



Australian Government
Department of Health

**Health Workforce Program
Junior Doctor Training Program
Rural Junior Doctor Training Innovation Fund Round 3
Grant Opportunity Guidelines
GO1977**

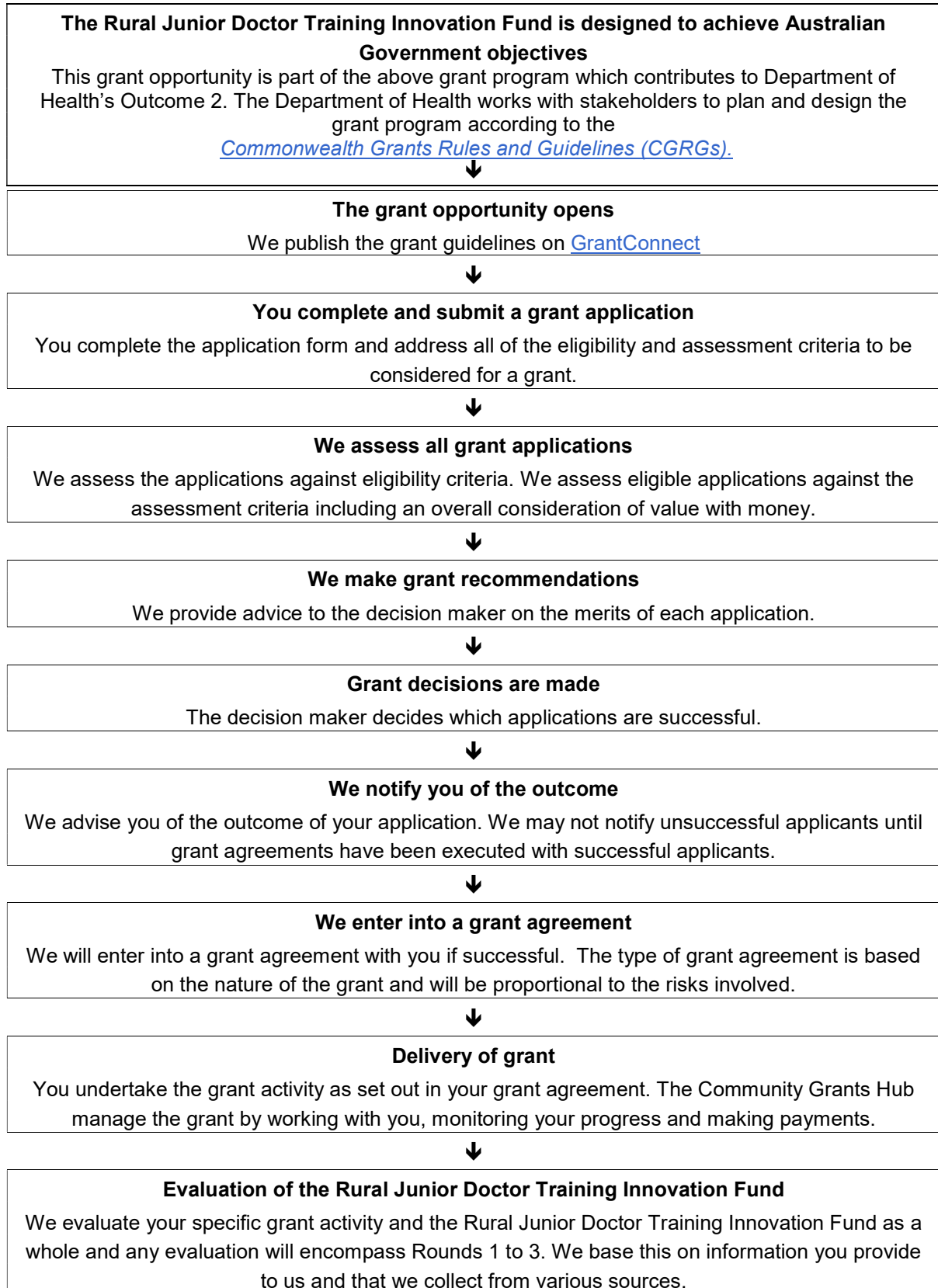
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Closing date and time:	2.00pm Canberra local time on Tuesday, 12 March 2019
Commonwealth policy entity:	Department of Health
Administering entity:	Department of Social Services: Community Grants Hub
Enquiries:	If you have any questions, contact the department via email at: Grant.ATM@health.gov.au Questions should be sent no later than Monday, 4 March 2019
Date guidelines released:	14 February 2019
Type of grant opportunity:	Closed competitive

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1. Rural Junior Doctor Training Innovation Fund: Round 3 processes



1.1 Introduction

These guidelines contain information for the Rural Junior Doctor Training Innovation Fund: Round 3 grants.

You must read these guidelines before filling out an application.

This document sets out:

- the purpose of the grant program/grant opportunity
- the eligibility and assessment criteria
- how grant applications are considered and selected
- how grantees are notified and receive grant payments
- how grantees will be monitored and evaluated
- responsibilities and expectations in relation to the opportunity.

