

**RADIATION ONCOLOGY HEALTH PROGRAM
GRANTS (ROHPG) SCHEME Administrative
Guidelines**

Effective 1 July 2026

Acknowledgement:

This document has been drafted in consultation with public and private radiotherapy providers.

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1 PURPOSE OF THIS DOCUMENT

The purpose of this document is to provide information about the Radiation Oncology Health Program Grants Scheme and the assessment criteria used to make decisions under Part IV of the *Health Insurance Act 1973 Act* (the Act) in respect of applications for funding. This document also outlines the standard conditions which will be applied in relation to approved applications.

2 BACKGROUND

The scheme provides a capital contribution to the cost of eligible linear accelerators (linacs) to assist in patient access to high-cost radiotherapy treatment.

The scheme is open to public and private sector providers who are recognised under Sections 40-41 of the Act as an 'approved organisation' providing an 'approved health service' at a specific location, with specified equipment.

Funding under the scheme is separate from, but complementary to the Medicare Benefits Schedule (MBS). Medicare pays benefits to patients for the professional and operating costs of radiation oncology services provided to them and does not include funding to organisations for the cost of equipment used in providing these services.

The scheme provides funding for both public and private providers of radiation oncology services to establish new facilities in locations across Australia that have been identified as priority areas (refer to Clause 4 – Priority Areas), and purchase replacement equipment when appropriate.

To apply for funding under the scheme, providers must first be an approved organisation under Section 40 of the Act. Details on how to apply to be an approved organisation and for approval of a health service to be funded under the scheme are at Clause 5 - Application Process.

Through the scheme, the Australian Government aims to assist in:

- improving equity of access to radiation oncology services for cancer patients
- improving the quality and safety of radiation oncology services
- improving health outcomes for cancer patients

3 LEGISLATIVE ARRANGEMENTS

The following provisions in Part IV of the Act are relevant for the scheme. A reference to the minister in these guidelines refers to the Minister for Health and Ageing for the Commonwealth of Australia or an officer who has been delegated some or all of the powers conferred on the minister under Part IV of the Act.

Section 40 of the Act provides for the approval of an organisation, whether public or private, as an 'approved organisation' by the minister.

Section 41 of the Act provides for the approval by the minister of an 'approved health service' provided, or to be provided, by an 'approved organisation'. For the scheme, approval is granted for a health service using specified equipment at a specified location.

Section 42 of the Act allows the minister to determine an approved organisation's entitlement to be paid all or a proportion of the costs incurred in providing an approved health service.

Subsection 43(1) of the Act allows the minister to specify any conditions attached to those payments.

Subsection 45(1) of the Act allows the minister to direct an organisation to make claims for payment in a specified way.

Section 46 allows the minister to make, and apply conditions to, advances on payments.

4 PRIORITY AREAS

The responsibility of planning and delivering radiation therapy services rests with states and territories. ROHPG funding for radiation oncology services is based on state and territory health planning regions.

In December each year, the Australian Government Department of Health, Disability and Ageing seeks advice from the states and territories regarding health planning regions to be identified as ROHPG priority areas. In making this assessment, factors such as cancer incidence, population and existing services may be taken into consideration.

Identified priority areas will be published in February of each year on the department's [website](#).

5 APPLICATION PROCESS

The types of applications that can be made are:

- New organisation
- New health service (facility)
- New equipment for a new health service
- Additional equipment at an existing approved health service (expansion of capacity)
- Replacement of existing equipment
- Replacement of non-ROHPG funded equipment
- Relocation of approved health service
- Relocation of approved equipment
- Transfer of ownership or control of existing health service

Applications must be made using the appropriate, approved ROHPG application form. Application forms can be downloaded from the department's website at the following link:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-roi-hpg-overview-index.htm#guidelines>

All ROHPG applications and correspondence can be emailed to radiation.oncology@health.gov.au.

Application forms can be requested by emailing radiation.oncology@health.gov.au.

