

COMMITTEE OF PRESIDENTS OF MEDICAL COLLEGES

SUPPORT SCHEME FOR RURAL SPECIALISTS

FINAL REPORT

1.	INTRODUCTION	2
1.1	Background to Support Scheme for Rural Specialists	2
1.2	Project Objectives	3
2.	STAGE 1	4
2.1	Contractual Arrangements	4
2.2	Project Management Committee	4
2.3	Project Assessment Panel	4
2.4	Project Reference Group	4
2.5	Project Management Unit	5
2.6	Communication strategy	5
2.6.1	Website www.ruralspecialist.org.au	5
2.6.2	Newsletters	6
2.6.3	E-mail news	6
2.7	Workshop	7
3.	STAGE 2	8
3.1	Round One	8
3.2	Round Two	11
3.3	Project Extensions	13
3.4	Project objectives and recommendations	13
4.	Commencement of Stage 3	14
5.	Overall achievements against project objectives	14
6.	Recommendations based out project outcomes	16
6.1	Involvement of all health professionals	16
6.2	Involvement of other external organisations	16
6.3	Timeframes	16
6.4	Program design	16
6.5	Solo Specialists in RRMA 7 areas	17
6.6	Recommendations from the Report	17
7.	Financial Reports	19
	PROJECT MANAGEMENT UNIT	20
	PROJECT MANAGEMENT GROUP	22
	PROJECT REFERENCE GROUP	23
	WEBSITE DEVELOPMENT	24
	PLANNING WORKSHOP	25
	DISSEMINATION & COMMUNICATION	26
	SPECIALIST COLLEGES	27
7.1	Summary Table	29
7.2	Audits	30

1. INTRODUCTION

1.1 Background to Support Scheme for Rural Specialists

The Support Scheme for Rural Specialists (SSRS) has been designed to provide continuing professional development opportunities for specialists practising in rural areas of Australia. The SSRS was initiated following a report commissioned in December 2001 by the Office of Rural Health of the Australian Department of Health and Ageing. The consultant undertook research in order to provide advice to the Department about the types of strategies that would effectively attract and retain specialists in rural areas, and appropriate ways to deliver this support, to assist in future policy planning.

The research found the following main incentives for rural specialist practice were:

- attractions of a rural lifestyle
- opportunities for professional autonomy and scope of practice
- financial rewards
- opportunities to work as part of a multi-disciplinary team

Key disincentives included:

- negative image of rural lifestyle and practice
- undergraduate selection processes that favoured metropolitan students
- lack of exposure to rural practice in post graduate education
- professional isolation
- long hours of work and on call demands
- lack of locum relief
- poor infrastructure support and back up
- spouse and family issues
- pessimism about the viability and future of rural practice
- the barriers to re-entry to metropolitan practice;
- the problems associated with solo practice;
- financial issues such as higher establishment costs and lower remuneration than in metropolitan areas;
- the stigma attached to and lack of recognition of rural practice;
- the lack of access to continuing medical education activities;
- the increasing sub-specialisation of specialist medical practice; and
- the need for generalist specialist training to meet the demands of rural practice.

A number of options for dealing with the disincentives were cited. The development of a critical mass of specialists in a particular locality was seen as crucial to sustainability ('critical mass' was defined as at least two specialists of the same discipline in one location). Critical mass was seen to have the potential to overcome some of the disincentives of professional isolation including lack of locum support and time demands and would enable the specialists to enjoy the rural lifestyle that attracted them initially.

The report also highlighted that telehealth was seen as having the potential to improve the access of rural primary health practitioners to specialist advice. In addition, attracting people with a rural background into specialist training and establishing specialist training posts in rural and regional areas were seen as a useful strategy. The stigma attached to rural practice could be overcome by including rural experience during training.

In addition to a review of the literature, the researchers conducted interviews with rural specialists and identified six major themes of unmet needs including:

- the lack of a critical mass of rural specialists
- opportunities for professional development, continuing medical education and upskilling in tertiary teaching hospitals
- adequate relief, locum support, and peer support
- sufficient funding for trainee and rural specialist positions
- family and spouse support and employment
- financial support

Following on from the findings of this report, the SSRS was funded by the Australian Government (Department of Health and Ageing) as a new element of the Medical Specialist Outreach Assistance Program (MSOAP) in August 2002. The Scheme was developed to address issues highlighted in the consultancy report including opportunities to professional development, continuing medical education and peer support.

The Committee of Presidents of Medical Colleges (CPMC) manages the Scheme.

The Scheme originally comprised three initiatives:

1. provision of on-site support for specialists in remote and rural practices
2. a teleconference series providing a program of clinical and practice management topics
3. provision of clinical audit visits to remote and rural practices.

The development of the program is detailed below.