2. About the grant program

The Rural Junior Doctor Training Innovation Fund spans the 2018 to 2020 academic years, crossing four financial years from 2017-18 to 2020-21.

The Rural Junior Doctor Training Innovation Fund was established through the *Integrated Rural Training Pipeline (IRTP) for Medicine* measure, announced on 15 December 2015, in the *2015-16 Mid-Year Economic and Fiscal Outlook*. This initiative aims to 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 different stages of their medical training, from student to specialist, within rural areas.

The IRTP comprises three linked and complementary components:

1. The formation of up to 30 regional training hubs.
2. The establishment of a rural junior doctor training innovation fund to deliver general practice rotations for junior doctors undertaking training in rural areas.
3. Support for an additional 100 places on the Specialist Training Program, targeted specifically to rural areas.

The Rural Junior Doctor Training Innovation Fund transferred to the Junior Doctor Training Program (Rural Primary Care Stream) – a key element of the Stronger Rural Health Strategy announced as part of the 2018-19 Budget, in which the Government committed \$550 million investment to support improved rural health services over five years from 2018.

Under the Junior Doctor Training Program, the objectives of the Rural Junior Doctor Training Innovation Fund are to provide training to junior doctors in their 1st (intern) postgraduate year and now to expand training opportunities for 2nd postgraduate year junior doctors by:

- providing rurally based junior doctors with a training period in a rural primary care setting, building on the rural training networks that are funded by the states and territories
- developing rural training capacity by fostering innovative ways of training junior doctors in primary care settings
- strengthening the rural training pathway to improve training continuity within their region

The intended outcomes of the program are:

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

The Rural Junior Doctor Training Innovation Fund:

- targets organisations that can provide innovative pathways for rurally based junior doctors in their 1st (intern) year and now 2nd postgraduate years, to access a training rotation (between 8 to 12 weeks) in a rural primary care setting such as a general practice or an Aboriginal Medical Service.
- fosters the development of innovative rurally based junior doctors in their 1st (intern) and 2nd postgraduate year placements within the larger rural training networks for junior doctors. These networks are established within state and territory health systems and are being expanded by Commonwealth investment through supporting an additional 60 full-time equivalent (FTE) places annually, comprising around 240 accredited annual rotations for junior doctors into primary care settings (through RJDITF Rounds 1-3).

We administer the program according to the [Commonwealth Grants Rules and Guidelines](#) (CGRGs)¹.

2.1 About the Rural Doctor Training Innovation Fund: Round 3 grant opportunity

The aim of this grant opportunity is to expand the Rural Junior Doctor Training Innovation Fund to move beyond the delivery of rurally based accredited internships, and extend these activities to include training for junior doctors in their 2nd postgraduate year in rural locations.

This will enhance the rural training pipeline and is consistent with the policy objectives of the Junior Doctor Training Program through fostering the development of innovative models of junior doctor training between rural public hospitals (ie. employer of the junior doctor) and in primary care settings, through an expanded training network, in Modified Monash Model (MMM) classification 2-7 locations. Applicants can find MMM locations by using the Google Map interface available on the [DoctorConnect](#) website.

The expansion period to include junior doctors in their 2nd postgraduate year is to occur from the second half of 2019 to the end of the 2020 academic years, with funding crossing three financial years from 2018-19 to 2020-21.

Round 3 will be conducted on a closed competitive basis, with applications open to those organisations, currently funded under the Rural Junior Doctor Training Innovation Fund, that are able to demonstrate their ability to successfully deliver rural primary care training for junior doctors in their 2nd postgraduate year employed by rural hospitals. This includes organisations wishing to work in consortia - see [item 7.2 \(Joint \[consortia\] applications\)](#):

Placements will be funded up to the level of available funding and there is no guarantee that all organisations receiving funding under the Rural Junior Doctor Training Innovation Fund from Rounds 1 and 2 will be supported through Round 3.

¹ <https://www.finance.gov.au/sites/default/files/commonwealth-grants-rules-and-guidelines.pdf>

3. Grant amount and grant period

3.1 Grants available

A total of \$5.440 million (GST exclusive) over three financial years is available for this grant opportunity.

Table 1: Funding available

OUTCOME/ ACTIVITY	2018-19 FY (GST excl)	2019-20 FY (GST excl)	2020-21 FY (GST excl)	TOTAL (GST excl)
Rural Junior Doctor Training Innovation Fund: Round 3 annual allocation	\$0.700	\$3.160m	\$1.580m	\$5.440m

For further information on the expected cost per rotation, please refer to Appendix A (*Frequently Asked Questions*).

3.2 Grant period

The grant period is intended to cover junior doctor training for those in their 2nd postgraduate year during the 2019 (second half) and 2020 academic years. The grant period also covers some development activities during the first half of 2019 as outlined in item 5.1. The maximum grant period spans three financial years ending on 30 June 2021 to allow final reporting requirements to be completed.

