



Australian Government
Department of Health and Ageing

SECRETARY

Dr Alison Clegg
Committee Secretary
House of Representatives Standing Committee on Health and Ageing
PO Box 6021
Parliament House
CANBERRA ACT 2600

Dear Dr Clegg

Thank you for your letter of 18 February 2013 inviting the Department of Health and Ageing to provide a written submission for the inquiry into adult public dental services, which will inform the development of the National Partnership Agreement for adult public dental services.

The attached submission details recent government initiatives in dental health, including those measures announced in the 2012-13 Budget, and the Dental Reform Package announced by the Health Minister on 29 August 2012. It also addresses the issues raised by the House of Representatives Standing Committee on Health and Ageing in the hearing on 12 March 2013.

I trust that the attached information is of assistance to the Committee.

Yours sincerely

Jane Halton PSM
Secretary

JH
22/3/13



Australian Government
Department of Health and Ageing

SUBMISSION TO THE HOUSE STANDING COMMITTEE ON HEALTH AND AGEING

Inquiry into Adult Dental Services in Australia

Background

In Australia, dental treatment is provided in both the public and private sector with states and territories being the current providers of most public dental services. For adults, access to public dental care is largely determined by eligibility for concession cards, and the services provided are generally similar across the jurisdictions. For children, eligibility and services for public dental care vary across the jurisdictions; however, children are considered a matter of priority for emergency and general services.

The private sector offers services to adults and children and is the only place that non-concession card holder adults can access dental care. Concession card holders can also access private dental care, with approximately two thirds of card holders visiting private dentists.

The National Advisory Council on Dental Health

The terms of reference for the Standing Committee on Health and Ageing's inquiry calls for a review of the provision of adult dental services in each state and territory. Many of these issues are covered in the Final Report of the National Advisory Council on Dental Health (2012). In particular, chapters 1 through 3 provide a detailed background on the provision of dental services in Australia.

The National Advisory Council on Dental Health (the Council) was established with \$0.5 million from the 2011-12 Budget. The Council was a time-limited group to provide strategic, independent advice on dental health issues to the Government. The Council's priority task was to provide advice on dental policy options and priorities for consideration in the 2012-13 Budget.

On 5 September 2011, the then Minister for Health and Ageing, the Hon Nicola Roxon MP, and Senator Di Natale announced the establishment of the Council. Its Final Report was provided to the Minister for Health and Ageing, the Hon Tanya Plibersek MP, on 23 February 2012.

The Council's report can be found online at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/final-report-of-national-advisory-council-on-dental-health.htm>

The Department recommends that the Standing Committee consider this report in its deliberations.

The Committee may also find the following summary of the Commonwealth's dental initiatives and established programs helpful. **Attachment 1** provides an overview of Commonwealth expenditure on dental programs from 2010-11 to 2017-18.

2012-13 Budget Measures

Using the Council's Report as a platform for the improvement of oral health across Australia, the 2012-13 Budget allocated \$515.3 million toward dental health. These measures included:

- \$345.9 million over three years from 2012-13 to 2014-15 to provide treatment to 400,000 adults on public dental waiting lists under the National Partnership Agreement on Treating More Public Dental Patients;
- \$10.5 million over three years from 2012-13 to 2014-15 for oral health promotion activities, including the development of a National Oral Health Promotion Plan;
- \$450,000 over three years from 2012-13 to 2014-15 for a pilot program to support *pro bono* dental services to improve access for disadvantaged Australians;
- \$35.7 million over three years from 2013-14 to 2015-16 to double the places available on the Voluntary Dental Graduate Year Program;
- \$45.2 million over four years from 2012-13 to 2015-16 for an Oral Health Therapists Graduate Year Program; and
- \$77.7 million over four years from 2012-13 to 2015-16 for relocation and infrastructure grants to encourage and support dentists to relocate and practise in more remote areas.

National Partnership Agreement on Treating More Public Dental Patients (NPA)

The NPA offers the states \$344 million in total to deliver services to the 400,000 adults the Council estimates to be waiting for public dental treatment nationally. The funding of \$344 million is consistent with the waiting list measure detailed in the Council's report (see page 73 and 74) and works out to be \$860 per adult of the 400,000 estimated to be waiting for public services.

The \$344 million was allocated between the states and territories based on the number of concession cardholders in each jurisdiction, with an additional loading for Tasmania and the territories to account for their smaller populations. **Table A** below provides this breakdown.

This distribution is broadly consistent with an equal per capita distribution, but makes allowances for greater relative numbers of concession card holders as they are the group eligible for public dental services.

Table A: Funding Allocation to States/Territories by year (administered):

State/Territory	2011-12 (\$m)	2012-13 (\$m)	2013-14 (\$m)	2014-15 (\$m)
New South Wales	22.3	50.0	38.5	110.8
Victoria	17.2	38.5	29.7	85.4
Queensland	13.5	30.4	23.4	67.3
Western Australia	5.8	13.0	10.1	28.9
South Australia	5.6	12.5	9.6	27.7
Tasmania	2.5	5.5	4.3	12.3
Australian Capital Territory	1.1	2.5	1.9	5.5
Northern Territory	1.2	2.8	2.1	6.1
Total (\$m)	69.2	158.0	107.6	344.0

Source: Budget Paper No. 3, 2012-13, p.54

The NPA is framed to allow an initial up-front payment of \$69.2 million to assist the states and territories in building capacity for dental infrastructure and workforce. From June 2013 until 2015, the remaining funds of \$274.8 million will be tied to performance targets measured against the 2011-12 baseline. States will need to achieve at least 65% of their target to receive a proportion of the total funds available for that period.