1.2 Project Objectives

The SSRS aims to increase access to continuing professional development (CPD) for rural specialists and to decrease their sense of professional isolation by providing CPD opportunities. The specific objectives of the Scheme include:

- provide professional development activities for specialists in regional, rural and remote areas of Australia
- assist in building an inter-specialist medical college infra-structure which provides professional development support for specialists in regional, rural and remote areas of Australia
- assist in building the capacity of specialist medical colleges in planning, delivering and evaluating professional development support projects

2. STAGE 1

2.1 Contractual Arrangements

The Australian Government entered into a contract with the CPMC to coordinate and implement the SSRS. At the time of these negotiations, the establishment of the CPMC Group Ltd was not finalised. Accordingly, the Royal Australasian College of Physicians (RACP) was subcontracted by the CPMC to manage the Scheme. The contract between the Australian Government and CPMC is at *attachment 1*. The contract between the CPMC and RACP is at *attachment 2*.

There were unavoidable delays in the finalisation of the contract between the CPMC and Australian Government impacted on the commencement of the SSRS projects. This impacted on the completion dates of a number of projects.

2.2 Project Management Committee

A Project Management Committee (PMC) was established to ensure compliance to the contractual responsibilities and provide strategic guidance for the project. The PMC comprised representatives from the Department and CPMC. The Chair of the CPMC nominated members, with advice from the SSRS Program Director and the Chair of the CEO sub-group of the CPMC.

The terms of reference established for this Committee were:

- confirming the Support Scheme model and developing an understanding of continuing professional development (CPD) issues for rural specialists
- confirm project planning for the SSRS
- development of funding guidelines
- approval of project plans submitted by Colleges seeking funding of CPD activities for rural specialists
- oversight the financial management
- oversight the program management

The membership of the Project Management Committee is at *attachment 3*.

Throughout the term of this contract, the PMC has met three times. The agendas and minutes from these meetings are at *attachment 4*. In addition, the Project Management Committee were contacted informally via telephone or e-mail throughout the term of the project to discuss minor issues as they arose or to seek clarification.

2.3 Project Assessment Panel

A Project Assessment Panel was formed to review the applications for funding and recommend projects for funding to the Project Management Committee. The Project Assessment Panel was nominated by the Project Management Committee and a list of the members is at *attachment 5*.

2.4 Project Reference Group

It was proposed that a Project Reference Group would be established to provide a sounding board for issues that are raised throughout the duration of the establishment and implementation. This Group would not have sign-off on project matters, but rather would provide advice from the perspective of a rural specialist as required.

All specialists Colleges were asked to nominate one to two representatives to join this Group. It was anticipated that due to the Group having up to 30 members, meetings via teleconference or face-to-face will be problematic and therefore anticipated that this would be a group that meets principally by email.

To date, 15 members have been nominated by 10 Colleges. The Group has received formal information about the SSRS, but has not yet been needed to assist with any sounding board issues. However a number of the members were nominated by their respective College to be the rural representative at the SSRS workshop. This workshop provided an opportunity for these members to raise any particular concerns and offer advice for future projects.

Recommendation

The Project Management Committee recommends that the Project Reference Group should continue with possibility of having a representative join the Project Assessment Panel.

2.5 Project Management Unit

The Project Management Unit (PMU) was established to coordinate the development, implementation and management of the SSRS. The Unit consists of the National Program Director and Senior Project Officer. The National Program Director was seconded from the Royal Australasian College of Physicians (RACP) in September 2002. The Senior Project Officer was employed in March 2003.

2.6 Communication strategy

2.6.1 Website www.ruralspecialist.org.au

The SSRS website was established in January 2003 and provided general information about the SSRS, how specialists can become involved and how specialists can put forward ideas about CPD activities.

Once the successful projects for rounds one and two had been finalised, the website was relaunched to include information about these projects and associated events.

The website is updated continuously to ensure information and CPD events are current. Information about individual projects is also included and updated as the projects develop. The menu items featured on the website include:

- About the SSRS
- Information about CPD activities
- Newsletters
- Allocation of MOPS/CPD Points
- Calender of Events
- Funding Guidelines
- National Network of Rural Specialists
- Lodging your CPD needs
- Resources
- Discussion Forums
- Links
- Contact Details

The website had an average of approximately 5000 hits per month. The main pages viewed included newsletters, event pages and pages relating to the announcement of new funding rounds. The most common referral domains were from the websites of the CPMC, RACP, Australian and New Zealand College of Anaesthetists (ANZCA) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

The current web pages and details of hits per month, most commonly accessed pages and most common referral domains are at *attachment 6*.

Recommendation

The website will continue to be developed and expanded to include the latest information about the SSRS and associated projects

2.6.2 Newsletters

Each month, a newsletter showcasing SSRS projects and advising of upcoming events is distributed to all SSRS project managers and rural specialists who have joined the membership list via the website. All SSRS projects were invited to submit information to the newsletter. The newsletters are also archived on the website for viewing. The newsletters have enhanced the website as after each newsletter has been disseminated the number of 'hits' to the website increases substantially.

The newsletters are at *attachment 7*.

Recommendation

The newsletter should be continued on a monthly basis and it is recommended that in addition, it should be supplemented by a larger printed newsletter distributed three times a year.

2.6.3 E-mail news

E-mail notices of major events were sent out during the project term to the rural specialist membership group and project managers. This correspondence highlighted future funding rounds and important deadlines and events.