5.1 State/Territory notification of application

All applicants, both private and public, will need to demonstrate that they have notified the relevant state or territory of their ROHPG application. This is to assist states and territories in the planning of radiation oncology services. Notification can be in the form of email correspondence, for example copying in the department's radiation oncology mailbox (radiation.oncology@health.gov.au) with correspondence to the relevant state or territory.

Where significant cross-border flows of patients are expected, the applicant should also consult with the other relevant states or territories and provide evidence demonstrating that this has occurred.

5.2 Applications to service priority areas

In February of each year, the department will update the list of ROHPG priority areas, including new priority areas (NPAs), that are open for applications to provide radiation oncology services to those NPAs.

NPAs will be published on the department's ROHPG [website](#), along with application timelines.

The process for applications to service NPAs will be as follows:

- Applications to service NPAs will open eight weeks after the list of NPAs is updated (in February of each year) on the ROHPG website.
- Applications to service the NPAs will be accepted for a period of four weeks.
- Applications to service a NPA will be considered together and assessed against the criteria at Clause 6.2 of these guidelines.
- When the minister, or delegate, has made a decision to approve an ROHPG funding application for a health service in a NPA, the applicants will be notified of the decision and the newly approved health service will be added to the list of ROHPG funded facilities on the department's website.

In the event that no applications are received for a NPA in the initial four week application period, applications will be assessed on a 'first come, first served' basis.

6 ASSESSMENT CRITERIA

This section sets out relevant criteria for the minister to take into account when making decisions under the Act, including information that applicants are required to provide.

The minister will consider the merits of individual applications, including competing applications, on their potential to meet the assessment criteria and may consider other relevant factors on a case-by-case basis. Please refer to the competitive assessment scoring matrix at Appendix A.

In the interests of achieving the best health and financial outcomes for patients, particular attention will be given to the potential of the application to deliver affordable, multidisciplinary patient care. Applicants may be asked to provide additional information on these aspects of their application.

6.1 Approval of an organisation

To apply to be an approved organisation under section 40 of the Act, applicants must complete and submit the appropriate ROHPG Scheme application form i.e. 'Application for approval of an organisation under section 40 of the *Health Insurance Act 1973*'.

Applicants must include background information on their organisation and outline the reasons why they are seeking to become an approved organisation.

6.2 Assessment criteria for a new health service, new equipment for a new health service and new equipment at an existing approved health service

The assessment criteria set out in this clause will be applied in relation to:

- applications for approval of a health service that has not previously been approved under Section 41
- applications to vary an existing approved health service to include additional specified equipment (expansion of capacity).

Applications must demonstrate that:

- the health service meets Criteria 1-5 below
- they have complied with the ROHPG conditions of funding.

Criterion 1: Eligible equipment

The minister will consider whether the equipment covered by the application is within the scope of the scheme. This means the machine:

- must be an eligible linac (see Glossary definition)
- make and model must be identified
- must not have been funded through other Commonwealth funding

Criterion 2: Patient access

The minister will consider whether the service locations covered by the application are consistent with supporting patient access to radiation oncology services, based on identified ROHPG priority areas.

- Applications for equipment for a new health service, an expansion of service, replacement of non-ROHPG funded equipment or to relocate a machine or health service where the health service will not be located in an identified priority area may be considered, however the applicant must provide evidence of need and have the support of the relevant state/territory.

Criterion 3: Services must be affordable

The minister will consider whether the services which will constitute the approved health service are affordable, having regard to billing practices and the extent of out-of-pocket costs.

The minimum requirement under ROHPG conditions of funding is that approved private organisations must offer Medicare bulk billing arrangements for concessional patients. Public organisations must ensure that concessional patients (see Glossary definition) do not incur out-of-pocket costs.

To support their application, applicants are required to provide information demonstrating that the fees that charged for services that perform part of the approved health service will not result substantial out-of-pocket costs that may affect patient access to radiation oncology services.

