

Round Eight: Guidelines for Accessing Project Funding

The following information outlines the principles and guidelines for accessing SSRS project funding under Round Eight of the Scheme. This document should be read in conjunction with the Round Eight Application form.

Introduction

1. Lack of access to quality CPD and professional isolation are reported as major disincentives of rural practice. Research has indicated that specialists practising in rural areas want to access a variety of CPD activities but are restricted due to time, financial and workload commitments. Colleges have also reported concern about the impact of this isolation on maintenance of professional standards.

The SSRS has been developed to address these concerns and aims to support cost-effective and accessible approaches to CPD that target the specific professional needs of rural specialists.

2. The Support Scheme for Rural Specialists (SSRS) is funded by the Australian Government Department of Health and Ageing and managed by the Committee of Presidents of Medical Colleges (CPMC).
3. A Program Management Committee (PMC), consisting of representatives from the CPMC, the Department of Health and Ageing and Specialist Medical Colleges including rural Fellows and staff, is responsible for, overseeing the management of the Scheme and a Program Management Unit (PMU) coordinates the day-to-day management of the SSRS.
4. The primary objectives of the SSRS are:
 1. To provide opportunities for Colleges to identify, develop and deliver continuing professional development and peer support projects that meet the needs of medical specialists and trainees living and working in rural and remote areas of Australia.
 2. To assist Colleges to:
 - a) identify project frameworks and models for delivering continuing professional development that is suitable for medical specialists and trainees living and working in rural and remote Australia.
 - b) collaborate on delivering multidisciplinary and generic continuing professional development programs that support medical specialists and trainees living and working in rural and remote Australia.
5. Funding to support projects delivered under the auspices of the SSRS are available to rural specialists via their Specialist Medical Colleges, to develop and deliver CPD activities including, but not limited to the areas of:

<ul style="list-style-type: none"> - Up-skilling or re-skilling in areas of clinical or surgical practice - Journal clubs / case discussions - Clinical audit 	<ul style="list-style-type: none"> - Peer Review and Quality Assurance - Practice review - Interactive tutorials - Virtual meetings
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Definitions and Eligibility

6. **The following medical practitioners are eligible to participate in activities funded under the SSRS:**
 - a) Fellows of a Specialist Medical Colleges or their Faculty
 - b) Staff specialists
 - c) Specialist practitioners in an Area of Need position
 - d) Trainee specialists enrolled in a training program of a Specialist Medical College or their Faculty
 - e) International Medical Graduates undertaking Specialist Medical College requirements for specialist recognition following assessment by the College via the Australian Medical Council Specialist Assessment Pathway.

7. The RACGP is ineligible to apply for funding under the Scheme, as CPD for general practitioners is funded through other Australian Government programs.
8. **Rural:** Under this Scheme, 'rural' is classified as Rural Zones 1-3 and Remote Zones 1 and 2 of the Rural, Remote and Metropolitan Areas Classification scheme (RRMA), summarised in the table below. While Darwin (NT) and Townsville (QLD) are not considered rural under this definition, they are considered eligible for this program due to isolation by distance.

Zone	Classification	Category
Metropolitan	M1	Capital Cities
	M2	Other metropolitan centres (urban centre population > 100,000)
Rural	R1	Large rural centres with population 25,000 - 99,000
	R2	Small rural centres with population 10,000 - 24,999
	R3	Other rural areas with population < 10,000
Remote	Rem1	Remote centres with population > 5,000
	Rem2	Other remote areas with population < 5,000

Further information about RRMA is available at www.aihw.gov.au/ruralhealth/methodology/rma.cfm

9. While the SSRS is aimed to specifically address the needs of specialists and trainee specialists in rural Australia, the SSRS supports the participation of other health professionals within projects, in conjunction with their specialist colleagues and where the cost of participation is met by external funding.
10. Evaluation of non-specialist participation in SSRS events should be conducted / reported separately to the evaluation of the primary target audience (specialists and trainees).

