



## **Australian Government**

### **Department of Health**

#### **DEED OF VARIATION APRIL 2016**

To the

#### **DEED FOR MULTI PROJECT FUNDING**

Between the

**COMMONWEALTH OF AUSTRALIA**, as represented by the Department of Health  
ABN 83 605 426 759

and

**UNIVERSITY OF TASMANIA** ABN 30 764 374 782 a body corporate under the  
*University of Tasmania Act 1921 (TAS)* (**'the University'**)

#### **RECITALS**

- A. The parties wish to vary the agreement relating to the Deed for Multi-Project Funding dated 29 June 2011 and deeds of variation dated 26 July 2013, 21 July 2015 and 15 March 2016 (collectively 'the Principal Deed') to facilitate the funding of projects under the Rural Health Multi-disciplinary Training Programme.
- B. Clause 1.6 of the Principal Deed states, amongst other things, that no variation of the Principal Deed is binding unless it is agreed in writing between the parties.
- C. The parties wish to vary the Principal Deed on the terms and conditions set out below.

#### **OPERATIVE PART:**

1. The parties vary the Principal Deed as follows:

(a) insert a new clause 5.5 as follows:

“5.5. If the Parties have entered into a Project Agreement on the understanding that:

(a) they are both government related entities as defined in the GST Act; and

- (b) the payment of Project Funds is:
  - (i) either:
    - (A) covered by an appropriation under a Law or the COAG National Health Reform Agreement; and
    - (B) calculated on the basis that the sum of the Project Funds (and anything else that the University receives from another entity in connection with, or in response to, or for the inducement of that supply under a Project Agreement, or a related supply) does not exceed the University's anticipated or actual costs of making those supplies;
  - or
  - (ii) a kind of payment specified in regulations made for the purposes of section 9-17 of the GST Act,

then the Parties may rely on section 9-17 of the GST Act to not impose GST in connection with a supply made under a Project Agreement. To invoke the benefit of this clause 5.5, the Parties may state in a Project Schedule that clause 5.5 applies or no GST is payable.”.

- (b) delete Item B of Schedule 2 (General Provisions) in its entirety and replace it with new Item B as follows:

**“B. DEED MANAGER**

**Commonwealth's Deed Manager**

The Commonwealth's Deed Manager is the person holding, occupying or performing the duties of Director, Workforce Grants Section, Grants Management Branch, Grant Services Division. This position is currently occupied by Richard Kajehpathy, available at the following address:

Grant Services Division  
Department of Health  
MDP 410  
GPO Box 9848  
CANBERRA ACT 2601

and available on the following telephone number and email address:

Telephone: (02) 6289 1543  
Email: Richard.Kajehpathy@health.gov.au

### **University's Deed Manager**

The University's Deed Manager is the person holding, occupying or performing the duties of Dean, Faculty of Health. This position is currently occupied by Professor Denise Fassett available at the following address:

University of Tasmania  
Private Bag 99  
Hobart TAS 7001

and available on the following telephone number and email address:

Telephone: (03) 6226 4860  
Email: denise.fassett@utas.edu.au"

- (c) Delete the Project Schedule "Rural Health Multidisciplinary Training Programme 2016-2018" as a Project Schedule under the Principal Deed, and replace with the attached Project Schedule "Rural Health Multidisciplinary Training Programme 2016-2018".
2. Unless the context indicates otherwise, capitalised words in this Deed of Variation have the same meaning as is given to those terms in the Principal Deed.
3. The interpretation provisions in the Principal Deed apply to this Deed of Variation.
4. The Principal Deed, as amended by this Deed of Variation, constitutes the entire agreement between the parties.
5. This Deed of Variation takes effect on and from the date it is signed by the last party to do so.
6. This Deed of Variation may be signed in a number of counterparts and each counterpart shall, upon the last party signing, constitute one signed document.