4. Eligibility criteria

We cannot consider your application if you do 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, primary care training rotations for junior doctors based in MMM 2-7 locations that have been supported through either Round 1 or 2 of the Rural Junior Doctor Training Innovation Fund. This includes ensuring that participating primary care settings are accredited for intern training by their state/territory postgraduate medical council.
- 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 junior doctor will release them for the primary care rotation
 - supplying the primary care rotation will accept the junior doctor 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 rural public hospital (ie. employer of the junior doctor) junior doctor 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. The Department recognises that not all placements for junior doctors in their 2nd postgraduate year currently require accreditation. However, to ensure the safety and quality of funded placements, only those sites with current intern accreditation will be considered.

- provide the address of both the primary base(s) and the primary care rotation location(s) identifying the MMM rating. Applicants must use the EXCEL spreadsheet entitled:

Attachment 1 to RJDTIF Round 3 Application Form – Rotation Placement Information for RJDTIF Funded Places – GO1977.

Applicants can find MMM locations by using a Google Map interface on the [DoctorConnect](#) website.

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

To be eligible to apply you must be one of the organisations listed below and have received an invitation to apply from the Department.

Please note an automated notification email from [GrantConnect](#) advising you of a new Grant Opportunity is not an invitation to apply for this Grant Opportunity.

4.1 Who is eligible to apply for a grant?

To be eligible you must be the listed organisation; or alternatively, as the listed organisation, you wish to work in consortia to deliver the best outcomes under the program - see [Item 7.2 \(Joint \[consortia\] applications\)](#):

- Bairnsdale Regional Health Service
- Canberra Health Services
- Central Australia Health Service
- Country Health SA Local Health Network Incorporated
- Darling Downs Hospital and Health Service
- Eastern Victoria GP Training Limited
- Ingham Family Medical Practice
- Ochre Health Pty Limited
- Mid North Coast Local Health District
- Murrumbidgee Local Health District
- Northern Territory of Australia (Top End Health Service)
- Pioneer Health (Tadj, David)
- Royal Flying Doctor Service of Australia (Queensland Section) Limited
- South West Healthcare
- Western NSW Local Health District.

These organisations have been determined to have:

- knowledge of, and capability to deliver, the Junior Doctor Training Program – Rural Primary Care Stream (Rural Junior Doctor Training Innovation Fund) objectives and outcomes
- previous experience and capacity in delivering training specifically geared towards junior doctors and therefore well-placed to continue this work
- existing organisational infrastructure to support junior doctor training
- established networks with junior doctors that will be leveraged during the 2019 (second half) and 2020 academic years
- connections with key stakeholders and informants, demonstrating positive reputations developed within the junior doctor training sector

- established administrative arrangements that enable the delivery of junior doctor training administrative processes, junior doctors will benefit from a supportive training environment under the Junior Doctor Training Program – Rural Primary Care Stream (Rural Junior Doctor Training Innovation Fund)
- demonstrated the ability to deliver medical internships (junior doctors in their 1st postgraduate year) that meet the requirements of relevant intern training accreditation authorities.

This arrangement will run parallel with work to be undertaken by the department to develop arrangements for future funding for the 2021 academic year onwards. These arrangements will be outlined in future editions of the Guidelines, and subject to government decisions.

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.

4.2 Who is not eligible to apply for a grant?

You are not eligible to apply if you are:

- a Commonwealth, state, territory or local government agency or body (including government business enterprises)
- an individual
- unincorporated association
- overseas resident/organisation
- any organisation, or consortia, not included in the list in section 4.1

5. What the grant money can be used for

5.1 Eligible grant activities

Grant money can only be used for the reasonable direct costs associated with delivering primary care rotations for junior doctors in their 2nd postgraduate year. Payments for one-off establishment costs will be allowed in the 2018-19 financial year with funding in the out-years to provide support for training placements. Payments may be made for costs incurred by a hospital when they are integral to providing the primary care rotation and this is 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. Rurally based junior doctors in their 2nd postgraduate year employed at a rural hospital must undertake the rotation in a primary care setting, in MMM 2-7 locations.

Evidence will be required to support claims for funding. Costs that the grant money can be used for may cover the following activities either in full, or in part:

- a contribution to provide junior doctors 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 junior doctor's primary base

- minor contributions to furnishing an office for the junior doctor at the rotation location, where necessary
- training infrastructure for the primary care setting (limited to minor essential items, i.e. desk space, basic information technology, communications equipment).

Primary care rotations for junior doctors in their 2nd postgraduate year are anticipated to commence from June/July 2019 and be completed by January 2021 (at the latest).

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, the available funds, achieving an appropriate national distribution of investment and value for money considerations.

5.2 Eligible locations

Your grant can include activities at different locations as long as they are delivered in Modified Monash Model 2-7 locations. This is because junior doctor training funded under the Rural Junior Doctor Training Fund is for rurally based rotations. Those entities (generally a hospital) releasing junior doctors to participate in this initiative should also be located in Modified Monash Model 2-7 areas.