Program Framework and Selection Criteria

11. Round Eight Projects will apply for funding under Stream A, Stream B or Stream C of the SSRS (Outlined in *Table One*).
12. Projects implemented under previous funding rounds may be considered for further funding under Round Eight where project outcomes have demonstrated their value and an ongoing need for their continuation. Such projects must also demonstrate how they have responded to lessons learned from the previous round where applicable.
13. A comprehensive needs assessment prior to the awarding of Project funds, must identify both the need for the Project and provide evidence of the target audience's intent to participate (clinical or academic evidence alone is not sufficient). Applicants should consider conducting a needs assessment or utilising previous information collected about the CPD needs of the intended audience. A needs assessment should cover:
 - What are the CPD needs of the intended population?
 - Over what time period should this CPD activity be delivered?
 - What are the best delivery systems for the activity (location, method)?
14. Evaluation is a core component of the delivery of any education program and each project must develop an evaluation plan to determine whether or not the objectives of the project have been met. The SSRS PMU has engaged the Hunter Institute of Mental Health to assist with providing feedback and assisting with developing an appropriate evaluation plan. Draft applications should be provided to the PMU who will coordinate this feedback. (See Attachment A)
15. Project applications must demonstrate the College's involvement in the development and implementation of the Project. Please see 27 for guidelines around subcontracting projects.

Table 1: Round Eight Project Streams

<p>Stream A: Clinical and Professional Skills</p> <ul style="list-style-type: none">- Focuses on virtual and face-to-face education sessions to support specialists' access to clinical and professional information (this may also include peer networks limited to discussions around case discussions and latest research).- Projects must be supported by a comprehensive needs assessment and contain evaluation measures to demonstrate knowledge transfer.- College applications will be accepted within a budget of up to \$80,000.- Each item within the project budget should be justified within the application form.
<p>Stream B: Quality Improvement</p> <ul style="list-style-type: none">- Focuses on the development, implementation and evaluation of CPD projects which demonstrate impact on clinical care, knowledge transfer, practice change and strive to improve patient safety and clinical quality in rural areas (e.g peer review based on participation in audit and or practice visits).- Projects must be supported by a comprehensive needs assessment and contain evaluation measures to demonstrate practice change, knowledge transfer and where possible community benefit.- College applications will be accepted within a budget of up to \$130,000.- Each item within the project budget should be justified within the application form.
<p>Stream C: CPD Grants for isolated specialists (opening for applications on 15 January 2009)</p> <ul style="list-style-type: none">- Focuses on supporting access to CPD opportunities for specialists living and working in RRMA Rural Zones 2 and 3 or Remote Zones 1 and 2.- Individuals must complete a basic needs assessment, outline learning objectives for the CPD activity, and complete an evaluation (provided by PMU) post CPD activity.- Applications from individuals, supported by their Specialist Medical College, will be accepted up to a value of \$5,000.- Applications must be supported by the relevant Specialist Medical College.- Applications for Stream C Grants will be opened on 15 January, 2009.

16. Applications for funding will only be considered if all *Stream* criteria (defined in *Table One*) are met.
17. Colleges with more than one application must rank the applications in order of priority on the application form. This applies to projects in *Streams* A and B only.
18. Colleges are strongly encouraged to collaborate on proposals and individual specialists are encouraged to assist their Colleges in the development of proposals based on their CPD needs.

Budget Guidelines

19. Total funds available for Stream A and B is \$1,055, 000 GST inclusive (Figure subject to variation).
20. Budget Guidelines for each *Stream* are outlined in *Table One and the Application Form* provides a template for budget breakdown.
21. Expenses not related to the direct costs of implementing the Project (e.g overheads), should be justified and broken down in the budget section of the Application Form. In addition, overheads will not be considered above 15% of the total project costs.
22. Projects with budgets that fall outside the suggested framework will be accepted for consideration only after discussion with the SSRS PMU. Projects will then be adjudicated after all other applications that fit within the above budget framework have been considered.
23. The Program Management Committee and the Department have the right to:
 - Modify the funding committed to each *Stream*, as appropriate.
 - Request project applicants to modify their budget as appropriate for the project.
 - Request project applicants to modify their budget as appropriate, should a large number of applications be received, which the Project Assessment Panel deem appropriate to support.