This Deed of Variation is EXECUTED as a Deed

**SIGNED, SEALED AND DELIVERED** )  
for and on behalf of the )  
**COMMONWEALTH OF AUSTRALIA** as )  
represented by the Department of Health )  
ABN 83 605 426 759 on: )

\_\_\_\_\_ )  
*Date* )

by: )

\_\_\_\_\_ )  
*Name of signatory* )

\_\_\_\_\_ )  
*Position of signatory* )

in the presence of: )

\_\_\_\_\_ )  
*Name of witness* )

\_\_\_\_\_ )  
*Signature* )

\_\_\_\_\_ )  
*Signature of witness* )


**SIGNED, SEALED AND DELIVERED** )  
for and on behalf of **UNIVERSITY OF** )  
**TASMANIA** ABN 30 764 374 782 on: )


5 May 2016 )  
*Date* )

by: )

in the presence of: )

Fiona Irwin )  
*Name of witness* )

 )  
*Signature* )

 )  
*Signature of witness* )



## **Australian Government**

### **Department of Health**

#### **Schedule**

#### **A. PROJECT, AIM OF THE PROJECT AND PROJECT ACTIVITIES**

##### **Project**

*Rural Health Multidisciplinary Training (RHMT) Programme 2016-2018.*

##### **Aim of the Project**

The Aim of the Project is to improve the recruitment and retention of medical, dental, nursing and allied health professionals in rural and remote Australia.

This will be achieved by:

- Providing effective rural training experiences for health students.
- Developing an evidence base for the efficacy of rural training strategies in delivering rural health workforce outcomes.
- Supporting rural health professionals to improve Aboriginal and Torres Strait Islander health.
- Increasing the number of rural origin health and medical students.
- Maximising the investment of programme funds in rural, regional and remote areas for the maintenance of well supported academic networks to enhance the delivery of training to students and the provision of medical services to communities.

##### **Project Activities**

By participating in this Project, the University undertakes to achieve the Aim of the Project by implementing, and performing activities under the following *RHMT Project* parameters:

##### **Parameter 1 – Deliver effective rural training experiences for medical, dental, nursing and allied health students (prior to gaining professional registration)**

- i. Identify students to undertake rural training as part of their course curriculum requirements.
- ii. Provide structured rural residential clinical placements which contribute to the requirements of the relevant curriculum.
- iii. Ensure placements are of a length that supports genuine engagement with the community, and is in line with available evidence on improved rural health workforce recruitment and retention.

Parameter 2 – Ensure rural training experiences are of a high quality

- i. Ensure student safety.
- ii. Work collaboratively with health service organisations to put in place processes to ensure patient safety.
- iii. Ensure students are well supported by rural academic staff, health professionals and community representatives.
- iv. Provide effective cultural safety training to students.
- v. Provide training to an equivalent standard to that delivered in metropolitan settings.
- vi. Provide relevant rural practice training to students.
- vii. Maintain internal evaluation mechanisms to assess the quality of placements and student satisfaction.

Parameter 3 – Student selection and rural student recruitment

- i. Increase the number of rural origin students (including those studying in health professions other than medicine).
- ii. Create a ‘rural stream’ within medical courses with a view to identifying and supporting those students with a genuine interest in rural health practice.
  - Students should be selected early for the rural stream, with flexible entry and exit points.
  - Selection for the rural stream should be based on evidence to maximise rural health workforce outcomes e.g. time spent living in rural areas or previous engagement in rural training.
  - Students in the rural stream should be prioritised for long term rural placements.

Parameter 4 – engagement with the local community to support the delivery of training to students

- i. Work collaboratively with the community, state/territory health bodies, non-government organisations, Universities and other complementary organisations to support the delivery of positive training experiences for students.
- ii. Encourage local health professionals and community members to mentor and support students on long term placements.
- iii. Encourage academic and administrative staff to live in rural areas as part of their local community.
- iv. Encourage academic staff to undertake clinical practice in the community.
- v. Provide teaching opportunities for rural health practitioners to better support the delivery of rural clinical training to students.

Parameter 5 – Maintaining and progressing an evidence base and the rural health agenda

- i. Support research into:
  - rural health workforce development (including recruitment and retention strategies);
  - rural training strategies;
  - innovative rural service delivery models to enable the provision of health services to meet community needs; and
  - improving the health of Aboriginal and Torres Strait Islander people.
- ii. Universities should support rural research opportunities for their students in accordance with curriculum requirements.
- iii. Collect and maintain data on rural workforce outcomes resulting from rural training activity through the RHMT programme.

- Establish tracking systems for graduates, with a regional focus aligned to each University's operations within their rural communities. These should be compatible with national data collection programmes, such as the Medical Schools Outcome Database.

