



# SPECIALIST TRAINING PROGRAM [STP]

## CANDIDATE HANDBOOK





## Message from the President

It is critical all health care systems and medical professionals across Australasia are supported by the highest standard of Medical Leadership and Management to enhance the health outcomes of patients, healthcare services and the communities they serve.

RACMA is the only Specialist Medical College to provide specialist education, leadership, advice, and expertise in Medical Leadership and Management that promotes the delivery of high-quality, safe healthcare for all.

The strength of RACMA is its Members, who strive to lead for change and positive outcomes for all Australians, New Zealanders and peoples in all parts of the world in which their Members practice; demonstrating their skills in key areas such as system leadership, clinical governance, financial management, workforce management and professional leadership.

Our membership is spread across Australia, New Zealand and other parts of the world, spanning public, private, military and industry sectors. We have a broad reach and a significant influence.

It is RACMA which is taking the lead on setting the standard for excellence in Medical Leadership across Australasia.

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# SPECIALIST TRAINING PROGRAM (STP) Information

# INTRODUCTION

# 01

The STP Candidate Handbook has been designed so that all the resources required by an STP-funded RACMA Candidate are together in one central location.

The Specialist Training Program (STP) is a Commonwealth Government initiative designed to extend vocational training for specialist registrars to settings other than public metropolitan teaching hospitals. For this reason, priority is given to training in regional, rural, remote and private settings.

As identified by the Australian Government Department of Health (The Department), Colleges have STP Key Performance Indicators (KPIs) that require them to fill a specified number of rural and private training positions.

## 1.1

### What does a Candidate in an STP post look like?





## 1.2 Aims and Objectives of STP

The aims and objectives of the STP are to:

- enhance the capacity of the health care sector to provide specialists in training with opportunities for high quality training and educational experiences;
- support quality training posts that build the system's capacity by extending specialist training into new "expanded" healthcare settings; and
- contribute to improving the distribution of the medical workforce.

## 1.3 STP Funding Streams

The STP has three funding streams:

- Specialist Training Program (STP)
- Integrated Rural Training Pipeline (IRTP)
- The Tasmanian Project

RACMA administers 17 STP posts, 9 IRTP posts and 7 Tasmanian Project posts on behalf of the Commonwealth Department of Health.

## 1.4 STP Funding Amounts

The STP funding stream provides the following funding amounts to health settings:

Funding Component	Amount*	For...
Trainee salary support	Approximately \$107,000 (indexed annually)	Training posts in rural or private settings
Rural Support Loading	Up to \$25,000 per annum	Eligible trainee support expenses - in rural settings only
Private Infrastructure and Clinical Supervision (PICS) allowance	Up to \$30,000 per annum	Eligible clinical supervision and infrastructure expenses in private settings only

*\*All amounts are annual per 1.0 FTE, exclude GST and are current as at 1 January 2023.*

# STP CONTRACTS

# 02

STP funding is administered via a Secondary Funding Agreement (SFA) between RACMA and the health setting. The SFA outlines all contractual obligations of both RACMA and the training organisation.

## 2.1 Contract Duration

- The funding cycle depends on the length of the current SFA between RACMA and the Department of Health.
- When RACMA's funding with the Department is extended, new SFAs or extensions (Deeds of Variation) may be issued as required.

## 2.2 Contract Inclusions

The SFA includes:

- information about the training position (also referred to as the STP Post)
- information about the training locations the trainee will rotate to while in this STP-funded position (rotational facilities)
- reporting requirements and obligations
- a schedule of payments and reporting dates
- bank account details of the health setting to enable payments to be made.
- the STP reference number for each position funded under the SFA.

The SFA must be read and understood by the key staff of the organisation involved in managing the STP post: in particular Liaison Officers, Supervisors and finance staff.

# STP REPORTING AND PAYMENTS

STP payments are made following each reporting period, after Progress Reports and Claim Forms submitted by the health setting have been verified.

[STP Progress Reports and Claim Forms](#) (based on templates provided) are emailed to STP Liaison Officers approximately one month before they are due to be submitted to RACMA. In some instances, the Candidate occupying the STP-funded position may be involved in the completion of the Reports and Claim Forms.

The due dates for submission are as follows:

Reporting Term	Reporting Period	Due Date
Term 1	1 February to 31 July	7 August
Term 2	1 August to 31 January	7 February

RACMA will review and verify the information provided and may seek further clarification. Ineligible expenses may be identified and rejected at this point.

# RECORDING ROTATIONS

# 04

RACMA is required to report the physical location of where Candidates are training for all health settings that receive STP funding.

Candidates are therefore asked to keep a record of where their time is spent, which enables them to make a pro-rata calculation of the FTE for each location that is visited while they are based at the STP funded post. This information should be provided to your Supervisor at the end of each term.

This information is then included with the biannual Progress Report that is submitted to RACMA by the health setting.

## 4.1 Example of a rotation recorded in the STP Report

### PART 2

#### TRAINEE'S PHYSICAL LOCATION - 1 FEBRUARY 2022 TO 31 JULY 2022

The Commonwealth Department of Health requires Colleges to provide details of the trainee's time spent at other health settings. Please list all the physical locations that the trainee visited to undertake their training during Term 1, and the approximate FTE. If the trainee did not rotate to other health settings, please leave blank.

