# Clinical Quality, Regulation and Accreditation

General Practice & Primary Care Unit

Single Employer Model Grant Round -   
Capital Infrastructure

## Expression of Interest Application Form

**(to be completed with reference to the EOI Guidelines)**

|  |  |
| --- | --- |
| **Legal Name** *(the name that appears on all official documents)* |  |
| **Trading Name***(if different to the above, list the name the business is referred to for trading purposes)* |  |
| **ABN/ACN** |  |
| **Business Address** |  |
| **Legal entity type** *(Company, INC Trust etc)* |  |
| **Trust Name** *(Applicable, if this is the entity the Department is engaging with)* |  |
| **Trustee Name** *(The trustee of the above trust)* |  |
| **MMM of practice** *(relevant for selection criteria)* |  |

| **Contact Detail** | **Preferred Contact** | **Alternative Contact** |
| --- | --- | --- |
| **Name** |  |  |
| **Position** |  |  |
| **Phone number** |  |  |
| **Email** |  |  |

| **Referees** | **Referee 1** | **Referee 2** |
| --- | --- | --- |
| **Name** |  |  |
| **Phone number** |  |  |
| **Email** |  |  |
| **Relationship** |  |  |

|  |  |  |
| --- | --- | --- |
| **Are you currently receiving funding from the Tasmanian Department of Health** | **Yes** | **No** |

|  |  |
| --- | --- |
| **If Yes, please detail the name of the funding and its approved purpose** |  |
| **Number of GPs currently working in the relevant applying practice** |  |
| **Number of GP registrars currently working in applying practice** |  |

|  |  |  |
| --- | --- | --- |
| **Accreditation Status:** | Currently accredited for GP training | Not accredited for GP training |

|  |  |
| --- | --- |
| **In 250 words or less tell us about the practice, the health services in the community and how the expansion of the service will assist with training GPs** |  |

**Complete the relevant sections where funding is requested (applying for 1, 2 or 3):**

**1. Expand consulting space**

Briefly outline the current consultation and training space challenges you are seeking to address with the grant.

| Build/renovate/refurbish? | Details | Grant Funds Required $ | Completion date |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Totals cost $: |  |

**2. Accommodation**

Briefly outline the current accommodation challenges you are seeking to address with the grant.

| Accommodation build/buy/rent? | Details | Grant Funds Required $ | Completion date |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Totals cost $: |  |

**3. IT infrastructure**

Briefly outline the current IT infrastructure challenges you are seeking to address with the grant.

| Hardware/software? | Details | Grant Funds Required $ | Completion Date |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total cost $: |  |

**4. Equipment for training locations**

Briefly outline the current equipment challenges you are seeking to address with the grant.

| Room fit out (examples) | Details/amount | Grant Funds Required $ | Completion date |
| --- | --- | --- | --- |
| Treatment bed |  |  |  |
| Rails/Curtains |  |  |  |
| Desk and Room storage |  |  |  |
| Chairs |  |  |  |
| Computer and Printer |  |  |  |
| Lighting |  |  |  |
| Wall mounted diagnostic kit (otoscope, ophthalmoscope, thermometer) |  |  |  |
| Blood pressure equipment |  |  |  |
| Pulse oximeter |  |  |  |
| Miscellaneous e.g., scales, set up consumables |  |  |  |
| Training equipment |  |  |  |
| POC blood testing machine |  |  |  |
| Ultrasound/X-ray equipment |  |  |  |
| ECG |  |  |  |
| Other – please describe |  |  |  |
| Other – please describe |  |  |  |
| Other – please describe |  |  |  |
| Other – please describe |  |  |  |
|  |  | Totals cost $: |  |

**Additional Budget Information (if required)**

(Please add the totals from the relevant sections above, if total budget is over allocated, consider including your co-contribution to demonstrate how the over allocation will be addressed).

|  | **Amount requested ($) 2024-25 financial year only** | **Co-contribution if above funding amount ($)** | **Total $** |
| --- | --- | --- | --- |
| 1. Expanding Consultation space |  |  |  |
| 1. Accommodation |  |  |  |
| 1. IT infrastructure |  |  |  |
| 1. Equipment |  |  |  |
| **Total Project Expenditure $** |  |  |  |