#### Parameter 6 – Aboriginal and Torres Strait Islander Health

- i. Facilitate improvement of Aboriginal and Torres Strait Islander health through activities such as:
  - Embedding Aboriginal and Torres Strait Islander health issues into the rural training curricula of health professionals; and
  - Developing and implementing training and education courses about Indigenous health and/or for Indigenous people.
- ii. Increase the number of graduating Aboriginal and Torres Strait Islander health students. Strategies include:
  - Targeted enrolment strategies for Aboriginal and Torres Strait Islander health students;
  - Mentoring and support programmes to enhance the ability of students to complete their course of training; and
  - Recruitment of Aboriginal and Torres Strait Islander academics and staff.

#### Parameter 7 – Regional leadership in developing innovative training solutions to address rural workforce recruitment and retention

- i. Work with relevant education, professional and health service stakeholders in the region to develop and maintain models such as:
  - integrated rural training pathways for medical students interested in rural careers that support students through to postgraduate training; and
  - service learning models that can increase local health service delivery while supporting high quality rural training experiences.
- ii. Improve connections between the programme health providers, employers and funders (e.g. state/ territory governments and private health companies) to promote continuity of rural student training and the sustainability and durability of the rural health workforce.

### **Core Requirements**

Activities undertaken by the University should address the programme parameters outlined above and must meet the following core requirements:

#### **1. Maintaining the rural training network**

1a. The University must support and maintain the combined network of Rural Clinical School, University Department of Rural Health and Dental Training Expanding Rural Placement training sites that have been established through Australian Government funding support.<sup>1</sup>

The University must provide training at the following locations (to be known as “**Major training sites**”) for the disciplines identified in Table 1.

---

<sup>1</sup> Subject to the provision of funding under each of these programme streams.

**Table 1: Major training sites**

| Training site | Discipline at site                           |
|---------------|--|
| Burnie        | Medicine, Multidisciplinary                  |
| Latrobe       | Medicine, Multidisciplinary                  |
| Launceston    | Regional base for Multidisciplinary training |

Any change to the major training sites identified in Table 1 must be agreed in writing by the Commonwealth.

Major sites should be supported by smaller training locations within regional settings. To ensure the delivery of high quality training to students, major sites must be managed by senior academic and clinical staff that will live and work within that region, complemented by a locally employed administrative team to support students undertaking rural training.

1b. It is acknowledged that while one of the programme goals is to maximise rural expenditure, the University may need to spend a small proportion of funds related to programme activity at its main metropolitan campus. In order to ensure that funds are used rurally, yet permit a reasonable level of central campus support, a maximum of 5% of the RHMT Programme budget may be used by the University for central infrastructure fees and charges.<sup>2</sup>

## 2. Rural Medical Training

2a. A number of Australian medical students equivalent to at least 25% of the University's Commonwealth-supported medical student allocation must undertake a minimum of one year of their clinical training in a rural area, defined by the Australian Statistical Geography Standard – Remoteness Areas (ASGS-RA) 2 to 5. Universities are encouraged to exceed this target, both for the number of students undertaking training and for the duration of the training experience, provided this can be delivered within their RHMT budget and the training capacity of their region/s.

2b. The University must ensure that all Commonwealth-supported medical students have an opportunity to undertake a structured rural placement (ASGS-RA 2-5). At least 50% of these students must complete a rural training experience of at least 4 consecutive weeks during their degree course.<sup>3</sup>

2c. A number of Australian medical students equivalent to at least 25% of the University's Commonwealth-supported medical student allocation must come from a rural background, defined as residency for at least 10 years cumulatively or any 5 years consecutively in an ASGS-RA 2-5 area. The University must meet the target for growth specified in Table 2, over the funding period, in the percentage of rural background students enrolled.

2d. Where possible, the University must report on the number of its graduates who are working in rural medical practice, with identification of their status with regard to rural origin, their completion of rural training (short or long), their requirement to complete any rural return of service periods<sup>4</sup> and their Aboriginal and Torres Strait Islander background.

---

<sup>2</sup> Centralised infrastructure fees and charges can be defined as follows: any activity which is not directly and completely targeted towards achieving the Parameters of the RHMT; and is either spent at the main campus of the University or a campus of the University which is not in ASGS-RA 2-5.

<sup>3</sup> This target includes those students undertaking long term rural placements.

<sup>4</sup> Such as through the Bonded Medical Places Scheme, but may include any other Australian Government programmes requiring a return of service period.