All targets will be expressed in terms of Dental Weighted Activity Units (DWAU), calculated using the Australian Dental Association three digit item codes, and a weighting included as a Schedule to the Agreement. The performance indicators will measure the clinical activity of the states and territories to ensure that they use the Commonwealth funds to provide services beyond their current levels.

On 27 November 2012, the Prime Minister offered the NPA to state and territory First Ministers for signature. To date, the NPA has been signed by New South Wales, Queensland, South Australia, Tasmania and the ACT. Tasmania and the ACT have already begun to receive funding for the provision of additional services to public dental patients in their jurisdictions. New South Wales will receive its first payment in April 2013. The other signing states will start to receive funding once their individual Implementation Plans are received and approved by the Commonwealth Health Minister.

Oral Health Promotion

The National Oral Health Promotion Plan Committee has met on a number of occasions since its establishment, and held a consultation workshop with a range of key stakeholders on 27 February 2013. The Committee is on track to present its report to the Minister by the end of April 2013. The report will provide a range of evidence-based recommendations for funding oral health promotion activities for 2013-14 and 2014-15.

Pro Bono Dental Services

Under this Program, the Government funds an organisation to coordinate pro bono dental services for disadvantaged priority groups. These priority groups may include concession card holders, Indigenous Australians, the homeless and women and children living in shelters.

On 20 August 2012, the Department finalised a direct funding agreement with the National Dental Foundation (NDF) for this program. To date, the Commonwealth has received the first progress report from the NDF and has paid a total of \$150,000 in funding.

Voluntary Dental Graduate Year Program

The Voluntary Dental Graduate Year Program (VDGYP) is providing \$52.6 million over four years (2011-12 to 2014-15) to support 50 dental graduate placements each year commencing from the 2013 calendar year. The 2012-13 expansion provides an additional \$35.7 million over four years (2012-13 to 2015-16), to increase placements to 75 places in 2015 and 100 places in 2016.

The impact of the VDGYP concentrates on those who depend on the public system for access to dental services. The VDGYP is also aimed at increasing recruitment into the public sector, and enhancing the public dental sector as a longer term career option.

The VDGYP funding includes salaries paid to graduates in accordance with the relevant employment award, which vary between states and territories. Salaries paid through VDGYP participation are equivalent to other first year dental professionals not participating in the measure, within the relevant state or territory.

Salaries (including oncosts) associated with employing a graduate in a public dental service are dependent on the jurisdiction the graduate is working in, ranging from \$69,331 (in Victoria) to \$112,864 (in Tasmania). On completion of the graduate year placement each eligible VDGYP participant will receive a \$15,000 bonus payment.

The VDGYP also provides funding for:

- program and curriculum development, and administration;
- additional infrastructure required to support graduate placements; and
- program evaluation.

Infrastructure funding includes purchase of dental chairs, dental equipment and the refurbishment of dental clinics, but only where it can be demonstrated to be needed to support graduate placements.

Australian Information Technology Engineering Centre (AITEC) Pty Ltd was engaged through an open Request for Tender process as the national administrator in July 2012. AITEC has confirmed that 50 graduates are taking part in the program, consisting of 27 placements in metropolitan areas, 18 graduates in regional areas and 5 graduates in remote.

Oral Health Therapists Graduate Year Program

The Oral Health Therapist Graduate Year Program (OHTGYP) will provide oral health

therapist graduates with a structured program for enhanced practice experience and professional development opportunities, whilst increasing the oral health workforce capacity, particularly in the public sector.

The OHTGYP concentrates on those who depend on the public system for access to dental services. The OHTGYP is also aimed at increasing recruitment into the public sector, and enhancing the public dental sector as a longer term career option.

Graduate placements under the OHTGYP does not commence until January 2014. The OHTGYP provides funding for program and curriculum development, graduate and mentor positions and additional infrastructure required to support graduate placements along the lines of that provided under the VDGYP.

The OHTGYP also provides funding for:

- program and curriculum development, and administration;
- additional infrastructure required to support graduate placements; and
- program evaluation.

It is anticipated that salaries (including oncosts) associated with employing an oral health therapist graduate in a public dental service will range from \$54,311 to \$92,588 dependant on the jurisdiction the graduate is working in. A \$10,000 bonus payment will also be paid to eligible OHTGYP participants on completion of the graduate year placement.

A Dental Workforce Program Reference Group was held on 24 October 2012 to discuss program design and implementation strategies. Program guidelines are currently being finalised. A Request for Tender was released for the development of the OHTGYP Curriculum on 2 February 2013 and closed on 27 February 2013. An administrator for the OHTGYP is expected to be sought through an Invitation to Apply process in early March 2013.

Relocation and Infrastructure Grants

The Dental Relocation and Incentive Support Scheme will commence in 2013-14. The Scheme was developed to address the maldistribution of the dental workforce by assisting dentists to relocate into regional and remote communities in Australia through the provision of relocation incentives and infrastructure support grants.