Details of the FTE spent at each location is required by the Commonwealth

Physical location	Modified Monash (MM) 1-7 Location	Public or Private	FTE
<i>Greenvally General Hospital</i>	<i>MM 3</i>	<i>Public</i>	<i>0.8 FTE</i>
<i>Hilltop Health Service</i>	<i>MM 4</i>	<i>Public</i>	<i>0.2 FTE</i>

This section should capture all locations that the Trainee visited during the reporting period, including those visited on an ad hoc basis

# STP CANDIDATE SURVEY

05

On completion of their training time in an STP-funded position, Candidates will be asked to complete an online STP Candidate Survey regarding the training experience and opportunities offered by the funded position.

The survey seeks Candidates' feedback to provide RACMA with data to ensure that the STP delivers its intended outcomes to Candidates.

The de-identified feedback is then summarised and is used for reporting purposes to the Department.

# RURAL SUPPORT LOADING (RSL) EXPLAINED

## - for rural posts only

In recognition of the additional costs associated with training in regional, rural and remote locations, the STP provides a Rural Support Loading (RSL) funding amount of \$25,000 for each eligible STP post.

RSL is intended to incentivise STP trainees to undertake training in regional, rural and remote locations and aims to reduce some of the barriers for both the trainee and/or health setting hosting the trainee.

### 6.1 How RSL can be used

RSL is managed in accordance with the Department of Health's RSL Guidelines. Below is a summary of the type of expenses that may be claimed via RSL funding. Please refer to the [RSL Claim Form](#) for further details.

- training room outfitting, including purchase of specific medical training equipment and textbooks
- minor renovations of existing facilities to accommodate specialty training such as reallocation of an office, creation of an office/desk/training area, new desks and/or additional chairs (note: minor renovation work would be at RACMA's discretion to approve and would generally be considered a one-off expense per health setting unless further minor renovations are required in future)
- videoconferencing facilities
- relocation costs for the Candidate
- local accommodation and living costs for the Candidate such as rental/bond expenses and utility bills
- professional development allowance for the Candidate
- costs associated with attendance at education and training activities outside of the health setting such as registration fees, accommodation and travel for the Candidate
- on-line courses and resources such as educational training software and relevant online journal access/subscription
- office asset equipment purchases such as computers, phones, desks, IT equipment and associated facilities that will be used by Candidates
- expenditure for initial training post setup, including any costs associated with recruitment and retention
- travel and accommodation expenses associated with outreach clinics as part of specialty training.

### 6.2 How to Claim RSL

1. Candidates should liaise with their Health Setting regarding reimbursement for eligible items, prior to incurring the expense.
2. The health setting reimburses the Candidate for eligible RSL expenses incurred or pays for these expenses on behalf of the Candidate.
3. The health setting then completes the [RSL Claim Form](#), which is submitted twice annually to RACMA.
4. RACMA reviews the claim and then makes an RSL payment to the health setting.

Please note:

- RSL payments are made in arrears and are calculated on a pro-rata FTE basis, based on the time the Candidate has spent in the STP post for the relevant reporting period.
- Candidates and health settings are encouraged to consult with RACMA prior to incurring an expense, should they require clarification as to whether it would be supported by RSL.

# PRIVATE INFRASTRUCTURE AND CLINICAL SUPERVISION (PICS) – for private positions only

The Private Infrastructure and Clinical Supervision (PICS) allowance supports delivery of the Specialist Training Program (STP) in private health settings. It recognises the cost of delivering training in the private sector and is a contribution to assist in the provision of a high-quality training environment for both Candidates and Supervisors.

## 7.1 How PICS can be used

PICS is managed in accordance with the Department of Health's PICS Guidelines. Private training settings may use the PICS allowance flexibly for either infrastructure or clinical supervision costs.

While some private STP settings may elect to use their PICS allowance predominantly for supervision costs, they may also claim for infrastructure resources which provide for, or enhance, the training experience delivered by the STP training position.

Eligible infrastructure expenses include:

- training room outfitting, including purchasing specific training equipment such as microscopes for Candidates and training simulation equipment
- expenditure for initial training post setup, including any costs associated with recruitment and retention
- minor renovation of existing facilities to make space within the training setting suitable for use in registrar training.
- videoconferencing facilities.
- investments in on-line educational training software and relevant online journal access
- overhead infrastructure such as office asset equipment purchases that will be used by Candidates and Supervisors (i.e. computers, phones, desks, IT equipment and associated facilities).

The infrastructure allowance is attached to the training site, not the Candidate or the Supervisor, therefore any equipment purchases (including IT equipment) remain with the health setting.

Further information on the use of PICS funds is contained in the [PICS Guidelines and Claim Forms](#).

## 7.2 How Health Settings can claim PICS

- PICS Claim Forms are submitted to RACMA twice annually. Eligible claims are paid in arrears in conjunction with the salary support component.
- Settings that wish to use PICS for infrastructure expenses are asked to provide details about how they intend to do this at the start of the academic year. This is done by submitting a [PICS Planned Infrastructure Expenditure Form](#).
- The setting must then confirm that each infrastructure project has been completed.

