agreement will state the:

- maximum grant amount to be paid;
- activity objects; and
- reporting requirements.

We will not exceed the maximum grant amount under any circumstances. If you incur extra eligible expenditure, you must pay it yourself.

Grant funding will be paid as you have achieved agreed milestones in the grant agreement.

The amount of each payment will be based on:

- eligible expenditure incurred that is directly related to the project
- agreed funding ratio for the project; and
- any other conditions of payment (e.g. satisfactory progress reports, approvals etc.).

9.3 Grant agreement variations

We recognise that unexpected events may affect the progress of a project. In these circumstances, you can request a project variation, including:

- changing project milestones; and
- extending the timeframe for completing the project but within the maximum 3 year period.

The program does not allow for an increase to the agreed amount of grant funds.

If you want to propose changes to the grant agreement, you must put them in writing before the grant agreement end date, to the contact specified in the grant agreement. We will not consider changes after the grant agreement end date.

You should not assume that a variation request will be successful. We will consider your request based on factors such as:

- how it affects the project outcome;
- consistency with the program policy objective and any relevant policies of the department;
- changes to the timing of grant payments; and
- availability of program funds.

10. Announcement of grants

If successful, your grant will be listed on the GrantConnect website no later than 21 calendar days after the grant agreement for the grant takes effect, as required by Section 5.3 of the CGRGs.
11. Delivery of grant activities

11.1 Your responsibilities

If successful you must carry out the grant activities in accordance with these guidelines and the grant agreement, which includes the standard terms and conditions, any supplementary conditions and the Schedule. The Schedule will outline the specific grant requirements.

You will be responsible for:
- meeting the terms and conditions of the grant agreement and managing the activity efficiently and effectively;
- meeting milestones and other timeframes specified in the grant agreement;
- complying with record keeping, reporting and acquittal requirements in accordance with the grant agreement;
- participating in grant program evaluation as necessary for the period specified in the grant agreement; and
- ensuring that activity outputs and outcomes are in accordance with the grant agreement.

11.2 The Department of Health’s responsibilities

The department will:
- meet the terms and conditions set out in the grant agreement;
- provide timely administration of the grant; and
- evaluate the grantee’s performance.

We will monitor the progress of your project by assessing reports you submit. Occasionally we may need to re-examine claims, seek further information or request an independent audit of claims and payments.

11.3 Grant payments and GST

Payments will be made as set out in the grant agreement. ‘Payments will be GST Inclusive (If applicable)’. When payments are made, the department will generate and send you a Recipient Created Tax Invoice (RCTI).

Before any payments are made, you must provide:
- evidence that you have achieved the associated milestone; and
- any other conditions of payment (e.g. evidence of purchase of equipment, satisfactory progress report, approvals, and any other documentation).

If you receive a grant, you should consider speaking to a tax advisor about the effect of receiving a grant before you enter into a grant agreement. You can also visit the Australian Taxation Office for more information.
11.4 Evaluation

The department will evaluate the program to measure how well the outcomes and objectives have been achieved. Your grant agreement requires you to provide information to help with this evaluation.

11.5 Acknowledgement

All publications related to grants under the Program must acknowledge the Commonwealth as follows:

‘This activity received grant funding from the Australian Government.’

12. Probity

The Australian Government will make sure that the program process is fair, according to the published guidelines, incorporates appropriate safeguards against fraud, unlawful activities and other inappropriate conduct and is consistent with the CGRGs.

12.1 Complaints process

The department’s Grant and Procurement Complaints Procedures apply to complaints about the Program. All complaints about a grant process must be lodged in writing.

Any questions you have about grant decisions for the Program should be sent to Grant.ATM@health.gov.au.

If you do not agree with the way the department has handled your complaint, you may complain to the Commonwealth Ombudsman. The Ombudsman will not usually look into a complaint unless the matter has first been raised directly with the department.

The Commonwealth Ombudsman can be contacted on:

Phone (Toll free): 1300 362 072
Email: ombudsman@ombudsman.gov.auWebsite: www.ombudsman.gov.au

12.2 Conflict of interest

Any conflicts of interest could affect the performance of the grant. There may be a conflict of interest, or perceived conflict of interest, if departmental staff, any member of a committee or advisor and/or you or any of your personnel:

- has a professional, commercial or personal relationship with a party who is able to influence the application selection process, such as an Australian Government officer;
- has a relationship with an organisation relationship with, or in, an organisation, which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently; or
• has a relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives funding under the Program.