**Qualitative Criteria**

Applicants should ensure they monitor the SEM webpage health.tas.gov.au/single-employer-model-infrastructure-grants for any updates which may impact grant guidelines

| **Qualitative Criterion** | **Description** |
| --- | --- |
| **1** | **Value for Money**   * Please describe how your proposal will link to the below aspects of 'value for money' by describing the proposed use of the funding and linking your description to the budget you have provided. Your response should include any risks and mitigation strategies associated with the proposal:   + Economy: lowest cost for the relevant quality. How are you achieving 'economy'? Are you proposing to buy or lease? Are you proposing to convert an existing space or construct something new? What, if any, resources are you planning to self-contribute (monetary and non-monetary)?   + Efficiency: lowest cost for the most output. How will your proposal contribute to an enhanced capacity? What additional services do you expect to be able to provide because of the proposal?   + Effectiveness: Demonstrate how your proposal will contribute to the Single Employer Model Strategic Objectives.   Weighting 20%  Maximum 700 words |
| **Response** |  |
| **2** | **Training Accreditation Status:**   * Please provide copies of accreditation and any relevant information verifying the below response for the Panel’s assessment. * Is the practice/organisation applying for this funding accredited for GP training with the both the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM)? (score of 10) * Is the practice/organisation applying for this funding accredited for GP training with the RACGP? (score of 8) * Is the practice/organisation applying for this funding accredited for GP training with the ACRRM? (score of 8) * Does the practice/organisation plan on obtaining accreditation for GP training when the grant funding has been provided? Please detail your current barriers to obtaining accreditation (score of 4-6) * Does the practice/organisation have no accreditation and no capacity to obtain accreditation for GP training (score of 0, therefore ineligible to proceed)   Weighting 10%  Maximum 500 words |
| **Response** |  |
| **3** | **General practice training category:**   * Does the practice/organisation applying for this funding have trainees on placement from a General practice training (GPT) term category of:   + GPT 1-4, 4 total combined terms (score of 10)   + GPT 1-2 only total combined terms (score of 8)   + GPT 3-4 only total combined terms (score of 6)   + Plan to obtain a GPT along with accreditation (score of 4)   + No current or planned GPT (score of 0, therefore ineligible to proceed)   Weighting 10%  Maximum 250 words |
| **Response** |  |
| **4** | **Has the practice/organisation applying for this funding expressed interest in participating in the Single Employer Model?**   * An assessment made by the panel based on the proposed practice/organisation. No need for a response from the applicant.   + Yes, listed on the 19(2) direction and has a SEM registrar in practice (score of 10)   + Yes, listed on the 19(2) direction and seeking registrar (score of 8)   + No, not listed on the 19(2) direction and do not plan to participate in SEM, but does participate in GP training of registrars, RMOs, interns or medica students (score of 3 therefore ineligible to proceed)   + No, not listed on the 19(2) direction and do not plan to participate in SEM or other GP training of registrars, RMOs, interns or medical students (score of 0, therefore ineligible to proceed)   Weighting 10% |
| **5** | **What is Modified Monash Model (MMM) category of the practice/organisation applying for this funding?**   * An assessment made by the panel based on the location of the proposed practice/organisation. No need for a response from the applicant.   + MMM 7 (score of 10)   + MMM 5 or 6 (score of 8)   + MMM 3 or 4 (score of 6)   + MMM 2 (score of 4)   Weighting 10% |
| **6** | **General Practice Workforce Planning and Prioritisation (GP WPP) catchment:**   * An assessment made by the panel based on the location of the proposed practice/organisation. No need for a response from the applicant.   + Catchment region is considered a "High Priority Catchment" with "Extra Rooms Available" (score of 10)   + Catchment region is considered a "High Priority Catchment" with no extra rooms available (score of 8)   + Catchment region is considered a "Medium Priority Catchment" (score of 6)   + Catchment region is considered a "Low Priority Catchment" (score of 4)   A High Priority catchment as defined by the literature is "high community need but no current training capacity".  Categories as per the HR+ AGPT Workforce Planning and Prioritisation - Tasmania - Consolidated Report – 28 February 2023  Weighting 20% |
| **7** | **Health Workforce Needs Assessment (HWNA) Category:**   * An assessment made by the panel based on the location of the proposed practice/organisation. No need for a response from the applicant.   + Areas of high geographical and social disadvantage (i.e., high MMM and low Index of Relative Socio-economic Advantage and Disadvantage [ISRAD]) are rated ‘extreme risk’ (score of 10)   + Areas of high geographical disadvantage only (i.e., high MMM and high IRSAD) are rated ‘high risk’ (score of 8)   + Areas of social disadvantage only (i.e., low MMM and low IRSAD) are rated ‘medium risk’ (score of 6)   + Areas not considered geographically or socially disadvantaged (i.e., low MMM, high IRSAD) are rated ‘low risk’ (score of 4)   Weighting 20% |

Thank you for completing the Single Employer Model capital infrastructure Expression of Interest.