# EXAMPLE OF A COMPLETED RSL CLAIM FORM

08

The STP Reference Number can be found in the STP Funding Agreement

STP Reference No:	1859	Setting Name	Greenvalley General Hospital
Period of claim:	Term 1 2022		

Expenses	Costs (\$)	Details
Relocation costs associated with training requirements		
Accommodation costs	\$5,760	Rent and Utility Bills
Attendance at training courses, meetings & conferences (within Australia only)	\$1,000	Oral Examination Fee - Fellowship Training Program
Trainee-incurred costs for internet access/IT Upgrades	\$350	Internet Access
Research projects (e.g. access to online library, laboratory equipment)		
Resources (e.g. books, computers)	\$700	Textbook of Medical Administration and Leadership
Travel and accommodation expenses associated with training requirements		
Videoconference facilities		
<b>Total Cost</b>	<b>\$7,210.00</b>	

RACMA training and examination fees are ineligible expenses and will be rejected.

Any unspent RSL funds in Term 1 will be rolled over and can be utilised in Term 2.

**Comments (if required)**  
*The RSL funds have been used to assist the Candidate with their rent costs while training in a remote area.*

**Declaration:**

- I understand that the funded setting is required to retain documentary evidence of all items claimed via this funding and be able to provide these records upon request or for future audit purposes.
- I verify that the information contained in this Form is complete and correct at time of submission.

To be signed by the Trainee's Supervisor

Report Prepared by:	Dr Jane Smith	Signature:	<i>JCS</i>
Position:	Director of Medical Services	Date:	01/08/2022
Email:	j.smith@greenvalleyhealth.gov.au	Telephone:	03 6489 0498



# EXAMPLE OF A COMPLETED PICS CLAIM FORM

09

The STP Reference Number can be found in the STP Funding Agreement

STP Reference No:	1859	Setting Name	Greenvalley General Hospital
Period of claim:	Term 1 2022		

Expenses	Costs (\$)	Details
Training room outfitting, including purchasing specific training equipment such as microscopes for trainees and training simulation equipment		
Minor renovation of existing facilities to make space within the training setting suitable for use in registrar training	\$5,000	Minor renovations to the Candidate's existing office space - includes new carpets, doors and painting and decorating.
Videoconferencing facilities		
Investments in on-line educational training software		
Overhead infrastructure (i.e. office asset equipment purchases such as computers, phones, IT equipment and associated facilities that will be used by trainees and their Supervisors).	\$4,500	Purchase of new Laptop and desk
<b>Clinical Supervision Expenses</b>	<b>Costs (\$)</b>	<b>Details</b>
Administrative support - for activities which promote and maintain good work standards, and coordinate practices and policies which lead to an efficient and effective training experience for STP funded trainees.		
Educational support - for activities which help coordinate the educational development of trainees to ensure delivery of a training experience that contributes towards fellowship training of RACMA.		
Trainee employment support - effective support projects to ensure the trainees entitlements are met.		
Networked supervision support - development of training networks which facilitate seamless transition between training sites that ensures trainees receive high quality, appropriate training that coordinates supervision across the network.		
Supervisor development and training - aimed at enhancing Supervisor's leadership and management skills		
<b>Total Cost</b>	<b>\$9,500</b>	

Infrastructure purchased remains the property of the Health Setting

Any unspent PICS funds in Term 1 will be rolled over and can be utilised in Term 2.

# EXAMPLE OF A COMPLETED PICS CLAIM FORM (Cont.)

## Comments (if required)

*PICS funding was used to renovate the Candidate's office space as it was old and run down. All work has now been completed.*

## Declaration:

- I understand that the funded setting is required to retain documentary evidence of all items claimed via this funding and be able to provide these records upon request or for future audit purposes.
- I verify that the information contained in this Form is complete and correct at time of submission.

To be signed by the  
Trainee's Supervisor

Report Prepared by:	<i>Dr Jane Smith</i>	Signature:	<i>JCS</i>
Position:	<i>Director of Medical Services</i>	Date:	<i>01/08/2022</i>
Email:	<i>j.smith@greenvalleyhealth.gov.au</i>	Telephone:	<i>03 6489 0498</i>

# FREQUENTLY ASKED QUESTIONS

# 10

## Q What are the priority settings of the STP?

- Private sector settings: settings which do not derive their operational funding directly from a state or territory government.
- Regional, rural and remote areas: settings that occur in a Modified Monash Model (MM) 2-7 location.

## Q What are the differences between STP-funded and IRTP-funded posts?

STP-funded posts are not identical to IRTP-funded posts, although they are administered in a similar way.

- To be eligible for an IRTP-funded post, ideally a Candidate should show a commitment to working in a rural area, though not necessarily the area in which their training takes place. This could be evidenced by the prospective Candidate having a rural background, attending a rural clinical school or regional university, completing Rural Junior Doctor training or demonstrating an interest or commitment to rural work in their application for the post.
- An IRTP Candidate must spend at least 66% of their Fellowship training time in an MM 2-7 setting.

## Q What are the requirements for Candidates occupying STP positions?

To occupy an STP-funded position, Candidates must be a current RACMA Candidate, be on their pathway to Fellowship and the STP position must be accredited by RACMA.

## Q Can individual Candidates apply for STP funding for their position?

No. Candidates are not eligible to apply for STP funding. STP funding is attached to the health setting, not to individuals. Health settings wishing to apply for STP funding can find further information on the RACMA website.

## Q If a Candidate leaves their position and moves to another health setting, will STP funding follow the Candidate?

No. STP funding is attached to the health setting, not the Candidate.