The relocation and infrastructure grants will be available to dentists relocating to an existing practice or setting up a new practice.

A funding round is currently being conducted to engage a suitable agency to assist in the development of the program and its administration for 3 years.

A copy of the Program Grant Guidelines can be found at **Attachment 6**. Eligibility is open to incorporated not-for-profit non-government organisations and co-operatives.

The Dental Reform Package

On 29 August 2012, the Health Minister, the Hon Tanya Plibersek MP, announced a package of dental reforms that targeted specific areas of the population most in need of dental care. The package builds on the dental policy options outlined in the Council's 2012 dental report, and includes:

- \$2.7 billion for *Grow Up Smiling*, a children's dental scheme that will commence on 1 January 2014;
- \$1.3 billion for states and territories from 1 July 2014 to expand services for adults in the public system; and
- a \$225 million Flexible Grants Program commencing in 2014 to provide dental infrastructure (both capital and workforce) in outer metropolitan, rural and regional areas.

The Dental Reform Package also included the closure of the Chronic Disease Dental Scheme (CDDS). Since 2007, it has been the Australian Government's policy to close the CDDS to redirect funding to those in most financial need. The CDDS was closed to new patients from 8 September 2012, and closed to all patients from 30 November 2012.

In 2009-10, there were approximately 5.4 million concession card holders (FaHCSIA data). Around 26.8 per cent of concession card holders have general treatment private health insurance which covers dental services.

In August 2012, the Department estimates that the CDDS provided services to 659,028 CDDS patients. Of these patients, an estimated 76.7 per cent (or 505,637) may also have been eligible for public dental services.

The National Advisory Council on Dental Health reported that 400,000 people were waiting for public dental services as at 2012.

Furthermore, as indicated above, the majority of former or would-be CDDS patients will be able to seek treatment in the public sector. Under the Commonwealth dental initiatives, the Government is contributing over \$1.6 billion directly to state and territory delivered public dental services.

Australians who are not eligible for the public dental system can seek services in the private sector and, if they hold general treatment private health insurance, can receive Government assistance through the Private Health Insurance Rebate.

Grow Up Smiling

Grow Up Smiling (GUS) will expand the number of eligible children who can access the dental benefit as well as increase the range of dental services funded under the Medicare Teen Dental Plan (MTDP). GUS will replace the MTDP and commence from 1 January 2014.

Those children aged 2-17 years in Family Tax Benefit-A (FTB-A) eligible families (currently estimated at 3.4 million) will be eligible for GUS. The benefit will be capped at \$1,000 per

child over a two year period with private dental services qualifying for the entitlement and public services qualifying if the patient is bulk-billed.

The primary legislation to enable GUS, the *Dental Benefits Amendment Act 2012*, was given Royal Assent on 10 December 2012. The Department of Health and Ageing will shortly commence public consultation and stakeholders will be invited to make submissions on the draft schedule of dental benefits and other operational features of GUS. Feedback from the consultation process will be considered in finalising the dental benefit schedule for GUS, and in the development of the new Dental Benefit Rules under which the program will operate. A finalised schedule and Dental Benefit Rules will be made by the Minister of Health in due course.

National Partnership for Adult Public Dental Services

From 1 July 2014, the National Partnership for Adult Public Dental Services will provide \$1.3 billion in funding over four years to states and territories for services to 1.4 million adults eligible for public dental services. This funding will be used to improve access to low income adults by expanding public services through a mix of service delivery and capacity building activities, including dental health infrastructure.

Flexible Grants Program

Under the Flexible Grants Program a total of \$225 million will be provided for dental infrastructure (both capital and workforce) in outer metropolitan, rural and regional areas to assist in reducing access barriers for people living in these locations. The grants may also be used for targeted programs to address other gaps in service delivery.

Examples of projects that could be funded include: innovative models of care to help reach people in more isolated locations; building new public dental clinics in regional centres; refurbishing ageing clinics; and dental facilities in aged care accommodation.

Organisations from both the public and private sector will be able to apply. Further details on eligibility will be available in late 2013 when the Department publishes the Invitation to Apply for funding under the Program.

Private Health Insurance Rebate

The Private Health Insurance Council's (PHIAC) June 2012 statistics indicate that 54.4% of Australians (12.3 million Australians) are covered by general treatment policies. PHIAC also reported that in 2011-12 the private health insurers paid out \$1.8 billion in benefits for dental services.

The Commonwealth provides an annual financial contribution of approximately \$615 million for private dental services through the Private Health Insurance Rebate.

National Oral Health Plan 2014-23

Australia's first National Oral Health Plan (*Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2004-2013*) was developed by the National Oral Health Advisory Committee and endorsed by AHMAC in August 2004 to 'improve health and well-being

across the Australian population by improving oral health status and reducing the burden of disease’.

A new and updated National Oral Health Plan reflecting the changing oral health environment is currently being developed by a subcommittee of the National Oral Health Plan Monitoring Group. A workshop attended by key oral health stakeholder groups was held in March to discuss future oral health needs and identify priorities to be addressed in the National Oral Health Plan 2014-23. It is expected that the Plan will be finalised by December 2013.