Criterion 4: Multidisciplinary and patient-centred care

The minister will consider whether the radiation oncology services to be provided as part of the approved health service are integrated with other cancer treatments and other medical services. This will help ensure the best possible treatment for patients.

Applicants will be required to provide information demonstrating that the proposed approved health service will form part of an integrated cancer management system including, but not limited to, medical oncology, surgery, allied health services and appropriate workforce groups including radiation oncology, radiation therapy, medical physicist and nursing i.e. multidisciplinary care. This includes information regarding:

- arrangements and referral basis, if any, with the relevant specialists
- clinical oncologists and surgeons networked into services
- access to appropriate workforce groups
- details of links to other centres, particularly for on-referral or discussion on complex cases
- access to in-patient care
- access to other associated follow-up care for patients
- ability to upskill workforce in emerging technologies

Criterion 5: Commencement Date

The minister will consider the proposed commencement date for treating patients under the approved health service, and whether this timeframe is realistic and reasonable. The maximum period within which the department would expect health services and equipment to become operational is within two years from the date of the approval under Part IV of the Act. The minister may revoke an approval of a health service or equipment if it does not become operational within two years.

6.3 Assessment criteria for replacement of existing equipment

The assessment criteria in this section will be applied in relation to applications by approved organisations for variation of an approved health service to replace an ROHPG-funded linac.

An application to replace a ROHPG-funded linac must demonstrate that:

- there is an ongoing need for the health service
- the health service will continue to meet Criteria 1-5 above
- the health service has demonstrated compliance with the ROHPG conditions of funding

If an application for replacement is successful, ROHPG payments for new equipment will be made as follows:

- if the linac that is being replaced has received an annual payment in the financial year that new linac commences services, the new linac will not receive a payment in that financial year.

- if the linac that is being replaced has not received an annual payment in the financial year that the new linac commences services, the new linac will be entitled to the full annual payment, on receipt of a level 1b audit certificate, in the financial year it commences services.
- Once a replacement linac has been approved, the linac to be replaced is removed from the legal instrument (at the time of approval), no further payments are made, and any remaining capital balance is forfeited.

6.4 Assessment criteria for replacement of a non-ROHPG funded linac

The assessment criteria in this section will be applied in relation to applications by approved organisations for a replacement of a non-ROHPG funded linac.

Applications must demonstrate that:

- the original linac was largely funded by the Commonwealth
- the health service meets Criteria 1-5 above
- the health service has demonstrated compliance with the ROHPG conditions of funding

6.5 Assessment criteria to relocate an existing approved health service or equipment

The assessment criteria in this section will be applied in relation to applications by approved organisations to vary an approved health service, to relocate a specified service location to a different location or to relocate approved equipment to a new location.

Applications for relocation will be considered against the same criteria as an application for a new health service.

The minister will also consider the reasons for the proposed relocation and applicants will be required to provide information addressing this.

Relocation of an approved health service should take into consideration existing services. Relocation should be within the same health planning region and should not create a priority area by withdrawal of the service. Should an application be submitted to relocate an existing ROHPG approved linac to a different health planning region, state or territory support must be provided.

The applicant must notify the department when the health service or equipment ceases to operate in its existing location. ROHPG funding will be suspended from the date operations cease and, if the application is successful, recommence when all conditions of funding are met for the new location. This includes evidence that an appropriate dosimetry audit has been conducted at the new location.

6.6 Assessment criteria for health service transfer of ownership or control of an existing health service

Ownership transfers occur where an approved organisation takes ownership or control of a health service, or part of a health service, that is subject to an existing approval under Section 41 held by a different organisation relinquishing ownership or control. This may arise where, for example, a provider acquires a radiation oncology practice from another provider. The department may facilitate continuing ROHPG funding in such circumstances.

To enable continued ROHPG funding when an ownership transfer occurs:

- if the organisation taking ownership or control is not already an approved organisation, they must obtain approval under section 40.
- the approved organisation taking ownership or control must obtain approval of a health service, or variation of their existing approved health service, to include the locations and specified equipment which have been acquired.