### 3. Rural Multidisciplinary and Dental Training

3a. The University must meet the annual multidisciplinary rural clinical placement target<sup>5</sup> for its rural training sites (expressed in terms of total placement weeks), for the dental, nursing and allied health disciplines as specified in Table 2. The University must increase the duration of its rural training placements wherever possible.<sup>6</sup> Placements may be completed by students enrolled with the University, or may be undertaken by students enrolled in health courses of other Universities, as part of collaborative training arrangements. The coordination and support of placements must be undertaken through the University's rural training sites, supported where necessary by central campus resources.

3b. The University must report on the number of enrolments in undergraduate and postgraduate units and courses delivered by or in association with its rural training sites, where those sites are responsible for 50% or more of teaching.

3c. N/A

3d. The University must develop and introduce rural origin enrolment targets for its nursing, dental and allied health courses.<sup>7</sup> Targets should reflect the University's demography and the profile of its health courses. Targets are specified in Table 2 and are to be achieved by 2018.

### 4. Developing the Aboriginal and Torres Strait Islander Health Workforce

4a. The University must meet enrolment and graduation targets for Aboriginal and Torres Strait Islander medical students, as specified in Table 2.

4b. The University must develop and introduce enrolment and graduation targets for Aboriginal and Torres Strait Islander health students enrolled in its health faculty courses (including nursing, dental and allied health students).<sup>8</sup> Targets are specified in Table 2 and are to be achieved by 2018.

4c. The University must ensure all Aboriginal and Torres Strait Islander health students<sup>9</sup> can access mentoring support. The University must report on the number of Aboriginal and Torres Strait Islander health students receiving this support.

4d. The University must ensure that all health students are given appropriate cultural training prior to undertaking placements in Aboriginal and Torres Strait Islander communities.<sup>10</sup>

4e. The University must develop and implement specific educational, training and support programmes for Aboriginal and Torres Strait Islander people who are already part of the rural health workforce, to assist their career development and enable them to enhance their skills in providing health services.<sup>11</sup>

---

<sup>5</sup> Excluding Medicine.

<sup>6</sup> Only placements of 2 weeks or longer should be reported.

<sup>7</sup> Rural origin/background defined as per target 2c.

<sup>8</sup> Subject to the health courses offered within that University.

<sup>9</sup> In the disciplines listed in Table 1.

<sup>10</sup> This should be interpreted broadly, to encompass any setting where health students may be interacting with Aboriginal and Torres Strait Islander people.

<sup>11</sup> This activity should focus on Aboriginal and Torres Strait Islander people involved in health service delivery within the University's rural training region/s.

## 5. Rural Health Research

5a. The University must develop a rural health research plan, to be delivered through its rural training sites by academic staff employed at those locations. The research plan must be agreed with the Department and contain a focus on the areas of research identified in Parameter 5. The University must report on research progress and outcomes as part of subsequent programme reporting.

5b. The University must offer its rural programme staff the opportunity to conduct research into rural health issues and support them as they do so. Where appropriate, students undertaking training at the University's rural training sites should also benefit from access to rural research opportunities.

**Table 2: Quantitative targets for the core requirements**

|    | <b>Core requirement</b>   | <b>Target</b>     |      |
|----|---|-------------------|------|
| 1b | Percentage of the RHMT Programme budget that may be used by the University for central infrastructure fees and charges:                                   | 5%                |      |
| 2a | Percentage of medical CSP <sup>12</sup> student allocation required to undertake a minimum of one year of their clinical training in a rural area:        | 25%               |      |
| 2b | Percentage of medical CSP student allocation required to complete a rural training experience of at least 4 consecutive weeks during their degree course: | 50%               |      |
| 2c | i) Percentage of medical CSP student allocation required to have a rural background: <sup>13</sup>  | 50%               |      |
|    | ii) Rural background growth target, to be achieved by 2018:   | 50% <sup>14</sup> |      |
| 3a | i) Number of multidisciplinary rural placement weeks required to be delivered annually to Australian students:  | 2016              | 1850 |
|    |   | 2017              | 2225 |
|    |   | 2018              | 2600 |
|    | ii) Duration of multidisciplinary placements to be achieved by 2018, expressed as an average placement length (weeks):                                    | 5                 |      |
| 3d | Percentage of multidisciplinary CSP student allocation required to have a rural background, to be achieved by 2018:                                       | i) Nursing        | 50%  |
|    |   | ii) Allied health | 50%  |
| 4a | Number of Aboriginal and Torres Strait Islander medical students to be enrolled and to graduate in the period 2016-18 (total across 3 years):             | i) Enrolled       | 13   |
|    |   | ii) Graduated     | 1    |
| 4b | By 2018, number of Aboriginal and Torres Strait Islander health students (other than medical students) to be enrolled and to graduate annually:           | i) Enrolled       | 45   |
|    |   | ii) Graduated     | 20   |