Dental Data and Statistics

There are currently gaps in existing dental and oral health data sources. Specifically, there is a lack of data about adults accessing publicly-funded dental services and visits to private dental services.

Waiting List Data

Following endorsement by both National Health Information Standards and Statistics Committee and National Health Information and Performance Principal Committee in the second half of 2012, the Public Dental Waiting Times National Minimum Data Set (PDWT NMDS) for 2013-14 was endorsed as a standard by Standing Council on Health on 9 November 2012. The NMDS will collect information on waiting times for people placed on public dental service waiting lists in all states and territories, measuring the time between placement on the list and the date an offer of care is made, or care received. Indicators for each jurisdiction will be calculated and reported to Council of Australian Governments (COAG).

Prior to endorsement, the data standard had existed as a Data Set Specification for the 2012-13 financial year, though no data were collected in this time. The implementation start date for the PDWT NMDS is 1 July 2013. The first indicators will be calculated from 2013-14 data and are due for reporting to COAG in late 2014. Reporting will occur on an annual basis.

The AIHW is currently working with the jurisdictions to trial and refine data collection and delivery methods in accordance with the PDWT NMDS.

Other Potential Future Data Sources

The Department will be receiving data on DWAUs under the NPA on Treating More Public Dental Patients. This will provide a state level view of the number of services provided by a jurisdiction in the form of ADA item codes. The Department will also obtain additional information on average waiting times and the number of children and adults receiving services.

The NPA on Adult Dental Services beginning in 2014 will provide a further opportunity to work with the states and territories to improve the provision of public dental services.

Data on the services provided under GUS (both public and private) will be available through Medicare Australia.

Commonwealth Expenditure on Dental Programs (\$ millions, administered expense)

Previous program actual expenditure	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Chronic Disease Dental Scheme [†]	\$ 726.4	\$ 878.3	\$ 651.2	-	-	-	-	-
Medicare Teen Dental Plan [‡]	\$ 59.8	\$ 58.0	\$ 38.1	-	-	-	-	-
2011-12 Budget Measures - Dental Health	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Dental internship year	\$ 13.8	\$ 16.9	\$ 10.6	\$ 10.0	-	-	-	-
2012-13 Budget Measures - Dental Health	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Alleviating pressure on public dental waiting lists	-	-	\$ 69.2	\$ 155.2	\$ 119.6	-	-	-
Increasing the capacity of the dental workforce**	-	-	\$ 13.4	\$ 50.1	\$ 46.5	\$ 45.3	-	-
National oral health promotion activities	-	-	-	\$ 5.0	\$ 5.0	-	-	-
Supporting the delivery of pro bono dental services	-	-	\$ 0.2	\$ 0.2	\$ 0.2	-	-	-
CDDS to 30 September 2012***	-	-	\$ 276.7	-	-	-	-	-
Reallocation of Commonwealth Dental Health Program funding	-	-	-\$ 94.3	-\$ 96.7	-\$ 99.0	-	-	-
Dental Reform Package - 29 August 2012	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Child Dental Benefits Scheme	-	-	-	\$ 189.7	\$ 603.1	\$ 635.7	\$ 670.1	\$ 706.3
Support for Adult Public Dental Services	-	-	-	-	\$ 200.0	\$ 295.0	\$ 390.0	\$ 390.0
Flexible grants	-	-	-	-	\$ 50.0	\$ 55.0	\$ 60.0	\$ 60.0

May be variations due to rounding.

[†] Actual benefits paid, scheme closed 1 December 2012, payments processed to 31 January 2013

[‡] Actual benefits paid, year to 31 January 2013

*Note: CDDS closure costs are an estimates variation to the Medicare appropriation. Estimated cost is additional to \$261.9 million in the 2012-13 budget for expenditure on the scheme to 30 September 2012.

** Note: does not include funding beyond the (then) forward estimates for workforce programs

***Note: Estimates variation to Medicare appropriation.



Australian Government
Department of Health and Ageing

Dental Relocation and Infrastructure Support Scheme

Supporting better distribution of the dental workforce into regional and remote communities in Australia through the provision of relocation incentives and infrastructure support grants

