



# Specialist Training Program

## Guidelines

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## 1. Introduction

Medical specialist training in Australia needs to match the way that health care is delivered to ensure that specialist trainees have the necessary skills and experience to operate as independent practitioners at the end of their training time. The changing patterns of disease and ill health, increasing complexity of treatment and advances in medical technology have altered the way services are delivered. More services are now provided outside major public teaching hospitals in private hospitals, day hospitals and other community based locations.

Expectations of service delivery also mean that services need to be accessible across Australia, including to people living in the outer metropolitan areas of capital cities, regional centres and rural and remote Australia.

The delivery of well-supervised, high quality specialist training opportunities is a partnership between the States and Territories, training organisations, including the Medical Specialist Colleges of Australia (the Colleges), the private sector and the Commonwealth. The Specialist Training Program (the Program) provides funding to support training experiences within this context to settings beyond traditional public teaching hospitals, where trainees can benefit from the skills and experience required to meet the professional standards of their discipline.

The Australian Government Department of Health and Ageing (the Department) will engage, through funding agreements, appropriate organisations (Participants), to be supported by an advisory body, to undertake these activities.

## 2. Program background

- 2.1 The Commonwealth has been supporting the provision of specialist training arrangements in rural and outer metropolitan areas since 1997. The Commonwealth has also funded States and Territories to facilitate additional training time for overseas trained specialists who required between 12-24 months of upskilling in order to meet Fellowship requirements.
- 2.2 This early work was complemented and significantly expanded through a 2006 Council of Australian Governments decision to fund training places in settings other than public teaching hospitals. This initiative became known as the Expanded Specialist Training Program (ESTP). At the same time funding was provided through the COAG National Action Plan on Mental Health (2006-2011) to fund psychiatry training, delivered through the Psychiatry Training Outside Teaching Hospitals (PTOTH) program. Further COAG investment was agreed to in 2008 through the Hospital and Health Workforce Reform - Health Workforce package.
- 2.3 Under the 2009-2010 Budget Health and Ageing Measure Workforce program these specialist training programs were brought together into a broad program.
- 2.4 In addition to this, the 2009 Federal Budget – Improving the Quality of Services and Addressing Workforce Shortages – Supporting best practice and workforce in pathology and diagnostic imaging – continuation of pathology quality initiatives provides additional support for pathologists and radiologists. This initiative continues funding for training specialists which was previously supplied under the Pathology Memorandum of Understanding, and will be implemented under the Specialist Training Program.
- 2.5 Initiatives covered by these guidelines include:
  - (a) the Expanded Specialist Training Program (ESTP);
  - (b) the Outer Metropolitan Specialist Trainee Program (OMSTP);
  - (c) Advanced Specialist Training Posts in Rural Areas (ASTPRA);
  - (d) the Pathology Memorandum of Understanding (Path MoU);
  - (e) the Overseas Trained Specialist Upskilling Program;
  - (f) Psychiatry Training Outside Teaching Hospitals (PTOTH); and
  - (g) Supporting best practice and workforce in pathology and diagnostic imaging.
- 2.6 These guidelines are consistent with Key Strategic Direction 3 of the May 2009 Portfolio Budget Statements, which states that these programs are to:
  - (a) focus on improving the number of trainees and the quality of training in the Australian medical workforce;
  - (b) continue to work with the Colleges, healthcare facilities, states and territories to increase the number and range of training places in expanded settings across all medical specialist disciplines; and
  - (c) cut red tape by streamlining training programs, including for medical specialists in rural and remote Australia.

## 3. Aims and objectives

- 3.1 The aims and objectives of the Program are to:
  - (a) increase the capacity of the health care sector to provide high quality, appropriate training opportunities to facilitate the required educational experiences for specialists in training;
  - (b) supplement the available specialist workforce in outer metropolitan, rural and remote locations; and

- (c) develop specialist training arrangements beyond traditional teaching hospitals:
  - (i) with rotations to accredited training posts in health care settings that include private hospitals; specialists' rooms; clinics and day surgeries; Aboriginal Community Controlled Health Service (ACCHS); publicly funded health care facilities which can provide training opportunities not available in major public teaching hospitals (such as regional, rural and community health settings); and non-clinical settings (such as simulated learning environments);
  - (ii) with training in these settings fully integrated with and complementing training occurring at the major public teaching hospitals; and
  - (iii) provided for Australian specialist trainees (including overseas trained doctors (OTDs) and specialist international medical graduates (SIMGs) in pursuit of Fellowship of the relevant College) within the boundaries of Australia.