## 11. FREQUENTLY ASKED QUESTIONS (Cont.)

### **Q** Are the RSL and PICS allowances paid directly to the Candidate?

No. Candidates must liaise with their health setting regarding reimbursement for eligible items, prior to incurring the expense. The health setting then completes the RSL Claim Form and submits to RACMA for review. Once accepted, RACMA will pay the funds directly to the health setting.

### **Q** Is Fringe Benefits Tax (FBT) eligible to be claimed under the RSL allowance?

No. FBT is not an eligible expense and cannot be claimed through the RSL allowance. Candidates and employers are encouraged to seek ATO advice for their own circumstances.



# SPECIALIST TRAINING PROGRAM (STP) OPERATIONAL FRAMEWORK 2022-2025

This document outlines the operational framework for the Specialist Training Program (STP) as part of Grant Agreements between the Department of Health and non-GP specialist medical Colleges for the STP across 2022-2025.

Last updated: November 2021.  
Version 1.0

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# INTRODUCTION

The Specialist Training Program (STP) seeks to extend vocational training for specialist registrars (trainees) into settings outside traditional metropolitan teaching hospitals, including regional, rural, remote and private facilities. The program aims to improve the quality of the future specialist workforce by providing non-GP specialty trainees with exposure to a broader range of healthcare settings. STP also aims to have a positive influence on future medical workforce distribution.

This Operational Framework document is for the Specialist Training Program under the Specialist Training Program Grant Opportunity Guidelines, October 2021.

The Operational Framework applies to the following three streams of the program:

- 1. Specialist Training Placements and Support:** support for 920 full time equivalent (FTE) STP training posts (of which at least 50% must be in expanded settings) through the specialist medical colleges, including where applicable the Rural Support Loading, Private Infrastructure and Clinical Supervision, Support Projects and Administration funding;
- 2. Integrated Rural Training Pipeline (IRTP):** support for 100 FTE rurally-focused specialty training posts; and
- 3. Training More Specialist Doctors in Tasmania (Tasmanian Project):** supports the employment of supervisors and trainees in the Tasmanian public health system.

## Aims and Objectives

The aim of the STP is to:

- (a) enhance the capacity of the health care sector to provide high quality, appropriate training opportunities to facilitate the required accredited educational experiences for specialists in training;
- (b) support quality accredited training posts that build the overall training capability and capacity in the system, by extending specialist training into new “expanded” healthcare settings; and
- (c) contribute to improving specialist medical workforce supply and distribution.

Specialist medical colleges will provide progress updates to the Department on each STP objective outlined below as part of biannual performance reports that are due on 1 April and 1 October annually.

## OBJECTIVE 1 – Contribute to enhancing capacity and building capability of the health care sector to train the future specialist medical workforce.

### To achieve this Colleges will:

- actively monitor and manage accredited STP, IRTP and Tasmanian Project funded training posts.
- participation in New Post processes as required and management of a Reserve List for all funding streams.
- ensure trainee rotations in STP posts are for a minimum, continuous period of three months (or three months pro-rata where trainee is less than 1 FTE) and comply with this Operational Framework.
- actively manage the IRTP posts in accordance with this Operational Framework (if delivering this stream of activity).
- actively manage and fund training and supervisory positions under the Tasmanian component of the STP (if delivering this stream of activity).
- meet the key performance indicators (KPIs) for funded and filled against STP, IRTP and Tasmanian Project posts (refer to 'Key Performance Indicators – funding and filling to target'). Funded and filled KPIs are specified in grant agreements. maintain effective relationships with funded health facilities and State and Territory Government under all funding streams.

## OBJECTIVE 2 – Contribute to increasing the capacity of specialist training being undertaken in private settings.

### To achieve this Colleges will:

- support training posts in expanded settings that meet the definition of a 'private' setting (refer to 'Priority Settings' on page 7), including effective relationship management with funded health settings; and achievement of the private FTE target set under the grant agreement.
- consider further opportunities to build the capacity of training in expanded settings in consultation with funded and/or health settings that could potentially be funded in the future.
- provide efficient and effective management and administration of the Private Infrastructure Clinical Supervision (PICS) allowance to eligible private training settings in accordance this Operational Framework and the PICS Guidelines.

## OBJECTIVE 3 – Contribute to enhancing availability of the specialist workforce in areas of unmet community need including rural and remote locations.

### To achieve this Colleges will:

- support training posts in expanded settings that meet the definition of a 'regional, rural or remote' setting (refer to 'Priority Settings' on page 7), including effective relationship management with funded health settings and achievement of the rural FTE target set under the grant agreement.
- consider further opportunities to build the capacity of training in MM 2-7 locations in consultation with funded and/or health settings that could be potentially be funded in the future.
- provide efficient and effective management and administration of the Rural Support Loading (RSL) allowance to eligible training settings in accordance with this Operational Framework and the RSL Guidelines.
- ensure that trainees funded through STP-IRTP posts will complete at least two thirds (66.6%) of their specialty training in MM 2-7 areas.



## OBJECTIVE 4 – Support and enhance high quality specialist training experiences for specialist trainees in STP posts.

### To achieve this Colleges will:

- work collaboratively with a range of stakeholder groups including state/territory health bodies, non-government organisations, universities, Regional Training Hubs and other training providers to support the delivery of specialist training in STP posts. These partnerships should aim to support and enhance specialty training opportunities across Australia.
- design, develop and deliver support projects that will directly benefit trainees in STP posts. These projects will support and enhance the delivery of specialty training and provide trainees with high quality specialist training experiences.
- prioritise projects that are targeted at supporting rural and Aboriginal and Torres Strait Islander trainees.

