

## Register: Clarifications Questions and answers

No.	Date	Questions from Applicants	NWMPHN response
1	30/11/2022	Can the trial be serviced by a registrar?	Yes, Contingency Model services can be delivered by GP Registrars in Term 3 or 4 of their training.
2	30/11/2022	Does the GP or Registrar need to have previous experience in delivering DiSS or do the parameters only apply for the clinic?	NWMPHN only requires the Medical Centre to be a current DiSS provider. New clinicians recruited by the Medical Centre to deliver Contingency Model Services will be required to undergo the mandatory induction training, conducted by the University of Melbourne.
3	30/11/2022	If an organisation is interested in trialling the model; however, this would need to be via telehealth. Is this acceptable, keeping in mind the requirement for 1 visit per term?	NWMPHN encourages all current DiSS providers that are interested in delivering Contingency Model services to submit an EOI. Please clearly specify and justify your proposed service delivery model and any deviations to the published requirements in your response. NWMPHN will take this into consideration as part of the evaluation process.
4	30/11/2022	Are the hourly rates the same or are they higher?	The funding model in this Contingency Model does differ to the Standard DiSS model. NWMPHN will pay the Medical Centre providing Contingency services a “State-wide provider retainer payment” and “State-wide provider – Activity based funding” and any additional funding. This is referenced on page 23 of the Draft DiSS Contingency Service Agreement (Draft Contract). In comparison, the Standard DiSS funding model consists of a “General Practitioner Incentive Payment” and “Medical Centre

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**Contingency Model**

			Support Payment”, available in your current standard DiSS service agreement.
5	30/11/2022	Has any consideration been given to on-costs of this program, as this has not changed since inception and there are additional costs for the clinical staff including the now requirement of 10.5% of superannuation, Workcover Insurance etc?	Program on-costs for the Contingency Model is 18%, outlined in the DiSS Contingency Model Draft Services Agreement. Medical Centres interested in the Contingency Model can propose their views and considerations when submitting a response. Please clearly specify and justify your response to this matter and any deviations to the published requirements in your bid. NWMPHN will take this into consideration as part of the evaluation process.

**Note:**

1. Questions may be rephrased to maintain probity and confidentiality of the applicant and the EOI process.
2. This document is shared with all current DiSS providers to ensure fairness and equity in the EOI process. Except if applicant confidentiality or commercial in confidence applies, in which case, NWMPHN will respond only to the relevant applicant and not include it in this document.
3. NWMPHN will be accepting clarification questions until the **close of business Tuesday, 06 December 2022**. This is to ensure that applicants have reasonable time to finalise and submit responses when the EOI closes.
4. NWMPHN will share final clarification Q&A on Wednesday, 07 December 2022.
5. The EOI closes at 3pm on Thursday 08 December 2022.

## ABOUT PHNs

Funded by the Commonwealth Department of Health, PHNs began operation on 1 July 2015 and are responsible for coordinating primary health care and facilitating improved health outcomes in their local community. North Western Melbourne Primary Health Network (NWMPHN) is operated by Melbourne Primary Care Network.

We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.



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