An application to transfer ownership or control of an existing approved health service must demonstrate that:

- there is an ongoing need for the health service
- the health service will continue to meet Criteria 1-6
- Criterion 6: Transfer of ownership or control of an existing approved health service
- To facilitate a transfer of ownership or control, an application for variation of a health service will be required to provide the following information:
 - documentation which demonstrates agreement to the transfer of ownership or control
 - expected date of completion of the planned transfer of ownership or control
 - details of any expected disruption to services
 - details of the equipment to be transferred
 - ROHPG numbers of the equipment to be transferred

The minister will consider whether there is agreement from all relevant parties to the transfer of ownership or control, when the transfer will occur, and the service locations and/or equipment that will be included in the transfer.

The department will consult with the existing approved organisation regarding the proposed transfer. The minister may vary or revoke that organisation's approval of a health service under Section 41 as necessary to facilitate the transfer of approval and ROHPG funding to the new organisation.

7 PROCEDURAL FAIRNESS FOR APPLICANTS

If, after taking into account all the relevant information for an application, the minister does not intend to approve an application, or intends to revoke an application, the applicant will be informed prior to a decision being made and be provided with the opportunity to provide additional information in support of its application.

8 FUNDING

- In order to receive government funding under the ROHPG scheme, providers must:
 - be an approved organisation under Section 40 of the Act
 - hold an approval for provision of a health service under Section 41 of the Act
 - meet the conditions of funding of grants that apply in relation to the approved health service under Sections 43 and 46 of the Act

8.1 Funding Arrangements

From 1 July 2026, the scheme will provide a contribution of up to \$4 million (indexed annually) towards the capital costs of each approved linac. Any optional add-on configurations required for the linac will be at the discretion of the organisation applying for the approval of the health service.

From 1 July 2026, existing ROHPG-approved linacs will be eligible to receive the increased grant amount as current agreements expire (as old linacs become eligible for replacement).

Each approved linac will be provided with a unique ROHPG identification number for the purpose of administering ROHPG payments.

Arrangements made under the Act for new and replacement linacs from 1 July 2026 will provide capital contribution grant payments of \$400,000 per year for 10 years for public sector providers and \$500,000 per year for 8 years for private sector providers. Payments will be made annually.

From 1 July 2027, ROHPG grant funding will be indexed annually. Indexation will be applied to total grant amounts from the first year the machine is approved, with equal annual payments being made across the lifetime of the machine.

8.2 Conditions of funding

Under Sections 43 and 46 of the Act, health program grant payments (including advances) may be made subject to conditions determined by the minister. Payments may be recovered as a debt due to the Commonwealth if the approved organisation fails to comply with conditions.

The minister will determine conditions that apply to payments when approving a health service and specify those conditions in the legal instrument. This will include standard conditions relating to the matters outlined in the subsections below. The minister may also impose additional conditions.

Funding provided via the ROHPG scheme towards the purchase of a linac, as defined in the legal instrument, must be used for that purpose, i.e., to purchase the linac, pay off a loan or other fund associated with the purchase of the linac, or retained for the subsequent (replacement) linac in the future.

Similarly, ROHPG money granted towards the purchase cost of non-linacs, such as CT simulators, planning or brachytherapy equipment, must also be used for a replacement non-linac machine.

ROHPG funding may not be used to purchase a linac that has not been approved via the ROHPG application process.

8.2.1 General conditions

- The minister will apply conditions requiring that:
 - the approved organisation must provide Medicare eligible services;
 - the approved organisation and its employees must not misrepresent their relationship with the Commonwealth;
 - the approved organisation must indemnify the Commonwealth in respect of certain matters;
 - the approved organisation must offer Medicare bulk-billing arrangements for concession patients; and
 - where possible, the approved organisation must advise the Commonwealth of any planned publicity in relation to an approved health service.

Applicants will be required to declare their understanding of the conditions of funding within each application.