<sup>12</sup> Commonwealth Supported Place

<sup>13</sup> The new rural origin definition as per core requirement 2c is not mandatory until the 2017 academic year. The definition used for the Rural Clinical Training and Support programme will apply in 2016.

<sup>14</sup> See additional requirement A2.

### **Additional requirements**

In addition to the core requirements above, the University must also deliver on the following additional requirements:

A1. The University must employ a mental health academic at one of the sites specified in Table 1 to deliver the Mental Health Academics Project.

A2. Further to core requirement 2c, the University commits to a higher target of 50 per cent of the University's Commonwealth-supported medical student allocation coming from a rural background, as reflected in Table 2. By 2018, the University aims to enrol at least 25% of these from ASGS-RA 3 to 5 regions.

A3. Further to core requirement 3a, the University must ensure that multidisciplinary placements are made available to students from other universities.

## **B. BUDGET**

The University must develop an itemised Budget for each calendar year for its participation in the RHMT project for the use of the funding provided under this Project Schedule of the Agreement. The proposed Budget must be consistent with the relevant annual Activity Work Plan (as specified in Item D below) and shall be submitted to the Commonwealth for approval.

The Budget must clearly identify a breakdown of funding between medical training, multidisciplinary training, and dental training activities.<sup>15</sup>

The Commonwealth will consider and may provide feedback in respect of each Budget after it has been submitted by the University to the Commonwealth. The University must make changes to the submitted Budget when requested in writing by the Commonwealth to do so. The University must then submit a revised and fully complete Budget, incorporating any requested changes, within twenty (20) Business Days after the Commonwealth's request for changes is made.

The University may increase or decrease a budget line item (except increase the budget line item for central infrastructure fees and changes) in a calendar year by up to 10% without approval from the Commonwealth. If a Budget line item is increased or decreased:

- more than once in a calendar year; or
- by 10% or more,

the University must seek the Commonwealth's prior written approval by submitting a proposed adjusted Budget. On approval of the proposed adjusted Budget, the adjusted Budget will replace the previously approved Budget attached to this Project Schedule. The adjusted Budget will form part of this Project Schedule and be deemed a variation in accordance with clause 1.6 when it is attached to this Project Schedule and the previously approved Budget is removed.

The University must not use funds under this Project Schedule for the establishment, improvement, purchase or maintenance of capital works, without written permission of the Commonwealth. This includes, and is not limited to, permanent or temporary buildings, interiors, furniture and fittings, clinics, teaching, IT or administrative spaces, student and staff accommodation, either owned or leased by the University. However, minor maintenance, without the Commonwealth's approval, is allowed. This can include, but is not limited to,

---

<sup>15</sup> As per Note 1 above.

painting, rewiring, repairs and replacement of whitegoods up to the value of \$100,000 (GST exclusive) per maintenance project. The Commonwealth's permission must be sought in writing before any maintenance project over \$100,000 (GST exclusive) is performed.

The University must seek the written permission of the Commonwealth before using funds under this Project Schedule for the purchase, hire, rent or lease of major equipment, if the expenditure is over \$100,000 (GST exclusive).

### **5% rule**

As specified in Core Requirement 1b, the University is permitted to recover Central Infrastructure Fees and Charges during the Project Period up to a maximum of 5% of the University's RHMT programme Budget.

Central Infrastructure Fees and Charges are defined as any activity:

- which is not directly and completely targeted towards achieving the Parameters of the RHMT programme; and
- is either spent at the main campus of the University or a campus of the University which is not in ASGS-RA 2-5.

This may include items such as salary processing, data processing and other administrative and operational charges.