Recommendation

E-mail correspondence should continue to highlight important events throughout the year.

2.7 Workshop

In conjunction with the announcement of the third round of funding, the Committee of Presidents of Medical Colleges hosted a one-day workshop to showcase projects funded under the SSRS on Friday 31st October at the Stamford Airport Hotel in Sydney.

Fifty-two representatives from all specialists Colleges attended the workshop which was officially opened by The Honourable Tony Abbott, Minister for Health and Ageing. The workshop showcased five projects funded under rounds one and two, provided information about the application process for round three and provide advice and assistance in formulating a successful program evaluation.

The workshop was successful in showcasing different SSRS projects, enabled various College representatives (project managers and Fellows) to meet and share ideas with other Project representatives, encouraged collaboration for future work and provided advice in relation to evaluation of projects.

Positive feedback was received from attendees about the content of the workshop and the value of the opportunity to liaise with colleagues who were also involved in SSRS projects.

The workshop booklet is at *attachment 8*.

Recommendation

It is recommended that this type of workshop should be conducted in 2004 to continue to showcase SSRS projects and encourage cross College collaboration.

3. STAGE 2

3.1 Round One

In December 2000 the Chair of the CPMC, wrote to all the Presidents and Chief Executive Officers of all Specialist Medical Colleges and their Faculties advising them of the SSRS program and inviting them to submit applications for funding under round one of the Scheme. They were encouraged to contact the PMU should they require assistance or further advice. The Principles and Guidelines for Accessing Project Funding Information and an Application Form were provided and this information also made available on the SSRS web site.

The Principles and Guidelines outlined the overall objectives of the program, types of projects suitable for funding under the scheme, budgetary guidelines and evaluation information. The Principles and Guidelines and Application Form for Round One are at *attachment 9*.

Applications for Round 1 closed on 14 February 2003 and 18 applications were received. The Assessment Panel convened to consider the applications against the principles of funding. A ranking scheme was developed to ensure all applications were measured against the principles and guidelines of funding. This ranking system is at *attachment 10*.

Details of the successful applications are outlined in the table 2 below. Nine projects were supported by the Project Assessment Panel and recommended to the PMC and Department of Health and Ageing for funding. Table 3 outlines the project applications received but were unsuccessful. These projects were given feedback about their submission and many were encouraged to revise their application and submit in a future funding round.

The assessment panel report for Round 1 is at *attachment 11*.

Table two: Successful projects funded under Round One SSRS

No.	Title	College	Details
1	Rural Surgery: Strategies for Minimising Professional Isolation	RACS	This project provides a range of professional activities on clinical governance, education and training and surgical patient care to resident rural surgeons in South Australia, south-west Victoria, northern Tasmania, Broken Hill, Alice Springs and north-west Western Australia.
2	Continuing Professional Development by Telemedicine for Victorian Rural Paediatricians	RACP	This project will provide continuing education workshops for rural paediatricians and other health professionals via the use of telemedicine.
3	Initiating Better Practice Manual	RACP	This project was designed to provide practical information on developing clinical practice improvement projects without ploughing through piles of data, the RACP is preparing a manual which outlines the basic building blocks you need for developing projects. The manual will enable rural specialists to participate in the final stages of planning of: Fractured neck of femur, Otitis media in indigenous children, Arthritis, Community based care of patients with chronic heart disease, Mental health
4	NSW Rural Physicians Network: Rural Forum	RACP	This project will allow rural physicians and paediatricians to access a CD or DVD of the annual NSW Rural Forum which was held in Wagga Wagga, NSW in March 2003.
5	Pathology: Continuing Professional Development for Rural Specialists	RCPA	<p>The RuralPath Seminar Series is a unique opportunity for rural medical specialists to:</p> <ul style="list-style-type: none"> • Gain skills in the application of pathology to complex clinical problems in an informal setting • To gain CPD credits • Establish new professional networks. • Request a seminar topic <p>RuralPath combines several delivery modes. These include:</p> <ul style="list-style-type: none"> • Interactive audio teleconference seminars • Emailed seminar notes and images • online discussion forums actively facilitated by a pathologist
6	Audit Support and Practice Improvement Program for Rural Specialist Obstetricians and Anaesthetists	RANZCOG and ANZCA	This project will develop agreed obstetric and obstetric/anaesthetic standards, prepare educational material and resources about risk management and conduct workshops via videoconferencing to focus on audit and practice improvement. This project will initially be available to obstetricians and anaesthetists in Victoria, with the Australia wide roll-out of the project planned for late 2003.
7	Training of Rural Anaesthetists in Clinical Crisis Management	ANZCA	This project allows for rural specialists to access simulator based, hands-on modules of training in clinical crisis management. Four workshops will be held in Orange and Cairns in 2003.
8	Risk Management Assessment Program	SSRS	This project provides a series of risk self-assessment tools for specialist practices and telephone advice line for those undertaking an assessment. A number of site visits will also be available for rural specialists at 'high-risk'
9	Remote Area Videoconferencing of Case Review Meetings	RANZCR	This project provides rural specialists with the opportunity to participate in an established continuing education program - The Alfred Radiology Monthly Case Review Meetings