## OBJECTIVE 5 – Enhance Indigenous health outcomes through increasing opportunities and training experiences for Aboriginal and Torres Strait Islander people seeking to become medical specialists.

### To achieve this Colleges will:

- collaborate with universities and other organisations, to attract Aboriginal and Torres Strait Islander medical graduates that meet college requirements to undertake specialist training.
- identify Aboriginal and Torres Strait Islander trainees and provide appropriate support to enable them to complete their specialty training, particularly in STP training posts. For example:
  - provide mentoring and support during their specialist training rotation;
  - prioritise Aboriginal and Torres Strait Islander health setting post rotations;
  - encourage targeted support projects to assist current and future Aboriginal and Torres Strait Islander trainees and cultural awareness programs for training settings.

## Governance

The STP is a collaborative approach to the expansion of specialist training, requiring engagement and participation between the Australian Government Department of Health (the Department of Health), Community Grants Hub, specialist medical colleges, state and territory health departments, health settings (both public and private) and specialist trainees.

## Department of Health

The Department of Health is responsible for the development of STP grant policy. Across 2022 – 2025, the Department will manage the following aspects under College grant agreements:

- overseeing the delivery of the STP by the Colleges, including effective relationships with each College through regular formal and informal discussions and correspondence annually;
- setting training post allocations and targets for the STP, IRTP and Tasmanian Project;
- establishment of annual funded and filled performance indicators;
- management of annual STP New Post processes to facilitate adequate Reserve Lists for Colleges;
- management of and timely updates to the STP Operational Framework and supporting Guideline documents as required;
- assessment of STP Support Project proposals;
- consideration of unspent/unsolicited funding proposals as required;

- developing evaluation and review processes to enhance the efficiency and effectiveness of the STP, such as the Mid-Agreement Review to be undertaken in 2022.
- consultation and engagement with Colleges and State and Territory Government as required, including:
  - policy amendments and/or reform options for the STP, IRTP and/or Tasmanian Project as part of the Mid-Agreement Review process to be undertaken from mid-2022;
  - reform options for the New Post process from 2022; and
  - informal and formal meetings to discuss relevant STP objectives and modifications to inform outcomes.
- providing information to the public in relation to the STP when approached through the Postgraduate Training Inbox.

## Community Grants Hub

The Community Grants Hub (CGH) provides a shared-services arrangement to deliver STP grant administration services on behalf of the Department of Health. CGH is the first point of contact for grants-related queries and will liaise with the Department of Health where policy input is required.

CGH is responsible for the following aspects related to the STP:

- administering the STP at the direction of the Department of Health and consistent with the requirements of the Commonwealth Grants Rules and Guidelines 2017;
- Performance Management – compliance monitoring and assessment/approval of all funding agreement reports;
- Risk Management – the Hub will complete an organisation risk assessment at least annually (for low risk rated) or biannually (for medium or higher risk rated);
- Stakeholder Engagement – the Hub will:
  - Be the primary point of contact for all grant matters;
  - Maintain regular communication with the organisation;
  - Conduct site visits as required;
  - Attend forum or other network engagements.
- Payment/Financial Management - the Hub will:
  - Release Payments;
  - Conduct Financial Acquittal;
  - Manage Underspends and Debt Recovery.

## Specialist medical colleges

Specialist medical colleges (Colleges) are key partners in the delivery of high-quality specialty training due to their role in setting professional standards, accrediting training settings and the coordination and support for education and training of future specialists and college fellows. Colleges also play a vital role in providing national oversight and consistency to specialist medical training. Under this program, Colleges will:

- ensure only accredited training posts are funded. This ensures that all training opportunities meet at least a minimum level of agreed quality and content and be considered by the college to deliver educational value;
- establish training arrangements for trainees that provide opportunities not available in major public hospitals; and
- work with all key partners to improve rural and remote specialist workforce shortages and maldistribution.

The Commonwealth currently funds 13 Colleges for the management of the STP:

- Australasian College for Emergency Medicine (ACEM);
- Australasian College of Dermatologists (ACD);
- Australasian College of Sport and Exercise Physicians (ACSEP)
- Australian and New Zealand College of Anaesthetists (ANZCA);
- College of Intensive Care Medicine (CICM)
- Royal Australasian College of Medical Administrators (RACMA);
- Royal Australasian College of Physicians (RACP);
- Royal Australasian College of Surgeons (RACS);
- Royal Australian and New Zealand College of Ophthalmologists (RANZCO);
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).
- Royal Australian and New Zealand College of Psychiatrists (RANZCP);
- Royal Australian and New Zealand College of Radiologists (RANZCR); and
- Royal College of Pathologists of Australasia (RCPA).

## Training Settings and Employers

State and Territory Governments (S/T Governments) and public health services are also key partners in the delivery of specialist medical training arrangements. They are the providers of the majority of funded training places and specialist trainees are usually employees of the state health system. Across 2022-2025, the Commonwealth will provide approximately

\$729.8 million for the STP which is intended to be a contribution to specialist medical training, with S/T Governments funding the remaining costs. Training arrangements that are not part of the STP are fully funded by S/T Government, private settings and/or non-government organisations. It is important for STP posts to operate in partnership with non-STP posts and as such S/T Governments have a key role to play in informing and influencing the best distribution of STP posts.