24. Specialists leading CPD and/or providing education activities for other specialists can expect reimbursement for their time and associated travel and accommodation costs. Specialists can be paid at an hourly rate which is consistent with the sessional fee for service rates for specialists that are paid by relevant state or territory government (depending on the organisational level at which these payments are established).
25. The SSRS will not support budget items relating to:
- Content developed under previously funded projects, unless it is being refined.
 - Content development for projects delivered by subcontractors where the content or material has already been developed (for either SSRS or non SSRS activities).
 - Travel time reimbursement, travel or accommodation costs incurred by participating in SSRS CPD activities (Not relevant to Stream C Grants).
 - Costs of purchasing surgical, clinical or computer hardware or software.
 - Costs for locums to enable specialists to participate in SSRS activities (This may be considered for *Stream C Grants*).
26. It is suggested that projects funded under *Streams A and B* consider funding administrative or project assistance to support the implementation of the Project.
27. The SSRS supports the inclusion of funds from additional sources. Any funds received from other sources will not affect the amount of SSRS funding allocated to the Project. Additional funding must be identified in the project application form.

Subcontracting Projects

28. The SSRS aims to support Specialist Medical Colleges to deliver education and professional development. Any College that subcontracts work to other organisations needs to consider issues including intellectual property and must demonstrate how the College is involved in the Projects content development and implementation.
29. As the intellectual property remains with the Head Principle (Department of Health and Ageing), Colleges subcontracting external agencies need to ensure this is stated in any agreement.
30. The following points are an example of the terminology that could be used in subcontracts to cover the issues of Intellectual Property. However legal advice should be sought prior to subcontracting.
- Ownership of and Intellectual Property in all Contract Material shall vest in the Principal upon creation.
 - The Contractor grants to the Principal and the Head Principal a perpetual, irrevocable, royalty-free and licence-free, worldwide, non-exclusive licence (including a right of sub-licence) to use, copy, modify and exploit the Contract Material.
 - At the end of the Contract Period or on the earlier termination of this Agreement, the Contractor must deliver a complete copy of the Contract Material to the Principal.
 - The Contractor warrants that anything done by the Contractor in the course of the Contract Services, will not infringe the Intellectual Property rights of any person.
31. Organisations involved in subcontracting will be asked to provide information regarding content development and use of content outside the SSRS project.

Project Assessment

32. The SSRS PMU will appoint a Project Assessment Panel to assess and advise on project proposals. Proposals will be assessed according to the following:
- Consistency with program aims and objectives
 - Consistency with eligibility, selection and budget criteria for relevant Stream
 - Targets rural specialists and/or trainee specialists
 - Project is based on a comprehensive needs assessment
 - CPD uses adult education principles
 - Suitable evaluation strategy proposed

33. Where applicable, the implementation, delivery and evaluation of projects previously funded under the SSRS will be considered during the assessment process.
34. The project selection process will be transparent. Members of the Project Assessment Panel will abstain from voting on proposals put forward by their respective College or Faculty.
35. Where appropriate, the Project Assessment Panel has the right to ask the applicant to revise the proposal in accordance with the Assessment Panel's suggestions for improvement. The SSRS PMC have final authorisation of projects to be recommended for funding by the Department of Health and Ageing.

Contractual Arrangements

36. Once successful applicants have been approved, the College will enter into a funding agreement with the CPMC. The application forms part of this funding agreement.
37. In the instance where two or more Colleges or Faculties have applied for project funding, one College or Faculty must nominate to be the Principal Participant and hence the fund holder and named on the funding agreement.
38. The contract states that ownership of Intellectual Property in all Contract Material shall vest in the Principle upon creation. In addition the Participant will grant to the Commonwealth and the CPMC a perpetual, irrevocable, royalty-free and licence-free, world-wide, non-exclusive licence (including a right of sub-licence) to use, copy, modify and exploit the Contract Material.
39. The contract states that the Participant shall, for so long as any obligations remain in connection with this Contract, effect and maintain insurance (noting the interests of the Principal) as follows: *public liability insurance in the sum of \$20 million; professional indemnity insurance in the sum of \$10 million; and Workers' compensation for an amount determined by the relevant State legislation.*
40. Any correspondence, public announcement, advertising material, research reports or other material produced by or on behalf of the Participant shall:
 - Acknowledge the support of the SSRS, an initiative of the Department of Health and Ageing
 - Note that the Participant or the Project Manager, not the Minister or Committee of Presidents of Medical Colleges, is solely responsible for the content of, and views expressed in, any report and/or related materials unless they have been formally endorsed by the Department or CPMC.
41. **Conflict of Interest:** Any conflict of interest relating to an external subcontracted agency, organised speaker project participant or other individual or organisation involved in the Project, must be declared in the Project Application process.
42. **Payment of Funds:** There will be three payments made to successful projects:
 - 70% of budget will be paid within 28 days of the signing of the contract
 - 20% of budget will be paid within 28 days of the receipt of an acceptable progress report
 - 10% of budget will be paid within 28 days of the receipt of an acceptable final report and audited financial report.
43. **Reporting Requirements:** During the contract period, the Participant shall submit a Project Progress Report and a Final Project Report, which includes an independent financial audit. Proformas will be provided by the PMU for Project Reports.