Table Three: Unsuccessful projects received from Round One

Project Name	College	Reason for Rejection
Far North West Specialist Support Project	RACS	Excessive cost proposal: it was suggested this be combined with another surgical project
Enhancement of Professional Skills by Rural Specialists	RACP	Lecture series only: it was recommended that RACP work with other Colleges to develop a program involving active participation by specialists
Testing and Implementation of Software for Rural Specialists	Software for Specialists (Private Company)	This application was a commercial venture, and the project objectives did not fit with those of the SSRS
Rural and Isolated Public Health Specialists – Quality Improvement Manual	RACP	Recommended that it be combined with another approved RACP proposal
Direct Education in Quality Improvement	RACP	Lecture program only
Emergency Medicine Videoconferencing Project	ACEM	Majority of funding requested is for hardware. Proposal was not well developed
Audit process for TQI in Anaesthesia	ANZCA	The approach was costly and it was recommended that the College seek collaboration with one of the Surgeons' Projects
Anaesthesia CME Videoconferencing Project	ANZCA	Lecture series only
Four Unnamed Proposals	RANZCP	The proposals were preliminary, and require further development

3.2 Round Two

Following from the assessment of Round One applications, remaining funds enabled an opportunity for a second round of applications. Opportunities for Round Two were then advertised using the same process as Round One. Closing dates for Round Two applications was 8th April 2003. Thirteen applications were received and the Assessment Panel recommended all applications be approved. The PMC Department of Health and Ageing accepted this recommendation. The assessment panel report for Round 2 is at *attachment 12*.

Table 4 below outlines the applications approved under round two.

Table 4: applications approved under round two

No	Title	College	Description
10	Audit of Community Acquired Pneumonia in Victoria	RACP	This project will educate physicians about evidence-based guidelines and develop an audit of community-acquired pneumonia in Victoria.
11	Supporting and Enhancing Procedural Skills for Rural Specialists	RACS	This project will introduce a sustainable program to have specialists available to advise and supervise staff doctors in Katherine
12	Remote Paediatric Journal Club	RACP	This project will provide access to a monthly journal club for paediatricians in Broken Hill, Port Augusta, Mt Gambier, Kalgoorlie and Alice Springs.
13	Recent Advances in Pathology: Continuous Professional Development for Rural Specialists	RCPA	Rural pathologists will have the opportunity to improve their diagnostic skills and develop support networks by participating in the seminar series 'Recent advances in pathology' conducted by Royal Prince Alfred Hospital in Sydney. The lecture series will be made available on CR Rom with on line discussion forums being conducted by consultant pathologists.
14	Clinical Practice Improvement and Evidence Based Practice Education for Rural Specialists	RACP	Rural specialists will be able to participate in workshops in rural areas to assist in implementing practice improvement strategies and identifying and using tools to improve clinical practice.
15	Continuing Education and Practice Development Program for Rural and Remote Rehabilitation Physicians	AFRM (RACP)	All rural specialists can participate in a variety of CPD activities addressing: <ul style="list-style-type: none"> • Upskilling • Quality improvement activities • Service development issues • Effective teaching skills
16	Clinical Audit and Peer Review Program for Rural Specialists	RANZCO and RACS	This project will provide rural surgeons and ophthalmologists with the opportunity to successfully conduct audit activities. Workshops will be held in rural locations to facilitate this process.
17	Reducing the Professional Isolation of Rural Dermatologists	ACD	This project will allow rural dermatologists to participate in case reviews and discussions and presentations using videoconference, teleconference and web based technologies.
18	Interactive Learning for Rural Clinicians: Management Techniques to Simplify Your Work	RACMA	Rural clinicians involved in management will be able to take part in internet based learning modules and master classes. Topics will include leadership, human resource management and managing effective teams.
19	Enhancing Professional Skills of Rural Physicians Using Telemedicine	RACP	Physicians in Victoria and Queensland will be able to be kept up to date with the current information by participating in education workshops via videoconference.
20	Tutorial Supported Refresher Program for Rural Psychiatrists	RANZCP	Rural psychiatrists will be able to participate in distance learning modules with support by specialist tutors.
21	Teleconferencing of RANZCR Monthly Scientific Meetings to Rural Radiologists	RANZCR	Rural radiologists will be able to take part in monthly Victorian scientific meetings via videoconference.
22	Peer Review Network for Rural Public Health Physicians	AFPHM (RACP)	This project will develop and provide a peer review network to increase rural specialist quality improvement skills and practices. The network will support specialists implementing practice improvement tools such as clinical audit.

3.3 Project Extensions

Due to the delays in commencing projects, a number of projects requested extensions to ensure the outcomes of the projects were maximised. The Project Management Committee considered requests for extensions. The table below outlines the projects that requested extensions and the details for those extensions. In addition, 2 short extensions for final reports to be submitted in January 2004 were also approved.