You will be asked to declare, as part of your application, any perceived or existing conflicts of interests or that, to the best of your knowledge, there is no conflict of interest.

If you later identify that there is an actual, apparent, or potential conflict of interest or that one might arise in relation to a grant application, you must inform the department in writing immediately. Committee members and other officials including the decision maker must also declare any conflicts of interest.

The chair of the Assessment Committee will be made aware of any conflicts of interest and will handle them as set out in Australian Government policies and procedures. Conflicts of interest for Australian Government staff will be handled as set out in the Australian Public Service Code of Conduct (Section 13(7)) of the Public Service Act 1999.

12.3 Privacy: confidentiality and protection of personal information

We treat your personal information according to the 13 Australian Privacy Principles and the Privacy Act 1988. This includes letting you know:

• what personal information we collect;
• why we collect your personal information; and
• who we give your personal information to.

You are required, as part of your application, to declare your ability to comply with the Privacy Act 1988, including the Australian Privacy Principles and impose the same privacy obligations on any subcontractors you engage to assist with the activity. You must ask for the Australian Government’s consent in writing before disclosing confidential information.

Your personal information can only be disclosed to someone else if you are given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person’s life or health; or if you have consented to the disclosure.

The Australian Government may also use and disclose information about grant applicants and grant recipients under the Program in any other Australian Government business or function. This includes giving information to the Australian Taxation Office for compliance purposes.

We may reveal confidential information to:

• the committee and other Commonwealth employees and contractors to help us manage the program effectively
• employees and contractors of our department so we can research, assess, monitor and analyse our programs and activities
• employees and contractors of other Commonwealth agencies for any purposes, including government administration, research or service delivery
• other Commonwealth, State, Territory or local government agencies in program reports and consultations
• the Auditor-General, Ombudsman or Privacy Commissioner
• the responsible Minister or Parliamentary Secretary
• a House or a Committee of the Australian Parliament.

We may share the information you give us with other Commonwealth agencies for any purposes including government administration, research or service delivery and according to Australian laws, including the:

• Public Service Act 1999
• Public Service Regulations 1999
• Public Governance, Performance and Accountability Act
• Privacy Act 1988
• Crimes Act 1914
• Criminal Code Act 1995

We’ll treat the information you give us as sensitive and therefore confidential if it meets all of the four conditions below:

1. you clearly identify the information as confidential and explain why we should treat it as confidential
2. the information is commercially sensitive
3. revealing the information would cause unreasonable harm to you or someone else
4. you provide the information with an understanding that it will stay confidential.

The grant agreement will include any specific requirements about special categories of information collected, created or held under the grant agreement.

12.4 Freedom of information

All documents in the possession of the Australian Government, including those about the Program, are subject to the Freedom of Information Act 1982 (FOI Act).

The purpose of the FOI Act is to give members of the public rights of access to information held by the Australian Government and its entities. Under the FOI Act, members of the public can seek access to documents held by the Australian Government. This right of access is limited only by the exceptions and exemptions necessary to protect essential public interests and private and business affairs of persons in respect of whom the information relates.
All Freedom of Information requests must be referred to the Freedom of Information Coordinator in writing.

By mail: Freedom of Information Coordinator
FOI Unit
Department of Health
GPO Box 9848
Canberra ACT 2601

By email: foi@health.gov.au

13. Consultation

The development of the RJDTIF has been informed by consultation with stakeholders nationally through the Health Workforce Principal Committee (a principal committee of the Australian Health Ministers’ Advisory Council whose membership comprises senior officials from each state and territory and the Commonwealth). The HWPC’s role is to provide a forum for reaching agreement on key national level health workforce issues which require government collaborative action.

14. Glossary

**Activity**
The specific activity or project that is the subject of a grant.

**Assessment**
The panel of assessment staff formed to assess applications Committee for funding.

**assessment criteria**
The specified principles or standards against which applications will be judged. These criteria are also used to assess the merits of proposals and, in the case of a competitive granting activity, to determine applicant rankings. (as defined in the CGRGs)

**commencement date**
The expected start date for the grant activity.

**completion date**
The expected date that the grant activity must be completed and the grant spent by.

**date of effect**
This will depend on the particular grant. It can be the date in which a grant agreement is signed or a specified starting date. Where there is no grant agreement, entities must publish information on individual grants as soon as practicable. (CGRGs)
**decision maker**
The person who makes a decision to award a grant.