Other Funding Sources

44. SSRS is a program solely to support CPD activities for rural specialists. There are a number of other Australian Government programs which also support rural specialists and research. Information about other programs please contact the Department of Health and Ageing www.health.gov.au or 1800 020 103.
45. For further information on the SSRS Round Eight Principles and Guidelines for Accessing Project Funding, please contact: **Mr Chris Rule, SSRS Program Manager** on (02) 9256 9605 or at chris.rule@ruralspecialist.org.au.

Attachment 1: Evaluation of Projects

Evaluation is an integral component of each project. Projects will only be supported if a comprehensive project plan identifying project objectives, strategies to achieve these objectives and how the objectives will be measured is outlined in the proposal.

Project Objectives should identify what changes the project will make. They may relate to improvement of knowledge, attitude, performance or satisfaction. They should not relate solely to increased satisfaction.

Evaluation methodology should detail how the changes will be measured, what data will be collected, the types of tools utilised and analysis to be undertaken. When preparing this information the project applicant should keep in mind whether this methodology would enable the project team to state conclusively that the outcomes of the project have been achieved.

There are a number of techniques that can be used in order to evaluate SSRS projects:

Pre and post knowledge or attitude surveys

Pre- and post- surveys measure whether there has been an increase in knowledge or attitude change as a result of participating in the project. Differences in knowledge or attitudes after participation in the project as measured by the survey can be directly attributable to the project. For smaller projects it might be appropriate to consider conducting a post participation survey to evaluate whether participants thought they had learnt anything from participating in the project. The survey should also include knowledge questions that participants should be able to answer after attending the session. Answers should be compared to the project content to establish the level of learning that has taken place as a result of participation.

Follow-up Telephone Surveys

Telephone surveys are commonly used after participants have taken part in a project to find out whether they have applied the knowledge gained from the project in their practice.

Focus groups

Focus groups are meetings of individuals brought together to provide feedback on a pre-determined topic. They may be used to provide in-depth information about data collected using other techniques.

Logs

Logs are basic tools used to identify or track events or problems. Data is entered into them as events occur. They can be used to follow up on specific situations and identify trends.

Surveys / Questionnaires

Surveys/questionnaires are pre-planned, written tools used to gain responses from a specific group of people. It is advisable to use either multiple choice response questions, or lists of statements with an associated 5-point Likert scale (e.g. from strongly agree to strongly disagree). Another option is to list a range of features, such as risk management strategies, and ask participants to rank them in order of their perceived importance. It is also possible to use open-ended questions in which participants are asked to give comments: these comments can be grouped to analyse the results. Surveys or questionnaires may be used to measure knowledge, attitude or satisfaction with participation, and can be used as pre-/post-measures or following completion of the project.

Interviews

Interviews are a guided approach to obtaining verbal responses to pre-established questions from individuals or small groups. They can be semi-structured, which means that overall questions are asked, and the interviewee is allowed to talk in detail about their experiences. Interviews can be conducted in person, over the telephone or via videoconference.

Satisfaction surveys

Satisfaction surveys measure participants' satisfaction with various components of the project eg. Delivery, content and presenters. Whilst these often provide interesting data, it is important that they are not the sole method of evaluation. It is important to focus on the achievements of the content of the project, as well as process achievements.

The following web-link(s) may assist with providing additional reading material on program evaluation:

- CDC Evaluation Working Group: Framework www.cdc.gov/eval/over.htm

Evaluation is an integral part of the project and there should be no specific budget item for evaluation, rather this should be undertaken by the project/clinical managers.