Applicants can find MMM locations by using a Google Map interface on the [DoctorConnect](#) website.

5.3 Eligible expenditure

You can only spend grant funds on eligible expenditure you have incurred as defined in your grant agreement.

Eligible expenditure items are detailed at [item 5.1](#).

The Decision Maker makes the final decision on what is eligible expenditure and may give additional guidance on eligible expenditure if required.

You must incur the expenditure on your grant activities between the start and end date for it to be eligible.

We may update the guidelines on eligible expenditure from time to time. If your application is successful, the version in place when you submitted your application will be the version that applies to your grant activity.

5.4 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 [item 2](#)
- junior doctor salaries for non-primary care rotations
- junior doctor training for those doctors in their 3rd postgraduate year 3 and beyond
- primary care settings in locations that are not designated MMM 2-7
- capital works or infrastructure projects
- commercial clinical room hiring costs (see Appendix A: *Frequently Asked Questions* for more detail)
- activities that duplicate existing funded activities.

We cannot provide a grant if you receive funding from another government source for the same purpose.

6. The assessment criteria

You must address all of the following assessment criteria in your application. We will assess and evaluate 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 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 Rural Junior Doctor Training Innovation Fund objectives and outcomes, including any linkages with other components under the Integrated Rural Training Pipeline (IRTP) measure and the Junior Doctor Training Program
- junior doctor training will be implemented to meet the Rural Junior Doctor Training Innovation Fund 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 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 Integrated Rural Training Pipeline for Medicine measure and the Stronger Rural Health Strategy is available at:

- Media release entitled: *'Building a Health Workforce for Rural Australia'*
- Specialist Training Program
- Stronger Rural Health Strategy - Junior Doctor 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 Modified Monash Model classification 2-7 and the location of other rotations for those junior doctors in their 2nd postgraduate year (refer to the Rural Junior Doctor Training Innovation Fund: Round 3 under Appendix A: *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 *'Attachment 1 to RJDTIF Round 3 Application Form – Rotation Placement Information for RJDTIF Funded Places – GO1977'*.

(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 in their 2nd postgraduate year to complete their primary care rotation.

Your response should include detail of:

- your organisation's governance and management structure
- any previous and current experience in delivering medical education and training, particularly as that experience relates to your organisation's delivery of training rotations for junior doctors under either Round 1 or 2 of the Rural Junior Doctor Training Innovation Fund
- any existing workforce and infrastructure available to support the delivery of junior doctor training including any rotations into primary care settings.

(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 Program Activity Budget Table A1 of the Application Form. Your budget should include assumptions for each line item.

(Weighting 10% Word limit: 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)

7. How to apply

Before applying, you must read and understand these guidelines, the application form and the sample [Commonwealth Standard Grant Agreement](#). These documents may be found at [GrantConnect](#). Any alterations and addenda² will be published on [GrantConnect](#) and by registering on this website you will be automatically notified of any changes. Where there are any inconsistencies, [GrantConnect](#) is the authoritative source.

To apply you must:

- complete the application form provided
- provide all the information requested
- address all eligibility criteria and assessment criteria

² Alterations and addenda include but are not limited to: corrections to currently published documents, changes to close times for applications, Questions and Answers (Q&A) documents and Frequently Asked Questions (FAQ) documents

- include all necessary attachments
- submit your application to Grant.ATM@health.gov.au by 2pm on Tuesday, 12 March 2019.

You are responsible for ensuring that your application is complete and accurate. Giving false or misleading information is a serious offence under the [Criminal Code 1995](#) and we will investigate any false or misleading information and may exclude your application from further consideration.

If you find an error in your application after submitting it, you should email us immediately at Grant.ATM@health.gov.au. We do not have to accept any additional information, nor requests from you to correct your application after the closing time.

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

If we find an error or information that is missing, we may ask for clarification or additional information from you that will not change the nature of your application. However, we can refuse to accept any additional information from you that would change your submission after the application closing time.

You should keep a copy of your application and any supporting documents.

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

If you need further guidance around the application process or if you are unable to submit an application online, contact us at: Grant.ATM@health.gov.au

7.1 Attachments to the application

We require the following documents with your application:

- evidence of support from the junior doctor employer (unless the applicant)
- evidence of support from the provider of the primary care rotation (unless the applicant)
- completed EXCEL spreadsheet entitled: *Attachment 1 to RJDTIF Round 3 Application Form – Rotation Placement Information for RJDTIF Funded Places – GO1977*
- completed Program Activity budget ([Table A1](#) of the Application Form)
- letters of support from consortia (if applicable)
- proof of consultation or letter from the jurisdictional body coordinating junior doctor training for junior doctors in their 2nd postgraduate year.
- Proof of Entity Type

You must attach supporting documentation to the application form in line with the instructions provided within the form. You should only attach requested documents. We will not consider information in attachments that we do not request.

7.2 Joint (consortia) applications

We recognise that some organisations may want to join as a group to deliver a grant activity.