No.	Title	College	Final Report Deadline
1	Rural Surgery: Strategies for Minimising Professional Isolation	RACS	Final report was received June 2004
3	Initiating Better Practice Manual	RACP	Evaluation was completed in June 2004 and final report received July 2004.
5	Pathology: Continuing Professional Development for Rural Specialists	RCPA	Final report provided. Rollover approved into 2004.
10	Audit of Community Acquired Pneumonia in Victoria	RACP	Final report extension granted until March 2004 and has now been received
16	Clinical Audit and Peer Review Program for Rural Specialists	RANZCO and RACS	Final report extension granted until 28 th February and has now been received
20	Tutorial Supported Refresher Program for Rural Psychiatrists	RANZCP	Final report extension granted until March 2004 and has now been received

3.4 Project objectives and recommendations

Appendix 13 details each project funded under Rounds One and Two of the SSRS and states the project objectives, achievements against these objectives and recommendations.

Appendix 14 outlines the individual project activities and events that were held and the number of participants involved.

4. Commencement of Stage 3

Following the announcement of \$2 million of funding allocated in the May 2003 Federal budget and supplemented by \$1.6 million at the October workshop, the Department of Health and Ageing agreed to the advertisement of a call for applications for projects for Round 3 SSRS funding. These projects will form the basis of funding for 2004.

5. Overall achievements against project objectives

Achievements against project objectives are tabled below.

Objectives	Achievements
<p>Provide professional development activities for specialists in regional, rural and remote areas of Australia</p>	<ul style="list-style-type: none"> • In 2003, the SSRS funded 22 projects representing 10 Colleges and Faculties to the value of \$2,363,190 • While the projects differed in terms of what was being delivered to rural specialists, 170 events were held during the project time period with approximately 1106 specialists participating. Details of the participation rates are at <i>attachment 14</i>. • A number of projects also developed resources that will be available to all rural specialists at any time. These included the risk management self-assessment tool, complaints management module and the initiating better practice manual.
<p>Assist in building an inter-specialist medical college infrastructure which provides professional development support for specialists in regional, rural and remote areas of Australia</p>	<ul style="list-style-type: none"> • It is recognised that in regional, rural and remote area of Australia many specialists have closer professional relationships with specialist of other medical colleges. Two SSRS projects were joint collaborations: • Project No 6: Royal Australian and New Zealand College of Obstetricians and Gynaecologists and Australian and New Zealand College of Anaesthetists. • Project No 16: Royal Australasian College of Surgeons and Royal Australian and New Zealand College of Ophthalmologists. • Project No 6 has reported success in the joint collaboration. Additional works such as determining roles and responsibilities was needed before the commencement of the project. • Project 10 coordinated by RACS has had limited success in involving Fellows of RANZCO. Identification of the issues will be further explored and the close of this project to ensure the future collaborative efforts have successful outcomes for all specialities involved. • The SSRS planning workshop provided an opportunity for representatives from all specialist colleges to share ideas about SSRS projects and plan future collaborative projects. The workshop also advised attendees about planning and

Objectives	Achievements
	<p>developing SSRS applications and evaluating the projects. The outcomes of these opportunities are evident in the number of collaborative partnerships that have been formed in applications that have been received in funding rounds three and four.</p>
<p>Assist in building the capacity of specialist medical colleges in planning, delivering and evaluating professional development support projects</p>	<ul style="list-style-type: none"> • Strong professional relationships have been developed between the SSRS Project Management Unit and the Colleges and Faculties involved in the SSRS Program. Assistance has been provided to a number of Colleges in refining and delivering their project. All events held under the auspices of the funded projects have been promoted on the SSRS website and included in monthly newsletters. • The Hunter Institute of Mental Health has provided professional evaluation advice to all projects and has ongoing commitments to assisting all projects with developing, implementing and collecting evaluation information on all individual projects. • The SSRS planning workshop provided an opportunity for representatives from all specialist colleges to share ideas about SSRS projects and plan future collaborative projects.

6. Recommendations based out project outcomes

6.1 Involvement of all health professionals

It is evident from the literature that specialists do not work in isolation but as a team with this team generally consisting of health professionals from medicine, nursing and allied health.

While all projects had a target audience of medical specialists, other health and medical staff were not discouraged to participate if their participation did not exclude specialists from participating or where higher costs were involved. This was successful undertaken in projects including:

Recommendation

It is recommended that the SSRS should actively encourage the involvement of other health professionals such as general practitioners, nurses, allied health professionals and radiographers where there cost of participation does not increase the costs of the project or exclude specialists wanting to participate.

6.2 Involvement of other external organisations

Project Managers should seek input from Divisions of General Practice, nursing organisations and allied health organisations where appropriate and discuss involvement of these groups in SSRS activities.

SSRS should give direction and encourage specialists in rural Australia to utilise University Departments of Rural Health and Rural Clinical Schools to assist in project design, implementation and evaluation

6.3 Timeframes

SSRS program and SSRS funded projects

From the number of projects seeking timeline extensions and feedback from the external evaluator, it is clear that increased project timeframes would enable better project planning, encourage development of collaborative projects and assist in determining CPD needs of rural specialists.

Recommendation

It is recommended that the SSRS program be funded over a four-year period.