8.2.3 Public Providers

For approved organisations which are public providers, the minister will apply conditions requiring that the approved organisation must have a registered bank account, under its sole control, into which all payments of ROHPG funding are to be deposited.

Funding is required to be used for radiation oncology purposes at the specified service location for the approved health service.

This condition will minimise the risk of funding being used for general hospital expenses rather than for the purchase of high-value capital equipment to support the delivery of radiotherapy services.

8.2.4 Private Providers

For approved organisations which are private providers, the minister will apply conditions requiring that the approved organisation adhere to the Australian Privacy Principles in the *Privacy Act 1988* and comply with any relevant privacy legislation and/or guidelines.

8.2.5 Dosimetry auditing

All approved service locations must undergo ongoing independent dosimetry auditing. The independent dosimetry audit must be undertaken by an independent organisation with accreditation from the National Association of Testing Authorities (NATA), Australia to ISO 17025. The audit will be consistent with the approach adopted by the [Australian Clinical Dosimetry Service \(ACDS\)](#) which supports a four-year cycle with different audit levels across the cycle.

All ROHPG payments are dependent on evidence of completion of a successful dosimetry audit conducted by a NATA accredited organisation within the last financial year.

Prior to commencement of any ROHPG funding, a Level 1b audit is required for any newly installed linac. This includes brand new linacs or relocated linacs.

8.2.6 Annual declaration form

ROHPG funded equipment is eligible to receive funding while it is operational. Equipment that is not operational is not eligible to receive ROHPG funding.

An appropriately authorised person representing the approved organisation must sign an annual declaration form for each health service to ensure that all ROHPG funded equipment eligible for payments in any financial year is declared operational for that financial year.

In addition, it is the approved organisation's responsibility to provide to the department details of any equipment that is no longer operational, or that has been replaced, so that the equipment does not receive further ROHPG funding for the period the equipment is not operational.

9 REVOCATION OF APPROVALS

The minister is able to revoke approvals granted under the Act.

Circumstances in which the minister may consider revocation include, but are not limited to, instances where an organisation is unable to commence delivery of patient services by the date specified in its application and cannot demonstrate that strategies have been put in place for commencement within a reasonable period. In such circumstances, an organisation may be asked to provide regular progress reports to the department, prior to a decision to revoke.

GLOSSARY

TERM	DEFINITION
Act	The <i>Health Insurance Act 1973</i>
Approved amount	The maximum proportion of the cost of providing the approved health service to be funded by the Australian Government determined for each type of radiation oncology equipment at the time an application for ROHPG funding is approved.
Capital balance	The amount of funds remaining for each type of radiation oncology equipment.
Concession patient	A concession patient is a person who holds a concession card issued under the <i>National Health Act 1953</i> .
Department	The Department of Health, Disability and Ageing
Eligible linac	Delivers photon-based external beam radiation therapy services covering the full list of services described in ‘Category 3 (T2) Subgroup 11 – Megavoltage’ of the Medicare Benefits Schedule. This typically includes standard C-arm and helical non C-arm linacs, as well as MRI-integrated linacs. Systems designed primarily for specialised or limited clinical applications are not supported under the scheme.
Health service	Premises, facility or site at which healthcare services are delivered to patients, including any associated buildings, equipment, and infrastructure used for that purpose.
Legal instrument	The instrument(s) made by the minister or delegate approving a health service, determining entitlement to payment, determining conditions and giving directions about claims for payment.
Organisation	Legal entity that provides radiation oncology services (provider).
Minister	Minister for Health and Ageing for the Commonwealth of Australia or an officer who has been delegated some or all of the powers conferred on the minister under Part IV of the Act
Priority area	As defined in Clause 4
ROHPG	Radiation Oncology Health Program Grant

