

Guidelines for the Rural Enhancement Package Grant (REP)

1. The REP grant is provided to approved health services to support Visiting Medical Officers (VMOs) who participate in a dedicated 24-hour on-call roster for emergency presentations. Where hospitals have made other contractual arrangements that include a 'return to the Emergency Department', the REP does not apply.

2. The REP provides for a daily on-call payment at-

- \$150 per weekday
- \$200 per weekend day
- \$250 per public holiday.

The REP daily rates provide for a minimum level of payment for on-call. Where other arrangements have been made by agencies, they are not required to reduce daily on-call payments to the 2007/08 REP level.

3. The REP is paid by the Department to each approved health service and will be distributed by the health service in a manner which recognises each VMO's participation on the roster i.e. VMOs will be paid pro-rata and only for the days they provide on-call. If there are days where VMOs do not provide an emergency on-call service, the annual REP payment will be proportionally decreased by that amount. Similarly, if participating VMOs are not on-call for the full 24 hour period, the REP payment will be decreased.

4. The health service will contract with VMOs (and/or their practices) to provide the on-call service. The formulation of the roster can be either directly undertaken by the health service or by the contracted VMOs/practice(s). The contracted VMOs/practice(s) are responsible for ensuring the roster is appropriately covered, including cover for leave taken.

5. The full value of the REP earned will be distributed from 1 July 2007. Health services should not deduct an administration fee.

6. It is expected that a VMO 'on duty' will provide services to all patients who present at the health service for urgent care and will respond to requests from nurses as outlined in their VMO contract and/or health service protocols.

7. It is expected that on-call VMOs participate in the development of relevant on-call protocols at their health service. Because the delivery of safe and sustainable services is reliant on the collaboration of the clinical team, the following approaches to establishing the on-call roster and call-back arrangements are recommended:

- The on-call roster and call-back policies will be developed in collaboration with health service management, doctors and nursing staff, and take account of:
 - the capacity of the hospital,
 - the clinical and personal capacity of the clinical team members, and
 - the requirement to deliver resuscitation and stabilisation as a minimum level of emergency care.
- Policies will also be developed in collaboration with doctors and nurses that provide guidance when a conflict arises relating to the call-back of doctors.
- Practice review processes will be established that support a collaborative approach to clinical review, on-going practice development and provide assurance that practice is based on the best available evidence.

8. Health services must ensure that on-call VMOs are appropriately credentialled and have their scope of practice defined (privileged) before being appointed to the health service. The conditions of appointment, including the requirement for Continuing Professional Development and Maintenance of Professional Skills must be met by contracted VMOs.

9. On-call VMOs should be available to the health service within agreed timeframes. These may be specified by health service protocols and supported by Department Capability Frameworks and Guidelines.