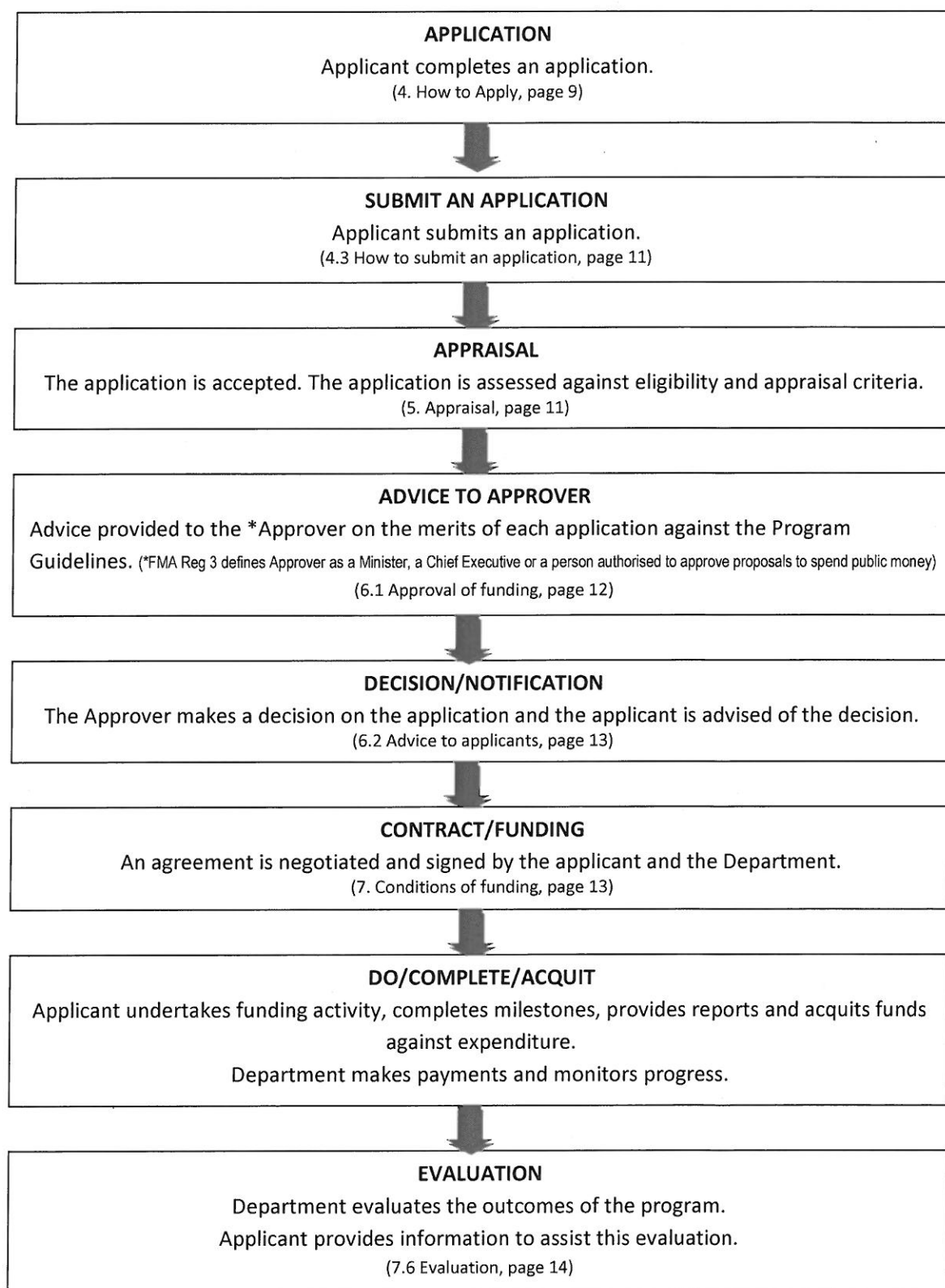
Grant Program Guidelines for the
engagement of an administering
organisation from 2012-13 to 2015-16

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Grant Program Process Flowchart



1. Introduction

1.1 Program Background

As part of the Dental Health Package announced in the 2012-13 Budget, the Australian Government is providing \$84.26 million (GST inclusive) over a period of 4 years from 2012-13 to 2015-16, for the Dental Relocation and Infrastructure Support Scheme ('the Scheme').

The Australian Government is committed to ensuring all Australians have access to quality health care services and an adequate supply and distribution of dental services is critical to achieving this objective.

The Australian Government is seeking an organisation or consortium to manage the Scheme on its behalf from 2012-13 to 2015-16.

Further information about the Scheme is available on the Department's website at www.health.gov.au/internet/main/publishing.nsf/Content/work-st-driss.

1.2 Program Purpose, Scope, Objectives and Outcomes

Studies show that there are 59.5 dentists per 100,000 people in major cities of Australia compared with 17.9 dentists per 100,000 people in remote and very remote areas¹. The Scheme was developed to address this maldistribution of the dental workforce by assisting dentists to relocate into regional and remote communities in Australia through the provision of relocation incentives and infrastructure support grants. It consists of two linked components:

- Relocation grants up to \$120,000, determined from locations classified under the Australian Standard Geographical Classification - Remoteness Areas (ASGC-RA) system; and
- Dentists deemed eligible for the relocation grant can also apply for infrastructure grants of up to \$250,000 to assist in the purchase and fit-out of dental facilities and equipment.

Of the 10,404 dentists practising in Australia, the Scheme will focus on the 81 % (8,427) that are working in the metropolitan area², dentists currently in rural practice that are seeking to relocate to more rural regions, and graduating dental students that may wish to commence or join a rural practice.

The objectives of the Scheme are to:

- Encourage and support dentists who are relocating to more remote locations within Australia;
- Improve access to dental services for rural and remote communities by providing funding to dentists to establish new, or enhance existing, dental facilities, where the lack of infrastructure is a barrier to the delivery of essential dental services;
- Increase the number and range of new practices and expand existing privately insurable dental services in rural and remote Australia;
- Reduce public dental waiting lists by supporting private dentists approved under the Scheme to also practise within the public sector;

¹ AIHW/DSRU Dental Labour Force Study 2006.

² *ibid.*

- Support rural dental tertiary institutions by encouraging and supporting practising dentists approved under the Scheme to provide services to rural dental tertiary institutions within their region; and
- Improve the resources and facilities to support the provision of dental services for dentists relocating to more rural or remote areas.