Under the STP, the Department of Health will continue to rely on State and Territory health departments to provide advice on the merits of New Post applications, from the perspective of areas of workforce need for each jurisdiction. State and Territory health departments will also be consulted during the Mid-Agreement Review process. Specific questions will be provided to State and Territory health departments for consideration and response and are likely to relate to the need to address any maldistribution of services for each specialty that is specific to that jurisdiction and its medical workforce planning.

Private health care organisations/settings are critical to achieving an expansion of specialty training opportunities across Australia. To achieve this the private sector needs to be engaged in the establishment of posts in collaboration with the public sector to facilitate trainee rotations and allocations for the purposes of training.

Where the trainee remains in the employment of a public teaching hospital, the salary support funds must flow to the employer to enable that hospital to 'backfill' the position, thereby ensuring there is no reduction in the capacity of the public teaching hospital to deliver services. These arrangements will also facilitate continuity of the trainee's entitlements as they move through expanded setting training, for example, medical indemnity, workers compensation, superannuation, long service leave, etc.

Funded training settings/employers will ensure trainee entitlements are maintained where they are on secondment or directly employed (such as salary, medical indemnity, superannuation, leave entitlements, workers compensation etc).

Settings acknowledge that the STP provides only a contribution toward the cost of employing and providing training to a trainee. The funded setting is responsible for covering the remaining cost.

The setting will not compel trainees to work additional hours to cover the gap in the funding contribution and actual cost of training. Trainees may choose to work additional hours at their own discretion in consultation with their setting.

The setting and supervisors will monitor trainee well-being and ensure a safe training environment and relevant safety training, including cultural training (where required) is provided.

## Priority Settings

The priority settings for participation in the program that contribute towards the governments targets during the 2022 to 2025 funding period continue to be:

- Regional, rural and remote areas: settings located in Modified Monash Model (2019) areas 2-7
- The private health sector: For the purposes of STP, training sites, which can be defined as eligible private sector settings, are those which do not derive their operational funding directly from a state or territory government and operate independently from a state government metropolitan public teaching hospital. The definition of “Private” relates to the facility and its ownership. A private setting is not a publicly (Commonwealth, State or Territory) owned facility treating private patients, nor a public-private partnership providing public health services such as a private health organisation managing a public hospital or health service, funded by government. This does not include where a service is delivered by a private provider in a public health service on a fee-for-service basis, such as the outsourcing of services by a public health service to a private provider either co-located or off-site. Some, or all of the following criteria demonstrate private ownership:
  - Organisation is registered under their ABN as a non-government organisation.
  - The organisation is incorporated.
  - In the case of organisations co-located with public hospitals, they must clearly demonstrate that they are separate organisation from the hospital, for example having separate governance, operational structures and/or being incorporated.
  - An Aboriginal Medical Service or an Aboriginal Community Controlled Health Service are also considered a private entity.

## Eligibility

The STP defines “expanded” as settings outside of major metropolitan public teaching hospitals. The following organisations are eligible to apply under the program:

- (a) Public<sup>1</sup> and Private hospitals;
- (b) Local Health Networks,
- (c) Rural, regional and remote health services;
- (d) Private health care organisations / settings;
- (e) Aged Care services;
- (f) Aboriginal Community Controlled Health Services and Aboriginal Medical Services; and
- (g) Community health organisations.

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<sup>1</sup> Public hospitals can participate under the program providing the setting has either an agreement in place for the position to rotate out to an expanded setting for a minimum of 0.5 FTE (e.g. private/rural rotation) or the public setting includes an expanded setting identified above (e.g. Aged Care services).

For a post to be eligible for funding under the program, 0.5 FTE of the post must be in an expanded setting.

What is not eligible for funding under the STP?

- a) Post-fellowship training.
- b) General Practice training<sup>2</sup>
- c) Direct costs associated with accreditation of training posts.
- d) Training posts funded under the STP may not be occupied by overseas trainees employed by hospitals in other countries seeking a rotation through expanded settings within Australia.
- e) Training posts that have been previously funded. A position will not be considered eligible for STP funding if it has been funded by another organisation for more than 12 months within the last three years. Further, a position that was funded by another organisation within the last 12 months will need to conclusively demonstrate that its funding for the position is not ongoing. This allows for short term funding from organisations such as charitable trusts. In this context, positions funded by the applicant organisation or a state and territory government will not be considered new and will be ineligible for STP support.

Note:

- i) an unaccredited position that has become accredited is not considered to be previously funded;
- ii) where a post was previously accredited and funded under the STP, but lost its accreditation and subsequently its funding but is able to be reaccredited in the future, a College may place the post on its Reserve List until it can regain accreditation, in which case, it would be eligible for funding under the STP again once reaccredited.

Individual trainees are not eligible to apply for funding. Trainees should liaise with their relevant college and/or specific health care facility if they wish to participate in the STP.

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<sup>2</sup> With the exception of an advanced skills placement under certain conditions, see Management of Vacancies for further information.