The Budget may have a line item for Central Infrastructure Fees and Charges (with specific details for each of the charges). The budget line item must adhere strictly to the following rules:

1. Funds budgeted for Central Infrastructure Fees and Charges must not be increased without written approval from the Commonwealth.
2. Funds budgeted for Central Infrastructure Fees and Charges must never exceed 5% of the total Funds payable and paid under Item E below.
3. Funds budgeted for Central Infrastructure Fees and Charges must directly support the performance of the Project activities and the delivery of the Project. The Commonwealth will not approve the use of Funds which cannot be directly linked to the achievement of the Parameters. Funds must never be diverted, even temporarily, from this Project unless there is a clear and direct benefit to the Project. The onus of establishing this benefit rests solely with the University.
4. Funds budgeted for Central Infrastructure Fees and Charges must be fully set out in the relevant Budget and be fully accounted for in the financial statements required to be provided under clause 11:
  - a. in respect of Progress Reports and End of Calendar Year Reports, financial statements for the calendar year to which the Budget relates; and
  - b. in respect of the Final Report, the financial statements and the auditor's reports for the entire Project Period.

### **C. PROJECT PERIOD**

The Project Period is from 1 January 2016 to 31 December 2018.

The Completion Date is 60 days after the Commonwealth has formally accepted the Final Report and all deliverables required under the Project Schedule.

### **D. REPORTS**

#### Progress Reports (clause 11.3 of the Principal Deed)

The mid-year Progress Report will report on activities during January to June (the first semester of the academic year). Each Progress Report must include a financial statement of income and expenditure for the reporting period in accordance with clauses 11.2(a), 11.2(b) and 11.3 of the Principal Agreement.

The University must:

- a) submit each Progress Report including the financial statement using the reporting templates provided by the Department;
- b) report against the Core Requirements for the first six (6) months of the relevant calendar year to which it relates (Reporting Period); and
- c) provide a brief outline of the key issues, challenges encountered and progress made in the performance of the Project activities during the Reporting Period.

Your Progress Report must be assessed as satisfactory and must be formally accepted by the Commonwealth before the Milestone will be considered met.

#### Annual Activity Work Plan (clause 11.6 of the Principal Deed)

The University must develop and submit an Activity Work Plan at the start of each calendar year (or part thereof) which details how the University intends to address each of the Parameters 1-7 listed above.

Each Activity Work Plan must, at the time of submission, be accompanied by an itemised Budget in respect of each calendar year (or part thereof) setting out the proposed use of the Funds against specific budget line items, as outlined in Item B above.

The Commonwealth will consider and may provide feedback in respect of each Activity Work Plan after it has been submitted by the University to the Commonwealth. The University must make changes to the submitted Work Plan when requested in writing by the Commonwealth to do so. The University must then submit a revised and fully complete Work Plan, incorporating any requested changes, within twenty (20) Business Days after the Commonwealth's request for changes is made.

#### End of Calendar Year Reports (clause 11.5 of the Principal Deed)

Each End of Calendar Year Report must include a financial statement of income and expenditure for the reporting period in accordance with clauses 11.2(a), 11.2(b) and 11.3 of the Principal Agreement.

The University must:

- a) submit each End of Calendar Year Report on the RHMT end-of-year self-assessment pro forma provided by the Department;
- b) report against the Core Requirements for the calendar year to which it relates (Reporting Period);
- c) provide a full description of Project activities and achievements against each of Parameters 1-7 above; and
- d) outline and summarise the key issues, challenges encountered and progress made in the performance of the Project activities during the Reporting Period in respect of each of Parameters 1-7 above.

#### Research Plan (clause 11.6 of the Principal Deed)

The Research Plan is required to outline and summarise research areas to be undertaken during the Project period in line with Parameter 5.

The Commonwealth will consider and may provide feedback in respect of the Research Plan after it has been submitted by the University to the Commonwealth. The University must make changes to the submitted Research Plan when requested in writing by the Commonwealth to do so. The University must then submit a revised and fully complete Research Plan, incorporating any requested changes, within twenty (20) Business Days after the Commonwealth's request for changes is made.

#### Final Report (clause 11.4 of the Principal Deed)

The Final Report must include an audited financial statement of income and expenditure for the entire project period in accordance with clauses 11.2(a), 11.2(c) and 11.4 of the Principal Agreement.