Recommendation

It is recommended that the projects funded by SSRS follow the same timeframes as the established RHSET program and allow projects to be conducted over a two-year period.

6.4 Program design

There would appear to be the opportunity to develop synergies across MSOAP and SSRS in the interests of improved CPD for rural doctors and the health professional teams in which they work.

Such a program would have a timeframe similar to MSOAP (four years) with Colleges seeking program rather than project funding. This would enable a more stable platform for project development and implementation and help to ensure a broader reach of the CPD activities. A separate but small competitive funding pool could sit within this new structure that would allow for innovative projects to be developed as a result of program work. (Modelled on initial Outcomes Based Funding model for Divisions of General Practice)

Recommendation

The Project Management Committee recommends that the future of the SSRS be planned in a three tiered approach:

- 1. Encourage the establishment of program based projects that extend over two years that reflect the CPD framework (developed by RANZCOG in collaboration with the Department of Health and Ageing) and which the evaluation has shown to have learning benefits for specialists involved.***
- 2. Allow developed activity base projects that have shown good evaluation outcomes to receive continuous funding over a two year to ensure that there is no stop –start approach to the project. This would be subject to acceptable reports each year.***
- 3. Encourage the piloting over 12-18 months of new innovative projects or activities that with a successful evaluation would move into the tiers of 1 or 2 as itemised above.***

6.5 Solo Specialists in RRMA 7 areas

From a recent application to the SSRS and several broad ranging discussions with solo specialists in remote locations of Australia, it is clear that contact with metropolitan tertiary hospitals is a critical element in maintaining skill levels in aspects of specialist service provision. Tertiary hospitals provide a number of activities that can be utilised by solo specialists practising in remote areas of Australia.

Recommendation

The SSRS supports encouraging the development of a formal education program with a variety of delivery modes (eg. web-based, videoconference and personal attendance) with a tertiary hospital that can be accessed by RRMA 7 solo specialists

6.6 Recommendations from the Report

1. The website will continue to be developed and expanded to include the latest information about the SSRS and associated projects
2. The newsletter should be continued on a monthly basis and it is recommended that in addition, it should be supplemented by a larger printed newsletter distributed three times a year.
3. E-mail correspondence should continue to highlight important events throughout the year.
4. The workshop should be conducted in 2004 to continue to showcase SSRS projects and encourage cross College collaboration.

5. The call for applications for Round 3 has encouraged collaborative applications by allowing a higher budget should more than one College of Faculty be involved. The SSRS planning Workshop also allowed informal discussions between College representatives on topics of mutual interest.

7. Financial Reports

The Financial Reports include the Summary of Income & Expenses for the period November 2002 - 30 December 2003.

These are broken down into the following area:

- Project management unit
- Project management group
- Website development
- Planning workshop
- Project reference group
- Dissemination & communication
- Specialist colleges
- Summary Table

Summary of Income & Expenses
For the period Nov 2002 - 30 Dec 2003

	BUDGET	Cumulative Nov'02-Dec'03	Dec 2003	Grants Rec'ble	Actual 2002	Actual 2003
PROJECT MANAGEMENT UNIT						
Bal Fwd, beg month			206,355.64			137,945.13
<u>INCOME</u>						
Grant	359,950.00	329,358.00			152,594.00	176,964.00
Interest Income		13,797.83	13,111.07		486.76	13,111.07
Total Income	359,950.00	343,155.83	206,355.64	30,592.00	153,080.76	328,020.20
<u>EXPENDITURE</u>						
Travel						
Air Travel		9,459.09	(379.27)		1,876.41	7,582.68
Accom & Meals		4,032.36	-		900.55	3,131.81
Travel Allowance		2,770.00	-		-	2,770.00
Misc travel & transport		2,250.93	205.85		291.11	1,959.82
Sub-Total		18,512.38	(173.42)		3,068.07	15,444.31
Office establishment						
Staffing						
Salary/Superannuation/FBT		159,016.44	52,769.60		7,695.91	151,320.53
Sub-Total		159,016.44	52,769.60		7,695.91	151,320.53

Administrative Expenses						
Catering		-	-		-	-
IT - Eqpt/Software		3,851.27	-		3,644.00	207.27
Postage		278.01	230.01		-	278.01
Printing		1,245.46	-		-	1,245.46
Meeting expenses & venue hire		-	-		-	-
Photocopying/Stationery		3,267.94	-		-	3,267.94
Teleconference		344.57	96.34		195.65	148.92
Telephone		962.51	-		-	962.51
Consultant		1,100.00	-		-	1,100.00
Communication strategy						
Advertising & promotion		-	-		-	-
Rent		-	-		-	-
Contract services		-	-		-	-
Legal Expenses		1,117.00	-		532.00	585.00
Misc Expenses		292.67	265.53		-	292.67
Admin fee (10%)						
Sub-Total		12,459.43	591.88		4,371.65	8,087.78
Total Expenses		189,988.25	53,188.06		15,135.63	174,852.62
FUNDS AVAILABLE - PMU		153,167.58	153,167.58	30,592.00	137,945.13	153,167.58