## College activities

Under 2022-2025 Grant Agreements, Colleges will:

### a) Manage training posts including funding, filling, and selecting from Reserve Lists as appropriate:

- i. ensuring the rotation of trainees through these posts is not detrimental to the capacity of the public health care system to deliver services; and
- ii. establishing contract and financial management processes in order to:
  - a. ensure funding for trainee salaries is directed appropriately, i.e. that the employer of the trainee is recompensed for the time that the trainee spends in the expanded setting; and
  - b. ensure trainee entitlements are maintained where they are on secondment or directly employed, such as salary, medical indemnity, superannuation, leave entitlements, workers compensation etc. by STP host settings and/or the employer of each registrar.

### b) Developing networks and systems for training across all settings to:

- i. integrate training posts into relevant college training networks;
- ii. integrate the training occurring beyond the traditional teaching hospital with training provided by the local state or territory health service providers;
- iii. support providers in delivering longer training experiences, particularly for rural settings, providing for a minimum, three month continuous period (per academic year) training rotation under the program (or three months pro-rata where trainee is less than 1 FTE);
- iv. ensure providers of STP funded training posts included in networks are equipped with resources and support mechanisms necessary for the sustainability of training posts; and
- v. in the case of cross college training, training arrangements are formalised with the agreement of relevant colleges ie; intensive care trainee undertaking an anaesthesia rotation.

### c) Developing networks with expanded settings, including the private sector. In rural areas, this work may require inter-college arrangements and foster inter-disciplinary approaches to support specialty training to:

- i. facilitate and coordinate specialty training in expanded settings that have multiple training posts under the STP;
- ii. ensure that trainees receive appropriate support required to successfully undertake training in expanded settings, including the private sector;
- iii. support private settings to maximise specialty training opportunities;
- iv. ensure training posts in private setting(s) are integrated into the public training programs and networks where appropriate; and
- v. ensure funding does not cover or replace existing arrangements for specialist trainee coordination positions, such as those, which currently exist within the public sector.

### d) Enhance training by developing and implementing system wide education support projects.

Colleges must prepare Support Project proposals in accordance with the Support Project Guidelines

- e) Colleges will monitor trainees well-being and safety and through accreditation practices, ensure a safe training environment and relevant induction, orientation and safety training, including cultural training is provided to all trainees in STP funded posts.
- f) Colleges will evaluate and report to the Department on the outcomes of the STP including funded posts, RSL, PICS and support projects related to meeting the identified priorities of government. This will be managed through biannual performance reporting and one virtual meeting with the Department annually, where Colleges will provide verbal progress updates and identify any risks and subsequent mitigation strategies. Annual meetings with each College will be organised by the Department and are likely to occur across June and August annually.

## Funding

Funds are available under the STP for the following activities:

Activity	Funding (GST exclusive)	Specifications
a) STP - salary support for trainees	\$105,000 per annum ( <i>note: indexed annually from 2022 – refer to Grant Agreement</i> )	To be paid pro rata, per full time equivalent (FTE). STP posts will be managed in line with this Framework.
b) Rural Support Loading (RSL)	\$25,000 per annum	To be paid per eligible rural post, pro-rata per FTE. RSL will be managed in accordance with the RSL Guidelines.
c) Private Infrastructure and Clinical Supervision (PICS)	\$30,000 per annum	To be paid per eligible private post, pro-rata per FTE. PICS will be managed in accordance with the PICS Guidelines.
d) Support Projects	\$100,000 base funding + \$1,210 per post per annum	Support Project(s) will be managed in accordance with the Support Project Guidelines.
e) Integrated Rural Training Pipeline	Funding of up to \$150,000 per annum ( <i>note: indexed annually from 2022 - refer to Grant Agreement</i> )	To be paid pro rata per FTE. These funds can be used for IRTP-STP salary support, RSL and PICS (if eligible). Colleges participating in the IRTP may retain up to 5% of these funds to assist in the administration of the IRTP posts subject to the agreement of the Department.
f) Tasmanian Project	Indexed annually ( <i>refer to Grant Agreement</i> )	To be paid pro rata per FTE.

## New Post Process (previously EOI) and Reserve List management

Each college will manage a Reserve List of suitable posts that will be used to meet targets set in STP grant agreements. Reserve Lists will be refreshed through a New Post process to be conducted yearly in accordance with the New Post Guidelines.

In selecting posts to activate from the Reserve List, Colleges will need to consider prioritisation of posts to achieve targets for rural and private posts, as well as consider workforce need for specialties (if appropriate).

## Management of Vacancies

If an STP post is vacant for a period longer than three months and unable to be filled by a trainee on a fellowship pathway, the setting has the ability to temporarily fill (up to 12 months) these positions with an advanced skills placement for a fully registered doctor.

Priority must be given to trainees on a fellowship pathway. This option can only be considered when all avenues have been exhausted to fill the position and the GP placement cannot be greater than twelve months or an ongoing option.

The setting is required to identify the unfilled positions with their relevant specialist medical college and seek approval of the College prior to recruitment.

GPs chosen to fill STP vacancies need to be undertaking or enrolled to undertake either a certificate, diploma or advanced diploma offered by that College.

## Key Performance Indicators – funding and filling to target

Key Performance Indicators (KPIs) for both funding and filling to College targets are an important mechanism through which Colleges can demonstrate successes and challenges under the STP, IRTP and/or Tasmanian Project. The overarching position of the Department is that Colleges both fund and fill to 100% of agreed targets, and all Colleges should work towards these overarching KPIs as the priority each academic year.

In recognition of College performance trend data to date and that there are elements to funding and filling training posts that are outside College control, specific funded and filled KPIs are being introduced for each College for the STP funding stream only to improve funded and filled rates from 2022.