Appendix A: Scoring matrix for competitive assessment criteria

Criterion	Score	Rationale
Criterion 1: Eligible equipment		
<p>The minister will consider whether the equipment covered by the application is within the scope of the scheme. This means the machine:</p> <ul style="list-style-type: none"> • must be an eligible linac (see Glossary definition) • make and model must be identified • must not have been funded through other Commonwealth funding 	0 Criterion not met	Equipment is not an approved linac or has received alternative Australian Government funding.
	1 Criterion met	Equipment is an approved linac and has not received alternative Australian Government funding.
Criterion 2: Patient access		
<p>The minister will consider whether the service locations covered by the application are consistent with supporting patient access to radiation oncology services, based on identified ROHPG priority areas.</p> <p>Applications for equipment for a new health service, an expansion of service, replacement of non-ROHPG funded equipment or to relocate a machine or health service where the health service will not be located in an identified priority area may be considered, however the applicant must provide evidence of need and have the support of the relevant state/territory.</p>	0 Criterion not met	Location is not in an identified priority area.
	1 Criterion met	Location is an identified priority area.
	2 Criterion met and exceeded	As for ' <i>criterion met</i> ' plus description of proximity to other services in the region, detail of existing services/bunkers, patient in/out flow to the region for health services, the expected impact on patient travel times and expected patient case mix.
Criterion 3: Services must be affordable		
<p>The minister will consider whether the services which will constitute the approved health service are affordable, having regard to billing practices and the extent of out-of-pocket costs. The minimum requirement under ROHPG conditions of funding is that approved private organisations must offer Medicare bulk billing arrangements for concessional patients. Public organisations must ensure that concessional patients do not incur out-of-pocket costs. To support their application, applicants are required to provide information demonstrating that the fees charged for services that form part of the approved health service will not result in substantial out-of-pocket costs that may affect patient access to radiation oncology services.</p>	0 Criterion not met	Private applicants: Application did not indicate a guarantee to bulk bill concession patients. Public applicants: Application did not provide an assurance that concession patients would not incur out-of-pocket costs.
	1 Criterion met	Application included a guarantee to bulk bill / not charge out-of-pocket costs for concession patients.
	3 Criterion met and exceeded	Guarantee to bulk bill / charge no out-of-pocket costs for 100% of patients.

Criterion	Score	Rationale
Criterion 4: Multidisciplinary and patient-centred care		
<p>The minister will consider whether the radiation oncology services to be provided as part of the approved health service are integrated with other cancer treatments and other medical services. This will help ensure the best possible treatment for patients.</p> <p>Applicants will be required to provide information demonstrating that the proposed approved health service will form part of an integrated cancer management system including, but not limited to, medical oncology, surgery, allied health services and appropriate workforce groups including radiation oncology, radiation therapy, medical physicist and nursing i.e. multidisciplinary care. This includes information regarding:</p> <ul style="list-style-type: none"> • arrangements and referral basis, if any, with the relevant specialists • clinical oncologists and surgeons networked into services • access to appropriate workforce groups • details of links to other centres, particularly for on-referral or discussion on complex cases • access to in-patient care • access to other associated follow-up care for patients • ability to upskill workforce in emerging technologies 	0 Criterion not met	Application does not provide information on how it will integrate with other cancer services.
	1 Criterion partially met	Application provides information on some, but not all of the criteria requirements regarding integration with other cancer services.
	2 Criterion met	Application provides an explanation of how the facility will integrate with other cancer services against all components of the criterion.
	3 Criterion met and exceeded	As for ' <i>criterion met</i> ' plus services form part of an established integrated healthcare setting or network, including co-location within a hospital or integration with broader cancer services, supporting coordinated multidisciplinary care.
Criterion 5: Commencement date		
<p>The minister will consider the proposed commencement date for treating patients under the approved health service, and whether this timeframe is realistic and reasonable. The maximum period within which the department would expect health services and equipment to become operational is within two years from the date of the approval under Part IV of the Act.</p> <p>The minister may revoke an approval of a health service or equipment if it does not become operational within two years.</p>	0 Criterion not met	Application does not provide information about timeframes for service commencement or indicates timeframes greater than two years from the (expected) operational date.
	1 Criterion met	Application indicates that the services will commence in a two-year timeframe.
Maximum total score	10	