Senate Community Affairs Committee

## ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

## HEALTH AND AGEING PORTFOLIO

## Additional Estimates 2011-2012, 15 February 2012

Question: E12-205

OUTCOME 12: Health Workforce Capacity

Topic: RURAL CLINICAL SCHOOL (RSC)

Written Question on Notice

Senator Fiona Nash asked:

- a) Please provide the annual budget allocation for the Rural Clinical Schools (RCS) program for each of the last ten years.
- b) Please specify the proportion of RCS funding directly allocated to metropolitan higher education institute (HEI) and regional HEI in each year.
- c) Please provide funding allocations to each participating HEI under the RSC for each of the last ten years setting out capital and recurrent funding in separate columns for each year.
- d) Please set out the performance targets, reporting requirements and provisions relating to non-performance or breach of contract specified for each HEI in the contract under the RSC (if the performance targets and reporting requirements were common for each HEI this can be specified as a single item).

Answer:

a)

Year	Total Funding (\$m)
2001/2	\$23.0
2002/3	\$36.9
2003/4	\$38.7
2004/5	\$46.4
2005/6	\$48.7
2006/7	\$57.8
2007/8	\$62.9
2008/9	\$68.2
2009/10	\$82.8
2010/11	\$89.9

b) Regardless of the location of the funded university, all funding under the Rural Clinical Schools (RCS) is allocated to the Rural Clinical Schools for use in rural and regional areas defined as RRMA3-7.

The only exception to this is specified in Parameter 4 of the RCS Project Schedule which states that a maximum of 5 per cent of the Rural Clinical School budget may be utilised at the base university campus, unless otherwise approved by the Department.

The table at c) indicates the universities that receive funding and the amounts.

University	2001/2		2002/3		2003/4		2004/5		2005/6		2006/7		2007/8		2008/9		2009/10		2010/11	
	Recurrent	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Capital	Recurrent	Capital
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Adelaide	2,491,753	1,126,434	2,726,289	462,029	2,726,291	726,322	2,505,532	0	1,252,766	1,554,328	3,300,000	0	3,300,000	0	3,670,055	0	3,742,296	0	3,816,055	0
ANU							1,500,000	0	1,500,000	2,205,002	4,200,000	700,000	1,800,000	1,463,300	2,655,591	455,000	2,757,565	483,300	2,869,637	0
Flinders	573,178	0	348,400	511,127	1,330,387	144,148	1,438,494	769,855	781,748	3,421,633	2,491,378	87,871	2,491,378	900,320	3,000,611	900,000	3,793,058		3,872,713	0
JCU			237,500	0	475,000	0	475,000	0	343,750	2,010,000	995,000	3,082,757	1,365,000	400,000	2,780,289	835,000	3,388,747	0	3,568,603	0
Melb	1,100,000	0	4,288,479	336,062	2,600,000	0	3,469,844	3,963,939	1,734,922	0	2,947,490	0	2,947,490	1,716,727	4,548,455	25,000	4,643,972	0	4,996,643	0
Monash	1,352,300	1,300,000	3,192,000	950,000	3,586,765	693,318	4,813,235	770,266	2,100,000	564,212	5,221,129	800,000	5,221,129	900,000	6,240,095	81,078	6,482,262	0	8,453,740	0
Newcastle			333,300	0	666,600	0	666,600	0	333,300	0	1,500,000	2,067,980	1,500,000	5,500,000	3,068,572	0	3,175,630	0	3,242,318	0
NT									1,335,261	1,239,057	1,335,261	332,799	1,335,261	2,222,661	1,799,825	799,000	1,837,623	0	1,876,213	0
Sydney	3,839,150	0	1,600,000	183,376	3,919,500	0	2,613,000	2,192,470	2,612,955	4,892,657	3,978,012	901,385	3,978,013	0	3,900,000	5,000	4,100,000	0	4,400,000	0
NSW	3,321,970	0	8,189,000	0	4,724,400	2,705,679	4,724,400		2,362,200	3,245,362	5,348,764	536,000	5,348,764	256,300	5,575,770	0	5,692,862	0	6,767,108	0
QLD	2,700,000	0	2,700,000	1,586,743	8,100,000	641,818	5,400,000	392,737	5,400,000	3,028,228	5,994,092	0	5,994,093	651,166	6,248,488	0	6,818,312	0	7,233,266	0
TAS	454,545	950,000	2,100,000	1,550,000	1,750,000	0	1,750,000	3,523,150	1,750,000	13,636	3,008,800	0	3,008,800	0	3,625,301	0	3,701,432	0	4,289,663	0
WA	3,821,006	0	4,146,393	1,442,197	3,632,525	316,656	4,540,659	929,273	2,724,394	2,342,835	8,000,000	1,000,000	8,000,000	1,235,000	10,287,292	590,000	10,556,563	0	10,738,383	0
Wollongong													1,373,000	0	2,399,000	750,000	4,413,000	0	5,137,000	0
Deakin															250,000	1,753,377	4,444,236	1,753,376	4,129,971	5,904,009
UNDA Syd															250,000	750,000	643,022	8,800,000	1,109,416	
Western Syd															250,000	750,000	1,568,053	0	2,507,938	5,000,000
TOTAL	19,653,902	3,376,434	29,861,361	7,021,534	33,511,468	5,227,941	33,896,763	12,541,690	24,231,296	24,516,950	48,319,926	9,508,792	47,662,928	15,245,474	60,549,344	7,693,455	71,758,633	11,036,676	79,008,667	10,904,009

c)