The organisation engaged by the Department will deliver the Scheme to eligible dental workforce and relevant stakeholders on a national basis, including any sub-contractual arrangements with other service delivery agencies. As such, it is expected that the organisation will have a previous knowledge and expertise with health workforce, particularly with regard to dental workforce. The organisation will be required to develop innovative solutions to ensure Commonwealth funds are used effectively and efficiently, and will be required to ensure Departmental awareness and approval in the development of all solutions.

Role of the organisation

The role of the organisation is to:

- provide relocation and infrastructure grants to dentists who are relocating to more remote areas of Australia;
- provide information to dentists about the Scheme;
- assess the requirements and provide support to applicants seeking to relocate to rural and remote locations under the Scheme;
- determine the needs and provide support to rural and remote communities in the establishment and expansion of dental practices; and
- support dentists in the establishment, continuation and enhancement of the delivery of private dental services to rural and remote communities.

To undertake its role effectively, the organisation will need to:

- Build and maintain effective relationships with relevant stakeholders, including state government representative bodies, dental schools and dental administrative bodies;
- Possess strong communication skills to effectively negotiate and process grant applications, and to market the Scheme;
- Have experience in the recruitment and retention of health workforce, with an emphasis on dental workforce; and
- Have an understanding of recruitment issues in health workforce.

The organisation will be required to provide an application that includes:

- Provision of a program payment mechanism model for the relocation and infrastructure grants components that include:
 - The method and timing of relocation and infrastructure payments;
 - Methods to prevent fraudulent claims; and
 - Determination of possible recovery action and amounts;
- Provision of a list of factors relevant in determining candidate assessment criteria, including eligibility and in determining areas of dental health workforce shortage, as well as in the determination of retrospective payments and locum services eligibility;
- Provision of a strategy for handling infrastructure grant application processes that includes eligibility and determination of compliance;
- Strategy for obtaining and analysing data for the Department to assist in determining community needs; and

- Demonstration of methods of monitoring adherence to requirements of participants.

In addition, the organisation will be required to market the Scheme over the four years, and provide a proposal to the Department of market strategies for this period.

Operational Guidelines for the Scheme are available on the Department's website at www.health.gov.au/internet/main/publishing.nsf/Content/work-st-driss.

Outcome

The Scheme will address the maldistribution of the dental workforce by assisting dentists to relocate into regional and remote communities in Australia to ensure an adequate supply and distribution of dental services across Australia.

1.3 Roles and responsibilities

The *Grant Program Process Flowchart* on the previous page outlines the roles and responsibilities of each party.

The Department will establish an assessment panel that will consist of Departmental officers and relevant experts, if deemed appropriate, to select an administrator for the Scheme.

The funding Approver for the Scheme is the Minister for Health or the appropriate Departmental delegate.

1.4 Anticipated key dates

The following table outlines the anticipated timeline for the program:

Milestone	Anticipated Dates
Program Announced	8 May 2012
Applications Open	25 February 2013
Applications Close	5 April 2013
Assessment and Decision	29 April 2013
Program Ends	30 June 2016

1.5 Public Competitive Funding Round

Access to funding to manage the Scheme will be available through an Invitation to Apply (ITA) process which will commence in February 2013. The ITA will involve one competitive funding round that will open and close on nominated dates, with eligible applications being assessed against identified assessment criteria.

2. Eligibility

2.1 Who is eligible to apply for funding?

The Department is seeking applications from interested parties that have the capability to best implement the Scheme. The following types of organisations are eligible to apply:

- Non-government organisations and co-operatives.

2.2 What is eligible for funding?

The Department is seeking one organisation to administer the Scheme that meets the assessment criteria as provided in the ITA.

The applicant **must** demonstrate:

- Capacity to deliver services on a national basis, including sub-contractual arrangements with other service delivery agencies;
- Staff resources of a high professional standard to enable the satisfactory provision of services and provide high quality information to the Department;
- Financial stability; and
- Expertise and knowledge of health workforce, with an emphasis on dental workforce.

Funding will be provided to support approaches which:

- Encourage and support dentists who are relocating to more remote locations within Australia;
- Improve access to dental services for rural and remote communities by providing funding to dentists to establish new, or enhance existing, dental facilities, where the lack of infrastructure is a barrier to the delivery of essential dental services;
- Increase the number and range of new practices and expand existing privately insurable dental services in regional and remote Australia; and
- Improve the resources and facilities available to dentists relocating to more regional and remote areas.

3. Probity

The Australian Government is committed to ensuring that the process for providing funding for the administration of the Scheme is transparent and in accordance with published Guidelines.

Note: Guidelines may be varied from time-to-time by the Australian Government as the needs of the program dictate. Amended Guidelines will be published on the Department's website.

3.1 Conflict of interest

A conflict of interest may exist, for example, if the applicant or any of its personnel:

- Has a relationship (whether professional, commercial or personal) with a party who is able to influence the application assessment process, such as a Department staff member;
- Has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicant in 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 as a result of the granting of funding under the Dental Relocation and Infrastructure Support Scheme.