**double dipping**
Double dipping occurs where a grant recipient is able to obtain a grant for the same project or activity from more than one source. (CGRGs)

**department**
The Australian Government Department of Health, unless otherwise stated.

**eligibility criteria**
The principles, standards or rules that a grant applicant must meet to qualify for consideration of a grant. Eligibility criteria may apply in addition to assessment criteria. (CGRGs)

**Commonwealth entity**
A Department of State, or a Parliamentary Department, or a listed entity or a body corporate established by a law of the Commonwealth. See subsections 10(1) and (2) of the PGPA Act.

**cost shifting**
Involves ‘substitution of effort’ by the Commonwealth for activities of another organisation or level of government. For example, cost shifting occurs where the Commonwealth provides a grant for an activity that would usually be paid for by a state, territory, or local government, such as municipal services. (CGRGs)

**Financial Year**
A 12-month period beginning on 1 July of one year and ending on 30 June the following year.

**grant**
a grant is an arrangement for the provision of financial assistance by the Commonwealth or on behalf of the Commonwealth:

a) under which relevant money or other CRF money, is to be paid to a recipient other than the Commonwealth; and

b) which is intended to assist the recipient achieve its goals; and

c) which is intended to help address one or more of the Australian Government’s policy objectives; and

under which the recipient may be required to act in accordance with specified terms or conditions. CGRGs section 2.3

**grant activity**
Is the project /tasks /services that the Grantee is required to undertake with the grant money. It is described in the Grant Agreement. (Proposed definition in the grants taxonomy)
grant agreement
Grant agreement means the contract template used by Australian Government entities to set out the mutual obligations relating to the provision of the grant. The Australian Government is standardising and streamlining grant agreements between the Commonwealth and grant recipients to allow grant recipients to engage more easily and efficiently with the Commonwealth. (CGRGs)

grant opportunity
A notice published on GrantConnect advertising the availability of Commonwealth grants. (Proposed definition in the grants taxonomy)

grant program
May be advertised within the 'Forecast Opportunity' (FO) section of GrantConnect to provide a consolidated view of associated grant opportunities and provide strategic context for specific grant opportunities.

Grant recipient
An organisation funded by the Commonwealth to deliver a grant activity.

PBS Program
Described within the entity's Portfolio Budget Statement, PBS programs each link to a single outcome and provide transparency for funding decisions. These high level PBS programs often comprise a number of lower level, more publicly recognised programs, some of which will be Grant Programs. APBS Program may have more than one Grant Program associated with it, and each of these may have one or more grant opportunities.

selection criteria
Comprise eligibility criteria and assessment criteria. (CGRGs)

selection process
The method used to select potential grantees. This process may involve comparative assessment of applications or the assessment of applications against the eligibility criteria and/or the assessment criteria. (CGRGs)
15. Frequently Asked Questions

The following questions and answers are specific to this grant opportunity.

The Frequently Asked Questions part of this document may require updating during the open period of this grant opportunity. In these instances a revised version of this part of the document will be listed as an addendum to this grant opportunity on GrantConnect. Each revision will contain all previous questions and highlight in red the question(s) and answer(s) added since the previous version. Each revision will be dated and the last revision prior to the grant opportunity closing will be used to inform the assessment process.

Only those individuals that have registered their interest for this grant opportunity on GrantConnect will receive notifications of addenda.

The selection process may take some time to complete; successful applicants will be notified of the outcome by the end of February 2018.

1. Can a number of organisations submit a joint application (consortium)?

Yes. If the work or Activity involves more than one organisation, you can submit a joint application. However, in order to manage the funds appropriately, if a joint application is successful, the department will enter into a grant agreement with the nominated lead organisation. The joint application should include letters of support in line with Section 6.5

2. What is a lead organisation?

If you wish to submit a joint application with one or more other organisations, one organisation must be nominated as the lead organisation for the application. The lead organisation for the Activity will, if your application is successful, sign the grant agreement, receive the funding and assume legal responsibility for performing the grant agreement.

The lead organisation must be an eligible entity as specified under Section 3.1.

3. Are there any GST or income tax-related issues involved in receiving funding?

Yes. Clause 3.9 of the Standard Funding Agreement outlines the taxes (including GST), duties and government charges for which successful funding applicants will be responsible.

We recommend that you seek independent advice regarding the tax implications of receiving funding.