The Final Report must:

- fully describe the Project activities and achievements for the entire Project Period;
- outline and summarise the key issues and outcomes relating to the performance of the Project during the Project Period in respect of each of Parameters 1-7 above;
- report on how the Aim of the Project has been met and what improvements (if any) could have been made to better achieve the Aim of the Project; and
- report on the key learnings and findings.

## Due Dates for Deliverables

| <b>Information to be included and requirements</b>   | <b>Due Date</b>  |
|--|------------------|
| <ul style="list-style-type: none"> <li>• 2016 Activity Work Plan and Budget</li> </ul>   | 29 February 2016 |
| <ul style="list-style-type: none"> <li>• Progress Report – 1 January 2016 to 30 June 2016, including financial statement</li> <li>• Research Plan</li> </ul>   | 15 August 2016   |
| <ul style="list-style-type: none"> <li>• 2016 End of Calendar Year Report, including financial statement</li> <li>• 2017 Activity Work Plan and Budget</li> </ul>  | 28 February 2017 |
| <ul style="list-style-type: none"> <li>• Progress Report – 1 January 2017 to 30 June 2017, including financial statement</li> </ul>  | 15 August 2017   |
| <ul style="list-style-type: none"> <li>• 2017 End of Calendar Year Report, including financial statement</li> <li>• 2018 Activity Work Plan and Budget</li> </ul>  | 28 February 2018 |
| <ul style="list-style-type: none"> <li>• Progress Report – 1 January 2018 to 30 June 2018, including financial statement</li> </ul>  | 15 August 2018   |
| <ul style="list-style-type: none"> <li>• 2018 End of Calendar Year Report, including financial statement</li> <li>• Final Report, including the Final Financial Acquittal report, covering the whole project period</li> </ul> | 28 February 2019 |

A deliverable must be fully complete before it can be considered to have been delivered. All deliverables should be checked for compliance with the requirements of the agreement before being sent to the Commonwealth.

## E. FUNDS

The maximum amount of Funds that the Commonwealth will provide to the University under this Project Schedule is **\$27,620,264.00** (GST exclusive).

Funds will be paid according to the following criteria:

| <b>Due Date for submission of Deliverable</b> | <b>Due Date for Release of Payment (contingent on formal acceptance of deliverable)</b> | <b>Payment Amount (GST excl.)</b> | <b>GST</b> | <b>TOTAL</b>           |
|---|---|-----------------------------------|------------|------------------------|
| 29 February 2016                              | 29 March 2016   | \$4,780,872.00                    | N/A        | \$4,780,872.00         |
| <b>2015-2016 Total</b>                        |   | <b>\$4,780,872.00</b>             |            | <b>\$4,780,872.00</b>  |
| 15 August 2016                                | 15 September 2016   | \$4,504,444.00                    | N/A        | \$4,504,444.00         |
| 28 February 2017                              | 28 March 2017   | \$4,504,444.00                    | N/A        | \$4,504,444.00         |
| <b>2016-2017 Total</b>                        |   | <b>\$9,008,888.00</b>             |            | <b>\$9,008,888.00</b>  |
| 15 August 2017                                | 15 September 2017   | \$4,583,390.00                    | N/A        | \$4,583,390.00         |
| 28 February 2018                              | 28 March 2018   | \$4,583,390.00                    | N/A        | \$4,583,390.00         |
| <b>2017-2018 Total</b>                        |   | <b>\$9,166,780.00</b>             |            | <b>\$9,166,780.00</b>  |
| 15 August 2018                                | 15 September 2018   | \$4,663,724.00                    | N/A        | \$4,663,724.00         |
| 28 February 2019                              | 28 March 2019   | \$0.00                            | N/A        | \$0.00                 |
| <b>2018-2019 Total</b>                        |   | <b>\$4,663,724.00</b>             |            | <b>\$4,663,724.00</b>  |
| <b>Total funding</b>                          |   | <b>\$27,620,264.00</b>            |            | <b>\$27,620,264.00</b> |

Note: as the University is a government-related entity, GST is not payable.

No invoice is required to be submitted, release of funding instalments is contingent on acceptance of the associated deliverables. Note that late lodgement of deliverables, or lodgement of incomplete deliverables will result in delayed release of payment instalments and that a delay in releasing funds may jeopardise the availability of those funds, should they remain unpaid.