Each applicant will be required to declare as part of their application, existing conflicts of interest or that to the best of their knowledge there is no conflict of interest, including in

relation to the examples above, that would impact on or prevent the applicant from proceeding with the project or any funding agreement it may enter into with the Australian Government.

Where an applicant subsequently identifies that an actual, apparent, or potential conflict of interest exists or might arise in relation to this application for funding, the applicant must inform the Department in writing immediately.

Potential conflicts of interest relating to Departmental staff, external experts and consultants will be addressed prior to commencement of the application assessment process.

3.2 Confidentiality and Protection of Personal Information

Each applicant will be required to declare as part of their application, their ability to comply with the following Legislation/Clauses in the funding agreement it may enter into with the Australian Government.

The Protection of Personal Information Clause requires the Participant to:

- comply with the *Privacy Act (1988)* ('the Privacy Act'), including the 11 Information Privacy Principles (IPPs), as if it were an agency under the Privacy Act, and the National Privacy Principles (NPPs);
- refrain from engaging in direct marketing (s 16F of the Privacy Act), to the extent that the NPP and/or s 16F apply to the Participant; and
- impose the same privacy obligations on any subcontractors it engages to assist with the Project.

The Confidentiality Clause imposes obligations on the Participant with respect to special categories of information collected, created or held under the Agreement. The Participant is required to seek the Commonwealth's consent in writing before disclosing Confidential Information.

Further information can be found in the Standard Fund Agreement available on the Department of Health and Ageing website at www.health.gov.au.

4. How to Apply

4.1 Obtaining an application

Applicants may obtain an application form for the Invitation to Apply (ITA) from the Department's website: www.health.gov.au.

4.2 Application requirements

The Invitation to Apply will commence on 25 February 2013 and applications should be submitted to the Department by 5 April 2013.

Applications should describe in detail the following:

- Knowledge and experience in rural health workforce, with an emphasis on dental workforce;
- Experience in government processes and program management, including managing government funds and providing financial data such as financial statements and audits;

- Experience in stakeholder engagement, specifically in rural health matters;
- Current organisational and governance arrangements, specific to the Scheme;
- A program payment model for the relocation and infrastructure grants components that includes:
 - The method and timing of relocation and infrastructure payments;
 - Methods to prevent fraudulent claims; and
 - Determination of possible recovery action and amounts;
- A list of factors relevant in determining participant assessment criteria, including eligibility and in determining areas of dental health workforce shortage, as well as in the determination of retrospective payments and locum services eligibility;
- A strategy for handling infrastructure grant application processes that includes eligibility and determination of compliance;
- Marketing strategies for the Scheme;
- An assessment model for applications;
- Methodologies for providing grant funds to eligible participants;
- Methods of monitoring adherence to requirements of participants;
- Methods to arrange recovery action for defaulting participants;
- Strategies to ensure ongoing marketing of the program;
- How the organisation will collect and use relevant data and reports to the Department of Health and Ageing in relation to grants, and where this data will be sourced; and
- The organisation's approach to risk management.

In addition, applications are required to include a comprehensive project plan that sets out the key steps, timeline, and milestones for implementation of the proposed model. The engaged organisation should be established, staffed, and ready to commence operation of the Scheme by 1 July 2013.

Applications should provide a detailed estimate of cost covering the four financial years, which includes anticipated maximum numbers of participant costs and administrative costs. Annual budgets must not exceed:

Financial Year	2012-13 \$M (GST inc)	2013-14 \$M (GST inc)	2014-15 \$M (GST inc)	2015-16 \$M (GST inc)	TOTAL \$M (GST inc)
Total Budget Allocation	0.99	24.53	26.29	32.45	84.26
Maximum administration costs (not to exceed)	0.3	0.5	0.55	0.6	1.95

In addition, cost estimates should be itemised, where possible, according to the key stages and milestones in the project plan and cover the years 2012-13 to 2015-16. Applicants are required to demonstrate that the Budget is sufficient to meet the objectives and outcomes of the Scheme and describe the intended benefits of the investment (i.e. demonstrate value for money). Budget costs are to be in Australian dollars and GST identified separately. Budgets should also indicate administration costs and grant funding amounts, with an indication of estimated grant expenditure each year, commencing in 2013-14. Administration costs are to be itemised and shown separately to grant amounts.

Funding will be provided bi-annually in advance as determined by the Department, commencing from execution of the funding agreement and are required to be expended by 30 June 2016.

Communication Strategy

Applications should also include a communications strategy outlining how the Scheme will be marketed over the four years of duration. The strategy should include marketing approaches and activities, as well as estimated itemised costs.

Risk Management

Applications should also include details of risk factors that will impact upon the organisation's ability to achieve the objectives of the Scheme. For each identified risk, details should be provided on the likelihood of the risk occurring, consequences of the risk occurring, and steps taken to mitigate or manage the risk.

4.3 How to submit an application

Applications should be submitted in the following manner:

- An official application form is provided within the Invitation to Apply. Applicants are permitted to provide additional information that they deem necessary to support their application.
- Applications will only be accepted by courier or hand delivered to the Department of Health and Ageing Tender Box or by email to gary.larkins@health.gov.au.

Further information on the requirements for applying can be found in the Invitation to Apply.

To assist with the appraisal of an application, clarifying information may be requested by the Department. Applicants will be notified by email or post where this is required.