	BUDGET	Cumulative Nov'02-Dec'03	Dec 2003	Grants Rec'ble	Actual 2002	Actual 2003
PROJECT MANAGEMENT GROUP						
-						
Bal Fwd, beg month			1,195.78			4,056.00
<u>INCOME</u>						
Grant Received					4,056.00	
-						
Total Income	4,056.00	4,056.00	-	-	4,056.00	4,056.00
<u>EXPENDITURE</u>						
-						
Administrative Expenses						
Air travel		3,505.22	1,889.77		-	3,505.22
Accom & meals		156.37	-		-	156.37
Misc travel & transport		18.16	-		-	18.16
Catering		101.82	101.82		-	101.82
Postage		283.33	283.33		-	283.33
Printing		-	-		-	-
Meeting expenses & venue hire		36.37	-		-	36.37
Photocopying/Stationery		-	-		-	-
Teleconference		1,033.87	-		-	1,033.87
Videoconference		-	-		-	-
-						
Total Expenses		5,135.14	2,274.92		-	5,135.14
FUNDS AVAILABLE - PMG		- 1,079.14	- 1,079.14		4,056.00	(1,079.14)

	BUDGET	Cumulative Nov'02-Dec'03	Dec 2003	Grants Rec'ble	Actual 2002	Actual 2003
PROJECT REFERENCE GROUP						
Bal Fwd, beg month						1,000.00
INCOME						
Grant received					1,000.00	
Total Income	1,000.00	1,000.00		-	1,000.00	1,000.00
<u>EXPENDITURE</u>						
Administrative Expenses						
Postage		-	-		-	-
Printing		-	-		-	-
Meeting expenses & venue hire		-	-		-	-
Photocopying/Stationery		-	-		-	-
Teleconference		-	-		-	-
Videoconference		-	-		-	-
Total Expenses		-	-		-	-
FUNDS AVAILABLE - PRG		1,000.00			1,000.00	1,000.00

	BUDGET	Cumulative Nov'02-Dec'03	Dec 2003	Grants Rec'ble	Actual 2002	Actual 2003
WEBSITE DEVELOPMENT						
Bal Fwd, beg month			37,705.00			50,000.00
INCOME						
Grant received					50,000.00	
Total Income	50,000.00	50,000.00		-	50,000.00	50,000.00
EXPENDITURE						
IT - Eqpt/Software		12,295.00	-		-	12,295.00
Equipment		-	-		-	-
Miscellaneous expenses		1,062.65	1,062.65		-	1,062.65
Total Expenses		13,357.65	1,062.65		-	13,357.65
FUNDS AVAILABLE - WEBSITE DEV'T		36,642.35	36,642.35		50,000.00	36,642.35

	BUDGET	Cumulative Nov'02-Dec'03	Dec 2003	Grants Rec'ble	Actual 2002	Actual 2003
PLANNING WORKSHOP						
Bal Fwd, beg month			31,545.27			
INCOME						
Grant received						50,000.00
Total Income	50,000.00	50,000.00		-		50,000.00
EXPENDITURE						
Travel						
Air Travel		13,548.90	622.72		-	13,548.90
Accommodation & Meals		1,000.00	-		-	1,000.00
Misc Travel & Transport		244.24	183.69			244.24
Venue hire		3,936.82	-			3,936.82
Speakers fees		-	-			-
Hire of Equipment		1,100.45	1,100.45			1,100.45
Printing		531.18	-			531.18
Total Expenses		20,361.59	1,906.86		-	20,361.59
FUNDS AVAILABLE - PLANNING WORKSHOP		29,638.41	29,638.41			29,638.41

	BUDGET	Cumulative Nov'02-Dec'03	Dec 2003	Grants Rec'ble	Actual 2002	Actual 2003
DISSEMINATION & COMMUNICATION						
Bal Fwd, beg month			34,613.64			
INCOME						
Grant received						35,000.00
Total Income	35,000.00	35,000.00		-	-	35,000.00
<u>EXPENDITURE</u>						
Travel						
Misc Travel & Transport		-	-			
Sub-total		-	-		-	-
Administrative Expenses						
Printing		386.36	-		-	386.36
Photocopying		-	-		-	-
Stationery		-	-		-	-
Web site		-	-		-	-
Public relations		-	-		-	-
Advertising & promotion		-	-		-	-
Media launch		-	-		-	-
Postage		-	-		-	-
Specialist publications		-	-		-	-
Sub-total		386.36	-		-	386.36
Total Expenses		386.36	-		-	386.36
FUNDS AVAILABLE - COMMUNICATION		34,613.64	34,613.64		-	34,613.64