In these circumstances, the lead organisation must be one of the organisations listed at item 4.1. Only the lead organisation can submit the application form and enter into a grant agreement with the Commonwealth. The application must identify all other members of the proposed group [and include a letter of support from each of the partners].

Each letter of support should include:

- details of the partner organisation

- an overview of how the partner organisation will work with the lead organisation and any other partner organisations in the group to successfully complete the grant activity.
- an outline of the relevant experience and/or expertise the partner organisation will bring to the group
- the roles/responsibilities of the partner organisation and the resources they will contribute (if any)
- details of a nominated management level contact officer.

You must have a formal arrangement in place with all parties prior to execution of the agreement.

7.3 Timing of grant opportunity processes

You must submit an application between the published opening and closing dates. We will not accept late applications.

Table 1: Expected timing for this grant opportunity

Activity	Timeframe
Open on GrantConnect	4 weeks
Assessment of applications	2-4 weeks
Approval of outcomes of selection process	2-3 weeks
Negotiations and award of grant agreements	2-4 weeks
Notification to unsuccessful applicants	2 weeks
Earliest start date of grant activity	June/July 2019
*End date of grant activity or agreement	30/06/2021

*Noting that the placement activity is intended to cover only up to the end of the 2020 training year.

7.4 Questions during the application process

If you have questions relating to clarification of information of the available grant, technical issues or process during the application period, please contact Grant.ATM@health.gov.au. The department will respond to emailed questions within three working days.

Questions close five business days before the end of the application period. This allows the department to disseminate information to applicants with sufficient time for the applicant to consider the impact of the response on their application.

Requests for clarification may form the basis of a response that will be posted on the [GrantConnect](#) website in Frequently Asked Questions section relating to this grant opportunity. Any questions will be de-identified. Registered applicants will be notified of updates to the documents via email from [GrantConnect](#) website.

The department cannot assist you to address assessment criteria/determine eligibility or complete your application.

8. The grant selection process

8.1 Assessment of grant applications

First we review your application against the eligibility criteria. Only eligible applications will move to the next stage. We consider eligible applications through a closed, competitive grant process.

Only applications that satisfy all of the eligibility criteria will proceed to the next stage 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.

If eligible, we will then assess your application against the assessment criteria (see [item 6](#)) and against other applications. Although this is a targeted approach to market, applicants should be aware that in the event the total funding applied for (ie. across all eligible funding applications received by the department) exceeds the total funds available for this grant opportunity, the department will assess applications against each other to determine which applicants will be offered funding. We consider your application on its merits, based on:

- how well it meets the criteria
- how it compares to other applications
- whether it provides value with relevant money.³

Table 8: Assessment Criteria Scoring Matrix

Rating Scale for all Assessment Criteria	Score
Excellent Quality – response to this criterion exceeds expectations. Additional evidence* is available and confirms consistent superior performance against this criterion	9-10
Good quality – response to this criterion, addresses all or most criteria to a higher than average standard. Some additional evidence* is available and confirms good performance against this criterion	7-8
Average quality – response against this criterion, meets most criteria to an average but acceptable level. Some additional evidence* is available and provides some support for claims against this criterion	5-6
Poor quality – poor claims against this criterion but may meet some criteria. Additional evidence* available may be lacking detail and/or not directly relevant to the criterion	2-4
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	0-1

* 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
Criterion 1: Alignment with program objectives and outcomes	50%

³ See glossary for an explanation of 'value with money'.

Criterion 2: Requirement for program activity	10%
Criterion 3: Capability and capacity to undertake the program activity	25%
Criterion 4: Efficient and effective use of grant funds	10%
Criterion 5: Risk and risk management	5%

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 places funded to achieve national distribution.

When assessing the extent to which the application represents value with relevant money, we will have regard to:

- the overall objective/s to be achieved in providing the grant
- the relative value of the grant sought
- extent to which the geographic location of the application matches identified priorities
- the extent to which the evidence in the application demonstrates that it will contribute to meeting the outcomes/objectives of the grant.

8.2 Who will assess applications?

An Assessment Committee will assess each application on its merit before recommending which grant activities to fund. The Assessment Committee will consist of officers from the Australian Government Department of Health.

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 responses to one criterion in the assessment of other criteria.

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

The assessment committee recommends to the decision maker which applications to approve for a grant.

8.3 Who will approve grants?

The Assistant Secretary of the Health Training Branch (Decision Maker), Department of Health, decides which grants to approve taking into account the recommendations of the assessment committee and the availability of grant funds for the purposes of the grant program.

The Decision Maker's decision is final in all matters, including:

- the approval of the grant
- the grant funding amount to be awarded.

There is no appeal mechanism for decisions to approve or not approve a grant.

9. Notification of application outcomes

We will advise you of the outcome of your application in writing. If you are successful, we will advise you of any specific conditions attached to the grant.

If you are unsuccessful, we will give you an opportunity to discuss the outcome.

You can submit a new application for the same grant (or a similar grant) in any future grant opportunities under the program. You should include new or more information to address any weaknesses that may have prevented your previous application from being successful.