5. Appraisal

5.1 Appraisal process

Those applications which do not satisfy the eligibility criteria (specified in 2.1 and 2.2) will be deemed as non-compliant and not further assessed.

Based on the information provided, the Department will undertake an evaluation of eligible applications against the appraisal criteria outlined below.

5.2 Appraisal criteria

Applications will be assessed against the following criteria:

- **Threshold Criteria** - the criteria that an application must satisfy in order to be considered for funding. These are also variously expressed as 'eligibility criteria', 'mandatory criteria', 'compliance criteria', or 'gateway criteria'. Threshold Criteria often involve the use of expressions such as 'must', 'must not', 'will' or 'will not (e.g **must** be an Incorporated Association). Applications that do not meet the threshold criteria will not be assessed.
- **Assessment Criteria** - the criteria against which all eligible, compliant applications will be assessed in order to determine their merits against the program objectives and , for competitive programs, other competing applications.

Threshold criteria

The applicant **must** demonstrate:

- Capacity to deliver services on a national basis, including sub-contractual arrangements with other service delivery agencies;
- Staff resources of a high professional standard to enable the satisfactory provision of services and provide high quality information to the Department;
- Financial stability; and
- Expertise and knowledge of health workforce, with an emphasis on dental workforce.

Assessment criteria

Applications will be assessed against the following criteria:

- Experience in government processes and program management, including managing government funds and providing financial data such as financial statements and audits;
- Experience in stakeholder engagement, specifically in rural health matters;
- Organisational and governance arrangements, specific to the Scheme;
- A program payment model for the relocation and infrastructure grants components that includes:
 - The method and timing of relocation and infrastructure payments;
 - Methods to prevent fraudulent claims; and
 - Determination of possible recovery action and amounts;
- An assessment model for applications that includes a list of factors relevant in determining participant assessment criteria, including eligibility and in determining areas of dental health workforce shortage, as well as in the determination of retrospective payments and locum services eligibility;
- A strategy for handling infrastructure grant application processes that includes eligibility and determination of compliance;
- Marketing strategies for the Scheme;
- A payment model for providing grant funds to eligible participants;
- Methods of monitoring adherence to requirements of participants;
- Methods to arrange recovery action for defaulting participants;
- Provide information of strategies to ensure ongoing marketing of the program; and
- Demonstrate how the organisation will collect and use relevant data and reports to the Department of Health and Ageing in relation to grants, where this data will be sourced, and the type of data that will be collected.

All criteria will be equally weighted within the headings of:

- Capacity to Deliver Program
- Organisational Capacity

6. Decisions

6.1 Approval of funding

Following an appraisal of the applications by the assessment panel, advice will be provided by the Department to the Funding Approver on the merits of the application/s.

The Approver will consider whether the proposal will make an efficient, effective, economical and ethical use of Commonwealth resources, as required by Commonwealth legislation, and whether any specific requirements will need to be imposed as a condition of funding.

Funding approval is at the discretion of the Approver.

6.2 Advice to applicants

Applicants will be advised by letter of the outcome of their application. Letters to successful applicants will contain details of any specific conditions attached to the funding. Funding approvals will also be listed on the Department's website.

The Department will notify all unsuccessful applicants, in writing, after execution of the agreement/s.

6.3 Complaint handling

DoHA's Procurement and Funding Complaints Handling Policy applies to complaints that arise in relation to a procurement or funding process. It covers events that occur between the time the request documentation is released publicly and the date of contract execution, regardless of when the actual complaint is made. DoHA requires that all complaints relating to a procurement or funding process must be lodged in writing. Further details of the policy are available 'About Us' page on the Department's internet site (www.health.gov.au)

Any enquiries relating to funding decisions for this Program, should be directed to gary.larkins@health.gov.au.

7. Conditions of Funding

7.1 Contracting arrangements

Successful applicants will be required to enter into a funding agreement with the Commonwealth (represented by the Department).

A template of the standard agreement is available on the Department's website at www.health.gov.au.

The Department will work with the successful applicant with the aim of having funding agreements signed within two weeks of the approval.

7.2 Specific conditions

There may be specific conditions attached to the funding approval required as a result of the appraisal process or imposed by the Approver. These will be identified in the offer of funding or during funding agreement negotiations.

7.3 Payment arrangements

Grant payments will be made in advance bi-annually. Administration costs will be made on achievement of agreed milestones.

Where payments are linked to the achievement of specific milestones, payments will only be made after the Department is satisfied that those milestones and associated obligations of the funding agreement have been met.

7.4 Reporting requirements

Funding recipients will be required to provide progress reports on the agreed milestones. These progress reports may include funding acquittal requirements. The timing of progress reports will be negotiated as part of the funding agreement. Further information can be found in the Standard Funding Agreement available on the Department of Health and Ageing website at www.health.gov.au.

7.5 Monitoring

The funding recipient will be required to actively manage the delivery of the project. The Department will monitor progress against the funding agreement through assessment of progress reports and by conducting site visits as necessary.

7.6 Evaluation

An evaluation by the Department will determine how the funding contributed to the objectives of the program. Funding recipients will be required to provide information to assist in this evaluation for a period of time, as stipulated in the funding agreement, after funding has been provided.