	BUDGET	Cumulative Nov'02-Dec'03	Dec 2003	Grants Rec'ble	Actual 2002	Actual 2003
SPECIALIST COLLEGES						
Bal Forwarded beg month			22,350.00			492,350.00
INCOME						
Grant received					492,350.00	
Total Income	492,350	492,350.00		-	492,350.00	492,350.00
Preparation & Coordination						
Aust & NZ College of Anaesthetists (ANZCA)	40,000	40,000.00	-		-	40,000.00
Joint Faculty of Intensive care Medicine (JFICM)	5,000	5,000.00	-		-	5,000.00
Aust College of Dermatologists (ACD)	40,000	40,000.00	-		-	40,000.00
Aust College of Emergency Medicine (ACEM)	40,000	40,000.00	-		-	40,000.00
RA & NZC of Obstetricians & Gynaecologists (RANZOG)	40,000	40,000.00	-		-	40,000.00
RAC of Medical Administrators (RACMA)	40,000	40,000.00	-		-	40,000.00
RA & NZC of Ophthalmologists (RANZCO)	40,000	40,000.00	-		-	40,000.00
RA & NZC of Psychiatrists (RANZCP)	40,000	40,000.00	-		-	40,000.00
Faculty of Child & Adolescent Psychiatry (FCAP)	5,000	10,000.00	-		-	10,000.00
RA & NZC of Radiologists (RANZCR)	40,000	40,000.00	-		-	40,000.00
Faculty of Radiation Oncology (FRO)	5,000	5,000.00	-		-	5,000.00
RACP	40,000	40,000.00	-		-	40,000.00
AFPHM	5,000	-	-		-	-
AFRM	5,000	5,000.00	-		-	5,000.00
AFOM	5,000	5,000.00	-		-	5,000.00
RACS	40,000	40,000.00	-		-	40,000.00
RC of Pathologists of Australia (RAPA)	40,000	40,000.00	-		-	40,000.00
Sub-total	470,000	470,000.00	-		-	470,000.00

Videoconference/Teleconference						
Aust & NZ College of Anaesthetists	1,315	-	-		-	-
Joint Faculty of Intensive care Medicine	1,315	-	-		-	-
Aust College of Dermatologists	1,315	-	-		-	-
Aust College of Emergency Medicine	1,315	-	-		-	-
RA & NZC of Obstetricians & Gynaecologists	1,315	-	-		-	-
RAC of Medical Administrators	1,315	-	-		-	-
RA & NZC of Ophthalmologists	1,315	-	-		-	-
RA & NZC of Psychiatrists	1,315	-	-		-	-
Faculty of Child & Adolescent Psychiatry	1,315	-	-		-	-
RA & NZC of Radiologists	1,315	-	-		-	-
Faculty of Radiation Oncology	1,315	-	-		-	-
RACP	1,315	-	-		-	-
AFPHM	1,315	-	-		-	-
AFRM	1,315	-	-		-	-
AFOM	1,315	-	-		-	-
RACS	1,315	-	-		-	-
RC of Pathologists of Australia	1,310	-	-		-	-
Sub-total	22,350	-	-		-	-
Total Expenses	492,350.00	470,000.00	-		-	470,000.00
FUNDS AVAILABLE - SPECIALIST COLLEGES		22,350.00	22,350.00		492,350.00	22,350.00

7.1 Summary Table

Determination of funds available for 2004

Stage 1

	Budget	Grants recd	Actual Exp	Funds Avail	Grants Receivable
Project management Unit	359,950	329,358	185,000.00	174,950.00	30,592
Project management group	4,056	4,056	4,056.00	0.00	0
Project reference group	1,000	1,000	0.00	1,000.00	
website	50,000	50,000	14,000.00	36,000.00	0
planning workshop	50,000	50,000	15,000.00	35,000.00	0
dissemination & communication	35,000	35,000	386.00	34,613.00	0
Specialist Colleges	492,350	492,350	470,000	22,350	0
Interest Stage 1				15,000	
	992,356	961,764	688,442.00	318,913	

sub total funds available from stage 1

318,913

Stage 2

Expansion Funds *	190,000	190,000	0	190,000	0
Additional Project Funds *	218,000	218,000	0	218,000	0
Risk management leftover				125,000	
Contingency Funds	50,000	50,000	15,000	35,000	0
Interest Stage 2				20,000	
				588,000	

sub total funds available

906,913

less expenditure 2004

431200

total funds available 2004
(from unspent funds in 2003)

475,713

Ministers announcement
Budget allocation

1,600,000
2,000,000

TOTAL

4,075,713

7.2 Audits

In accordance with the Schedule of Funding Agreement between the Committee of Presidents of Medical Colleges and the Australian Government, the auditors reports have been prepared by Deloitte's and are at attachment 15.

Attachments

1. Contract between the Australian Government and Committee of Presidents of Medical Colleges
2. Contract between the Committee of Presidents of Medical Colleges and Royal Australasian College of Physicians
3. Project Management Committee Membership
4. Agenda and Minutes of the Project Management Committee
5. Project Assessment Panel Membership
6. Website pages and details of website access
7. SSRS Newsletters
8. SSRS Workshop Booklet
9. Round One - Principles and Guidelines for Accessing Project Funding and Application Form
10. Project Assessment Ranking system
11. Round One Assessment Panel Report
12. Round Two Assessment Panel Report
13. Round One and Two Project Objectives, Achievements and Recommendations
14. Round One and Two project activities and events
15. Audited Financial Reports