9.1 Feedback on your application

If you are unsuccessful, you may ask for feedback within one month of being advised of the outcome. We will give written feedback within one month of your request.

9.2 Further grant opportunities

If there are not enough suitable applications to meet the program's objectives, we may seek to fill any gaps through subsequent or additional funding rounds, including targeting particular regions or previous applicants where applicable.

10. Successful grant applications

10.1 The grant agreement

You must enter into a legally binding grant agreement with the Commonwealth. We use the [Commonwealth Standard Grant Agreement](#) for this program. Each agreement has standard terms and conditions that cannot be changed.

We must execute a grant agreement with you before we can make any payments. We are not responsible for any of your expenditure until a grant agreement is executed. If you choose to start your grant activities before you have an executed grant agreement, you do so at your own risk. You must not start any Rural Junior Doctor Training Innovation Fund activities until a grant agreement is executed.

Your grant agreement may have specific conditions determined by the assessment process or other considerations made by the Decision Maker. We will identify these in the agreement.

If you enter an agreement under the Rural Junior Doctor Training Innovation Fund, you cannot receive other grants for the same activities from other Commonwealth, state or territory granting programs.

The Commonwealth may recover grant funds if there is a breach of the grant agreement.

10.2 How we pay the grant

The grant agreement will state the:

- maximum grant amount to be paid
- activity components
- reporting requirements.

We will not exceed the maximum grant amount under any circumstances. If you incur extra costs, you must meet them yourself.

We will make payments according to an agreed schedule set out in the grant agreement. Payments are subject to satisfactory progress on the grant activity.

10.3 Grants Payments and GST

'Payments will be GST Inclusive'. If you are registered for the [Goods and Services Tax \(GST\)](#), where applicable, we will add GST to your grant payment and issue you with a [Recipient Created Tax Invoice](#).

Grants are assessable income for taxation purposes, unless exempted by a taxation law. We recommend you seek independent professional advice on your taxation obligations or seek assistance from the [Australian Taxation Office](#).⁴ We do not provide advice on your particular taxation circumstances.

11. Announcement of grants

If successful, your grant will be listed on the GrantConnect website 21 calendar days after the date of effect as required by Section 5.3 of the [CGRGs](#).

12. How we monitor your grant activity

12.1 Keeping us informed

You should let us know if anything is likely to affect your grant activity or organisation.

We need to know of any key changes to your organisation or its business activities, particularly if they affect your ability to complete your grant, carry on business and pay debts due.

You must also inform us of any changes to your:

- name
- addresses
- nominated contact details
- bank account details.

If you become aware of a breach of terms and conditions under the grant agreement, you must contact us immediately.

You must notify us of events relating to your grant and provide an opportunity for the Minister or their representative to attend.

12.2 Reporting

You must submit reports in line with the grant agreement. We will expect you to report on:

- progress against agreed grant activity milestones and outcomes
- contributions of participants directly related to the grant activity
- expenditure of the grant.

The amount of detail you provide in your reports should be relative to the size, complexity and grant amount.

We will monitor progress by assessing reports you submit and may conduct site visits or request records to confirm details of your reports if necessary. Occasionally we may need to re-examine claims, seek further information or request an independent audit of claims and payments.

⁴ <https://www.ato.gov.au/>

Progress reports

Progress reports must:

- include evidence of your progress towards completion of agreed activities and outcomes
- show the total eligible expenditure incurred to date
- include declaration/evidence of expenditure
- be submitted by the report due date (you can submit reports ahead of time if you have completed relevant activities).

We will only make grant payments when we receive satisfactory progress reports.

You must discuss any reporting delays with us as soon as you become aware of them.

Ad-hoc reports

We may ask you for ad-hoc reports on your grant. This may be to provide an update on progress, or any significant delays or difficulties in completing the [grant activity].

Final report

When you complete the grant activity, you must submit a final report.

Final reports must:

- identify if and how outcomes have been achieved
- include the agreed evidence as specified in the grant agreement
- identify the total eligible expenditure incurred
- be submitted by the agreed date and in the format provided in the grant agreement.

12.3 Financial declaration/Audited financial acquittal report

We may ask you to provide a declaration that the grant money was spent in accordance with the grant agreement and to report on any underspends of the grant money.

Alternatively, and depending on the level of funding/complexity of the grant activities, we may ask you to provide an independently audited financial acquittal report. A financial acquittal report will verify that you spent the grant in accordance with the grant agreement.

12.4 Grant agreement variations

We recognise that unexpected events may affect your progress. In these circumstances, you can request a variation to your grant agreement.

You should not assume that a variation request will be successful. We will consider your request based on provisions in the grant agreement and the likely impact on achieving outcomes.

12.5 Compliance visits

We may visit you during or at the completion of your grant activity to review your compliance with the grant agreement. We will provide you with reasonable notice of any compliance visit.

12.6 Record keeping

We may also inspect the records you are required to keep under the grant agreement.