- d) The RCS program parameters which detail the requirements for performance targets common to each of the universities are as follows:
- 1. The number of Australian medical students undertaking a minimum of one year of their clinical training in a rural area (RRMA 3-7) must be at least equal to 25 per cent of the total number of Department of Education, Employment and Workplace Relations (DEEWR) funded students\*\* undertaking training at each participating university.
- \*\* Until notified by the Department any domestic full fee paying medical places that have been transferred to Commonwealth Supported Places will be excluded from the total number of DEEWR students used to calculate the RCS Parameter 1 target.
- 2. The Rural Clinical School will provide students with a range of experience consistent with Australian Medical Council requirements for medical curriculum.
- 3. The University must endeavour to recruit and appoint a full time resident Rural Clinical School coordinator, academics and administrative staff who will live and work in the rural region. In the event that the full time resident Rural Clinical School coordinator does not live and work in the rural region, the University must appoint a senior academic who lives and works in the rural region. This must result in an increased clinical specialist, including general practitioner, capacity within the region.
- 4. A maximum of 5 per cent of the Rural Clinical School budget may be utilised at the base university campus (capital city), unless otherwise approved by the Department.
- 5. The University will engage and maintain links with the local community to support Rural Clinical School staff and students. The University will organise and Chair (at the level of Dean, Executive Dean, Senior Associate Dean or Pro-Vice Chancellor) a minimum of one overarching Community Advisory Board meeting in each academic year, in consultation with the Department of Health and Ageing, ensuring that these meetings continue to be held in rural communities. The Community Advisory Board will comprise a broad range of representatives including persons from the local communities and nominees of the State Departments or agency responsible for providing services in those communities. Further detail regarding the requirements relating to Community Advisory Boards is at Attachment A to this Schedule 7, including the *Terms of Reference for Community Advisory Boards* as well as the *Community Advisory Board Framework*.
- 6. The University will liaise closely with the Department regarding ongoing information technology and telecommunications, accommodation and infrastructure requirements.
- 7. The University will work collaboratively with the local community and state health department to maximise the utilisation of local facilities and expertise (eg student accommodation, travel and information technology resources). This collaboration will include partnerships with existing local tertiary institutions, for example, through mechanisms such as memorandums of understanding, to facilitate resource and information exchange.
- 8. The University will develop transparent internal evaluation mechanisms, remaining cognisant of external evaluating processes, which may be implemented.
- 9. The Rural Clinical School must endeavour to progress the rural health agenda, including research, within the medical faculty, other relevant health faculties and university departments to maximise the efficient use of resources provided for a range of rural health programs. These programs include, but are not limited to, the Rural Undergraduate Support and Coordination program and the University Departments of Rural Health program.

The reporting requirements include:

- an Annual Report which must address achievements for the previous academic year against the relevant workplans and project targets:
- six monthly progress reports to address activity in relation to the agreed workplan for that academic year with an update on medical student numbers and their training location at the RCS fro that academic year plus a detailed statement of receipts and expenditure as specified in the Agreement;
- Audited detailed statements of receipts and expenditure associated with Annual Reports which must be prepared in accordance with the Agreement and must also include the certificates required under the Agreement; and
- the Final Report which must detail achievements in relation to the Parameters for Funding Rural Clinical Schools covering the entire Project Period and must also include a detailed statement of receipts and expenditure in accordance with the Agreement:

A clause in the Header Agreement contained the following provisions:

## SUSPENSION AND TERMINATION

- If:
  - (a) the Department is reasonably satisfied that the terms and conditions of this Agreement have not been complied with by the University; or
  - (b) the Department is reasonably satisfied that the University is unable or unwilling to satisfy the terms of this Agreement; or
  - (c) the Department, by notice in writing, requests the University to take action to meet a timeframe or perform an activity in accordance with this Agreement and, after 14 days (or such longer period as is specified in the notice) from the date of the notice, the University has failed to take such action; or
  - (d) the Department is reasonably satisfied that any statement made by the University is incorrect or incomplete in a way which would have affected the original decision to approve the Funds for a Project; or
  - (e) the Department is not reasonably satisfied that the purposes and activities of the University remain compatible with the objectives of:
    - (i) a Project; or
    - (ii) the Program; or
  - (f) the Department is reasonably satisfied that a Report given by the University is not complete or accurate; or
  - (g) the University:
    - (i) becomes bankrupt or insolvent or is wound-up; or
    - (ii) makes an assignment of its estate for the benefit of creditors or enters into any arrangement or composition with its creditors or has a receiver, manager or administrator appointed on behalf of debenture holders or creditors; or
    - (iii) goes into liquidation or passes a resolution to go into liquidation, otherwise than for the purpose of reconstruction, or becomes subject to

any petition or proceedings in a court for its compulsory winding-up or becomes subject to the supervision of a court either voluntarily or otherwise; or

- (iv) suffers any execution against its assets having adverse effect on its ability to perform the Agreement; or
- (h) the University, by notice in writing given to the Department, withdraws from this Agreement or one of the Projects; or
- (i) the Department considers it appropriate for any other reason;

the Department may, by written notice to the University:

- (j) terminate the relevant Project or Projects or this Agreement; or
- (k) cease all payments to the University in relation to one or more of the Projects and require the University to immediately suspend dealings with any Funds already held in relation to such Project(s).