4. When will my organisation receive the funding?

If your application for funding is successful, an initial payment may be made after the grant agreement has been signed by your organisation and by the department. All other payments of funding will be based on milestones (e.g. performance reports) as set out in the Schedule to the grant agreement.
5. Who should I contact if I need more information?

All questions relating to the content of this Grant Opportunity should be emailed to Grant.ATM@health.gov.au by 5pm (AEDT) on 7 December 2017.

6. Can interns provide services for which a Medicare benefit is payable while on a rural primary care rotation under this Activity?

No. Interns (PGY1 doctors) typically cannot provide services for which a Medicare benefit is payable. While some workforce programs allow medical practitioners to provide Medicare rebateable services who would not otherwise be eligible to do so (under Section 3GA of the Health Insurance Act 1973), the Rural Junior Doctor Training Innovation Fund (the Activity) is not such a program. This program aligns with the need for an intern to be supervised during their primary care rotation.

7. What is the appropriate cost of each rotation?

The cost per rotation should be no more than $45,000 (GST excl), when all costs are considered and when rotations are in remote or very remote locations (ASGS-RA4-5). Typically, rotations may represent value for money in the range of $35,000 to $42,000 per rotation when all costs are considered.

8. Can grant funding provided through the Rural Junior Doctors Training Innovation Fund grant opportunity be used for gaining or maintaining intern training accreditation?

While funds are not intended for this purpose requests for using grant funds to contribute towards the cost of accreditation may be considered on a case by case basis against the objectives of the program. These, along with all requests for funds will be considered within the allocation of funds for each rotation.

9. What is the restriction against commercial clinical room hiring costs?

The Commonwealth will not support through this grant opportunity, a commercial cost for the hiring of a GP consultation room. The program is not intended to effectively reimburse a GP practice as if a room would otherwise be occupied by a fully practicing fellowed GP. A contribution towards some costs associated with furnishing an office or training infrastructure is allowed (and considered in light of the rotation’s value for money assessment) indicating a small contribution towards a room that the intern may use.

10. What are innovative models of junior doctor training?

The RJDTIF’s scope includes supporting the expansion of medical training capacity through fostering the development of innovative models of junior doctor training. That a proposal is innovative does not excuse complying with other aspects of this Grant Opportunity. The innovation aspects of a model are likely to mostly be described and assessed under Criterion
One. This means that in developing and describing such a model, the applicant should be particularly focused on addressing the RJDTIF objectives and outcomes.

11. How can I demonstrate that my model builds on the rural training networks for interns that are funded by the states and territories?

Most intern training is the responsibility of states and territories. The way intern training is structured differs across jurisdictions. Applications will need to demonstrate that they understand the environment in the applicable jurisdiction. Support by relevant state and territory agencies will also be positively considered.

12. Do all proposed rotations listed in an application need to meet all the eligibility criteria?

Yes. Only eligible rotations in an application will be assessed.

13. What satisfies that a trainee is based in ASGS-RA 2 to 5 locations?

The intern year must be based in ASGS-RA 2 to 5 locations.

Applicants must demonstrate that places will be accredited medical internship training in ASGS-RA 2 to 5 locations for each training site for the duration of the funding period or have the capacity and means to attain this prior to commencement of training if successful. Applicants must provide written evidence in the application, of communication with the intern training accreditation authority (body accredited by the Australian Medical Council) to confirm (1) current accreditation status; (2) current application to attain accreditation; or (3) planning for an application to attain accreditation. Accreditation must be in place and confirmed with the department prior to the commencement of training and active / current throughout the life of the granting period.

15 What rural Primary Care Rotations are eligible?

The rural primary care rotations eligible for funding under the RJDTIF, must be in a setting where it can be reasonably anticipated that interns will experience the delivery of primary care services.

Primary health care usually involves the first (primary) layer of services encountered in health care. Most primary care rotations will be in GP practices or Aboriginal Community Controlled Health Services, but some hospitals, such as those in Modified Monash Model (MMM) areas 3 to 7 provide most of a community’s primary care. Applicants can find MMM locations by using a Google Map interface on the DoctorConnect website.

Rotations into hospitals will only be considered if the hospital is in MMM 3 to 7 and must still demonstrate clear linkages with the provision of primary care services to the community.
14. Are GP Services Primary Care?

Not necessarily, GPs provide many hospital emergency, inpatient and procedural services. Exposure to some of these services will not exclude the rotation from being considered but the application must clearly demonstrate linkages to primary care service delivery.