12.7 Evaluation

We will evaluate the Rural Junior Doctor Training Innovation Fund to measure how well the outcomes and objectives have been achieved. We may use information from your application and reports for this purpose. We may also interview you, or ask you for more information to help us understand how the grant affected you and to evaluate how effective the program was in achieving its outcomes.

12.8 Acknowledgement

The program logo should be used on all materials related to grants under the program. Whenever the logo is used, the publication must also acknowledge the Commonwealth as follows:

‘Rural Junior Doctor Training Innovation Fund – an Australian Government initiative’.

If you make a public statement about a grant activity funded under the program, we require you to acknowledge the grant by using the following:

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

13. Probity

The Australian Government will make sure that the grant opportunity 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.

These guidelines may be changed from time-to-time by the Department of Health. When this happens, the revised guidelines will be published on [GrantConnect](#).

13.1 Enquiries and feedback

The department’s [Complaint Handling Process](#) apply to complaints about this grant opportunity. All complaints about a grant process must be lodged in writing.

Any questions you have about grant decisions for this grant opportunity 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.au
Website: www.ombudsman.gov.au

13.2 Conflicts of interest

Any conflicts of interest could affect the performance of the grant opportunity or program. There may be a conflict of interest, or perceived conflict of interest, if the department’s 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 [or member of an external panel]
- has a relationship with or interest 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 a grant under the grant program/ grant opportunity.

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 an actual, apparent, or perceived conflict of interest, you must inform the department in writing immediately.

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](#). Committee members and other officials including the decision maker must also declare any conflicts of interest.

The Conflict of Interest policy is available on the [Australian Public Service Commission's website](#).

13.3 Privacy

We treat your personal information according to the [Privacy Act 1988](#) and the [Australian Privacy Principles](#). This includes letting you know:

- what personal information we collect
- why we collect your personal information
- who we give your personal information to.

Your personal information can only be disclosed to someone else for the primary purpose for which it was collected, unless an exemption applies.

The Australian Government may also use and disclose information about grant applicants and grant recipients under this grant opportunity in any other Australian Government business or function. This includes disclosing grant information on GrantConnect as required for reporting purposes and giving information to the Australian Taxation Office for compliance purposes.

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

As part of your application, you declare your ability to comply with the *Privacy Act 1988* and the Australian Privacy Principles and impose the same privacy obligations on officers, employees, agents and subcontractors that you engage to assist with the activity, in respect of personal information you collect, use, store, or disclose in connection with the activity. Accordingly, you must not do anything, which if done by the Commonwealth Department of Health would breach an Australian Privacy Principle as defined in the Act.

13.4 Confidential Information

Other than information available in the public domain, you agree not to disclose to any person, other than us, any confidential information relating to the grant application and/or agreement, without our prior written approval. The obligation will not be breached where you are required by law, Parliament or a stock exchange to disclose the relevant information or where the relevant information is publicly available (other than through breach of a confidentiality or non-disclosure obligation).

We may at any time, require you to arrange for you; or your employees, agents or subcontractors to give a written undertaking relating to nondisclosure of our confidential information in a form we consider acceptable.

We will keep any information in connection with the grant agreement confidential to the extent that it meets all of the three 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.

We will not be in breach of any confidentiality agreement if the information is disclosed to:

- the Assessment 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, and
- a House or a Committee of the Australian Parliament.

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

13.5 Freedom of information

All documents in the possession of the Australian Government, including those about this grant opportunity, 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

14. Consultation

The development of the Rural Junior Doctor Training Innovation Fund is informed by consultation with stakeholders nationally through the Health Workforce Principal Committee (HWPC, a principal committee of the Australia Health Ministers' Advisory Council) whose membership comprises senior officials from 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 that require government collaborative action.

15. Glossary

Term	Definition
accountable authority	see subsection 12(2) of the Public Governance, Performance and Accountability Act 2013
administering entity	when an entity that is not responsible for the policy, is responsible for the administration of part or all of the grant administration processes
assessment criteria	are 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 grant opportunity, to determine application rankings.
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
co-sponsoring entity	when two or more entities are responsible for the policy and the appropriation for outcomes associated with it
date of effect	can be the date on 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.
decision maker	the person who makes a decision to award a grant
eligibility criteria	refer to the mandatory criteria which must be met to qualify for a grant. Assessment criteria may apply in addition to eligibility criteria.
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
Commonwealth Grants Rules and Guidelines (CGRGs)	establish the overarching Commonwealth grants policy framework and articulate the expectations for all non-corporate Commonwealth entities in relation to grants administration. Under this overarching framework, non-corporate Commonwealth entities undertake grants administration based on the mandatory requirements and key principles of grants administration.