The due date for payment is within 30 days of the Commonwealth's acceptance of the associated deliverable. The Commonwealth will provide the University with a Remittance Advice.

The Commonwealth may at its discretion defer, reduce or not make a payment of Funds where it forms the reasonable opinion that the full payment is not properly required by the University because of the Project surpluses or underspends.

Where uncommitted surpluses or underspends of greater than \$300,000.00 (GST exclusive)<sup>16</sup> are reported in any financial statements received as part of a Report, the Commonwealth may reduce the amount over \$300,000.00 (GST exclusive) from the subsequent instalment payment due to the University. The decision to withhold or reduce Funds due to the existence of a large surplus or underspend will be made on a case by case basis and depend

<sup>16</sup> Note surplus funds attributable to the Mental Health Academics Project will be exempt from this total.



on several factors including the size of the surplus or underspend, the length of time it has existed, the reason it developed and the University's approach to its use.

Should the University not meet the targets in Table 2 or fail to adequately deliver the project activities for more than one consecutive calendar year, the Commonwealth may at its discretion defer, reduce or not make a payment of Funds. Before a decision to defer, reduce or not make a payment of Funds is made, the University will be provided with an opportunity to provide grounds, in writing, why such a decision should not be taken.

## **F. PROJECT MATERIALS AND EXISTING MATERIALS**

Project Material:

- Include all Progress Reports, Activity Work Plans, End of Calendar Year Reports, Financial Reports, Budgets and Final Report.

Number of copies to be provided to the Commonwealth:

- One (1) electronic

## **G. LIAISON OFFICERS**

### **Commonwealth's Liaison Officer**

The Commonwealth's Deed Manager is the person holding, occupying or performing the duties of Director, Workforce Grants Section, Grants Management Branch. This position is currently occupied by Richard Kajehpathy, available at the following address:

Grant Services Division  
Department of Health  
MDP 410  
GPO Box 9848  
CANBERRA ACT 2601

and available on the following telephone and email address:

Telephone: (02) 6289 1543  
Email: Richard.Kajehpathy@health.gov.au

### **University's Liaison Officer**

The University's Liaison Officer is the person holding, occupying or performing the duties of Associate Head of Medicine. This position is currently occupied by Professor Richard Hays at the following address:

University of Tasmania  
Private Bag 51  
Hobart TAS 7001

and available on the following telephone and email address:

Phone: (03) 6226 4721  
Email: richard.hays@utas.edu.au

## **H. ACKNOWLEDGEMENT**

If requested by the Commonwealth, the University must acknowledge the Commonwealth's contribution to the Project in the form approved in writing by the Commonwealth.

## **I. ASSETS**

No additional items identified.

## **J. INSURANCE**

In addition to the insurances set out in Item C of Schedule 2 of the Deed, the University is required to have the following additional insurances:

None stated.

## **K. COMPLIANCE WITH LAWS AND POLICIES**

None listed.

## **L. GUIDELINES AND STANDARDS**

Health Workforce Fund Guidelines available at  
<http://www.health.gov.au/internet/main/publishing.nsf/Content/budget2011-flexfund-workforce18.htm>

## **M. SPECIFIED PERSONNEL**

None specified.

## **Attachments**

None specified.

**THIS PROJECT SCHEDULE IS SIGNED as a Project Agreement** under the Deed for Multi Project Funding dated 29 June 2011.

**SIGNED** for and on behalf of the **COMMONWEALTH OF AUSTRALIA** as represented by the Department of Health ABN 83 605 426 759 on:

\_\_\_\_\_  
*Date*

by:

\_\_\_\_\_  
*Printed name of signatory*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Position of signatory*

in the presence of:

\_\_\_\_\_  
*Printed name of witness*

\_\_\_\_\_  
*Signature of witness*

**SIGNED** for and on behalf of **UNIVERSITY OF TASMANIA** ABN 30 764 374 782 on:

5 May 2016  
\_\_\_\_\_  
*Date*

by:


Peter Rathjen  
\_\_\_\_\_  
*Printed name of signatory*

  
\_\_\_\_\_  
*Signature*

Vice-Chancellor  
\_\_\_\_\_  
*Position of signatory*

The signatory warrants that he/she has authority to bind University of Tasmania in the presence of:

Fiona Irwin  
\_\_\_\_\_  
*Printed name of witness*

  
\_\_\_\_\_  
*Signature of witness*