Due to the smaller number of posts in both the IRTP and Tasmanian Project funding streams, Colleges are expected to fund and fill to 100% of agreed IRTP and Tasmanian Project targets annually.

Funded KPIs for STP posts relate to the overarching post target not the individual private and rural targets, and are the same across all Colleges, with the expectation that 100% of the allocated FTE for STP posts are funded annually. 'Funded' refers to the contract in place between Colleges and health settings in preparation of a trainee commencing.

Filled KPIs for STP posts also relate to the overarching post target (not the individual private and rural targets) and are a stretch target (percentage) based on a College's filled performance trend data in recent years (e.g. if filling to 90% of its target, a College could expect its filled KPI percentage to be 94% the following year, 98% the year after etc). 'Filled' refers to having a trainee in place at a funded health setting. Where a College is already filling to 100% of its STP post target, the KPI for filled will remain at 100% under all future funding years.

The Department acknowledges that some elements to funding and filling training posts are outside of a College's control. Colleges will be required to provide advice to the Department where funded and/or filled



KPIs have not been met, including sufficient rationale for why the College has been unable to meet its funded and/or filled KPIs through performance reports due in April and October annually.

Examples of circumstances beyond College control include:

- Maternity leave
- Extended sick/personal leave
- Recruitment was unsuccessful
- Post was filled and the trainee withdrew from training
- Post was filled and the trainee took another offer elsewhere
- Post was filled and the trainee was moved to another training post (workforce decision or health setting coordinating rotations/trainees)
- Accreditation was withdrawn, on hold and/or not confirmed (ie; new post that didn't succeed in gaining accreditation and it was too late to re-allocate to another reserve list post for the full year).

## Mid-Agreement Review Process

College review of STP Posts was first implemented during the 2018-2021 agreement period following recommendations made in the 2017 STP Review. This process will be mirrored during the Mid-Agreement Review Process (MA Review) that will be undertaken by Colleges and the Department from mid-2022 in accordance with the Mid-Agreement Review Guidelines.

The MA Review will help to ensure the STP is responsive to government medical workforce needs and continues to focus on supporting training in expanded settings.

The MA Review will:

- be used to inform funding and allocations in 2024 and 2025;
- be used to inform the approach to administration funding in 2024 and 2025; and
- enable the Department to implement a better approach to management of unspent funds stemming from unfilled posts.

Funding streams in scope for the MA Review are STP and IRTP. The Tasmanian Project will be exempt from the MA Review following its recent review process in 2019. The Department will consult with the Tasmanian Department of Health to determine program reform for the Tasmanian Project in parallel to the MA Review.

Any changes to post allocations and/or program reform for STP, IRTP and/or Tasmanian Project will be implemented from 2024 through a Notice of Change or Deed of Variation process.

The role for Colleges, State and Territory Government and the Department, including timing for undertaking the MA Review are detailed in the Mid-Agreement Review Guidelines.

## Access to the Medicare Benefits Schedule

Under the Medicare Benefits Schedule (MBS), eligible persons who elect to be treated privately may be entitled to receive a Medicare rebate for clinically relevant services performed by the practitioner. Bulk billing arrangements may also apply to these services. Practitioners should refer to the MBS for the full explanation of Medicare arrangements including eligibility requirements, entitlements, and the list of eligible services including rebate levels.

MBS Online: <http://www.mbsonline.gov.au>

Medicare Australia provider enquiry line - 132 150.

## Medical Indemnity

- (a) The Commonwealth does not prescribe the manner in which a specialist trainee should be covered for medical indemnity insurance while undertaking training in an expanded setting. However, it does require that the trainee be covered. Expanded settings and specialist trainees participating in the STP will need to satisfy themselves that the specialist trainee has adequate medical indemnity insurance when undertaking training in the expanded setting.
- (b) In some circumstances, the state or territory within which the training is occurring may extend public hospital medical indemnity insurance to the specialist trainee while in the expanded setting. Under other circumstances the expanded setting may need to take out separate medical indemnity insurance to cover STP trainees. The trainee themselves may need to, or choose to, take out their own medical indemnity insurance to cover themselves while training in the expanded setting.
- (c) It is recommended that settings and specialist trainees make enquiries with their relevant state or territory health department to ascertain the necessary arrangements relating to their individual circumstances.

## Long term leave arrangements for trainees

- (a) Employers of trainees who are participating in the STP must ensure that access to leave entitlements such as maternity leave and personal leave are maintained for the duration of the placement. Leave arrangements (including long service leave and maternity leave) are a matter for the employer, not the department.
- (b) STP salary support funds are not intended to fund extended periods of personal leave (including maternity leave). The intent is to provide support for the trainee during specialty training to train in expanded settings, including providing services to the local community.
- (c) College management of unfilled posts due to extended leave (including maternity leave) should take into consideration the length of time that the post will be unfilled and the training requirements of the trainee who will be accessing the leave. In some cases, it may be appropriate for the training post to be unfilled for a short period and then resume as a shared or part-time role.
- (d) As a guide, training posts that will be unfilled for greater than 6 months should have another trainee recruited to fill the vacancy or see Management of Vacancies section.
- (e) The salary contribution must flow to the employer of the trainee, as either a backfill arrangement or for the direct salary costs of the trainee if they are employed by the facility where they are undertaking their expanded training.

## Contact Details

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