Term	Definition
grant	<p>for the purposes of the CGRGs, a 'grant' is an arrangement for the provision of financial assistance by the Commonwealth or on behalf of the Commonwealth:</p> <ol style="list-style-type: none"> a. under which relevant money⁵ or other Consolidated Revenue Fund (CRF) money⁶ is to be paid to a grantee other than the Commonwealth; and b. which is intended to help address one or more of the Australian Government's policy outcomes while assisting the grantee achieve its objectives.
grant activity/activities	refers to the project/tasks/services that the grantee is required to undertake
grant agreement	sets out the relationship between the parties to the agreement, and specifies the details of the grant
GrantConnect	is the Australian Government's whole-of-government grants information system, which centralises the publication and reporting of Commonwealth grants in accordance with the CGRGs
grant opportunity	refers to the specific grant round or process where a Commonwealth grant is made available to potential grantees. Grant opportunities may be open or targeted, and will reflect the relevant grant selection process.
grant program	a 'program' carries its natural meaning and is intended to cover a potentially wide range of related activities aimed at achieving government policy outcomes. A grant program is a group of one or more grant opportunities under a single Department of Health (Health Workforce) Portfolio Budget Statement Program.
Grantee	the individual/organisation which has been selected to receive a grant
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. A PBS Program may have more than one Grant Program associated with it, and each of these may have one or more grant opportunities.

⁵ Relevant money is defined in the PGPA Act. See section 8, Dictionary.

⁶ Other CRF money is defined in the PGPA Act. See section 105, Rules in relation to other CRF money.

Term	Definition
selection criteria	comprise eligibility criteria and assessment criteria.
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.
value with money	<p>value with money in this document refers to ‘value with relevant money’ which is a judgement based on the grant proposal representing an efficient, effective, economical and ethical use of public resources and determined from a variety of considerations.</p> <p>When administering a grant opportunity, an official should consider the relevant financial and non-financial costs and benefits of each proposal including, but not limited to:</p> <ul style="list-style-type: none"> • the quality of the project proposal and activities; • fitness for purpose of the proposal in contributing to government objectives; • that the absence of a grant is likely to prevent the grantee and government’s outcomes being achieved; and • the potential grantee’s relevant experience and performance history.

Appendix A. 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.

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 lead organisation. The joint application should include letters of support in line with [Section 7.2](#).

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 [Item 4](#).

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

Yes. The [Commonwealth Standard Grant 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 executed 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 (Canberra local time) Monday, 4 March 2019.

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

While some workforce programs allow medical practitioners to provide Medicare rebate-able services who would not otherwise be eligible to do so (under the More Doctors for Rural Australia Program), the Rural Junior Doctor Training Innovation Fund is not such a program. This program aligns with the need for junior doctor in their 1st (intern) or 2nd postgraduate years 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 and \$55,000 (GST exclusive) for junior doctors in their 1st and 2nd postgraduate years respectively, when all costs are considered and when rotations are in remote or very remote locations (Modified Monash Model classification 6-7 locations). Typically, when all costs are considered, rotations may represent value for money in the range of:

Junior doctors in their 1st (intern) postgraduate year: \$35,000- \$42,000 per rotation

Junior doctors in their 2nd postgraduate year: \$45,000- \$52,000 per rotation

8. Can grant funding provided through the Rural Junior Doctors Training Innovation Fund grant opportunity be used for gaining or maintaining accreditation for junior doctors in their 1st (intern) postgraduate year of training*?

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.

*Note: the third round of the Rural Junior Doctor Training Innovation Fund is focussed on providing support for junior doctors in their 2nd postgraduate year.

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 junior doctor may use.

10. What are innovative models of junior doctor training?

The Rural Junior Doctor Training Innovation Fund'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 1. This means that in developing and describing such a model, the applicant should be particularly focused on addressing the Rural Junior Doctor Training Innovation Fund objectives and outcomes.

11. How can I demonstrate that my model builds on the rural training networks for junior doctors in their 1st and 2nd postgraduate years that are funded by the states and territories?

Most junior doctor training is the responsibility of states and territories. The way junior doctor training is structured differs across jurisdictions. Applications will need to demonstrate that they understand the environment in the applicable jurisdiction. The assessment committee will view applications demonstrating support by relevant state and territory agencies positively.

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 Modified Monash Model classification 2-7 locations?

Under the Rural Junior Doctor Training Innovation Fund, placements for junior doctors in their 1st and 2nd postgraduate years must be based in Modified Monash Model (MMM) classification 2-7 locations.

For all placements, applicants must demonstrate that the training setting is accredited for medical internship training in MMM classification 2-7 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: the third round of the Rural Junior Doctor Training Innovation Fund is focussed on providing support for junior doctors in their 2nd postgraduate year.

14. What rural primary care rotations are eligible?

The rural primary care rotations eligible for funding under the Rural Junior Doctor Training Innovation Fund must be in a setting where it can be reasonably anticipated that junior doctors in their 1st and 2nd postgraduate years 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 more remote areas (typically MMM 4-7) 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 hospital settings will only be considered if the hospital is providing primary care services to its local community. The application must demonstrate clear linkages with the provision of primary care services.

15. Are GP services primary care?

GPs provide many hospital emergency, inpatient and procedural services. Exposure to some of these services will not exclude the rotation from consideration; however the application must clearly demonstrate linkages to primary care service delivery.