3.2 The aims and objectives of the Program must be achieved without an associated loss to the capacity of the public health care system to deliver services.

## 4. Program design

- 4.1 The Program is designed to provide opportunities for medical specialist trainees to rotate through an expanded range of settings beyond traditional public teaching hospitals, in pursuit of becoming a Specialist, recognised by a College.
- 4.2 The Program is designed to be a collaborative approach to specialist training, with engagement and participation of all the major stakeholders, including the Colleges, State and Territory health departments, public health services, the private hospital sector and the specialist trainees (registrars), through their representative bodies.
- 4.3 Through this Program the Commonwealth is seeking to establish and support a variety of training posts which form part of an integrated program of learning for specialist trainees pursuing a fellowship program. Available training posts can be full-time or part-time with multiple trainees rotating through a single training post. The exact nature of the training post will be determined by its value to overall training in pursuit of becoming a specialist.
- 4.4 The Commonwealth is seeking to fund external organisations for the management of these training posts. External organisations eligible for these arrangements include (in order of preference):
  - (a) the Colleges in their discipline areas;
  - (b) States and Territories and/or public health services;
  - (c) private settings;
  - (d) facilities directly for individual posts; and
  - (e) other relevant medical education providers.
- 4.5 In addition to establishing specialist training posts/positions in a broad range of settings, the Program will provide funds for a range of support activities, including:
  - (a) developing system wide education and infrastructure support projects to enhance training opportunities for eligible trainees, with a particular focus on supporting training posts and positions in regional and rural areas, and private settings; and
  - (b) developing support projects aimed at SIMGs to assist these doctors gain Fellowship in a timely and efficient manner.

## 5. Stakeholder roles

- 5.1 **Program Advisory Body** - The Department will take advice on program design and implementation issues in direct consultation with key stakeholders and through a representative advisory body, the Enhanced Medical Education Advisory Committee (EMEAC). EMEAC was established in 2007 to

guide the implementation of ESTP and is well suited to continue this complex work for all specialist training arrangements. Details of members of EMEAC are at Appendix 1.

- 5.2 **Medical Specialist Colleges** are key partners in the delivery of high quality specialist training due to their role in setting professional standards, accreditation and the coordination and support for education and training of future College Fellows. The Colleges also play a vital role in providing national oversight and consistency to medical specialist training. Under this program:
- (a) all training opportunities offered need to meet the standards set by the relevant College and be considered by the College to deliver educational value. This will be achieved through only funding accredited training posts and through seeking advice from the Colleges on all posts to be delivered under the program; and
  - (b) Colleges directly engaged under this Program will be required to establish training arrangements for trainees which better link training to areas not available in major public hospitals.
- 5.3 **State and Territory Governments** and public health services are also key partners in the delivery of specialist training arrangements. They are the providers of the majority of funded training places and specialists in training are employees of the state health system. Under this program:
- (a) Jurisdictional Health Departments (or the equivalent level of management in their health sector) will be asked to provide advice on the merits of individual applications seeking to provide a training post/position, from the perspective of the availability of registrars to fill the posts/position identified. This information may come from the primary employer (public health service) with the agreement of the CEO or equivalent; and
  - (b) Jurisdictions/public health services directly engaged to manage training arrangements under the Program will be funded as a contribution to salary to enable registrars to rotate to external training settings.
- 5.4 **Private health care organisations/private health care settings** are critical to achieving an expansion of training opportunities across Australia. To achieve this objective the private sector needs to be engaged in the establishment of posts and in collaborations with the public sector to facilitate the transfer of registrars for the purposes of training.
- (a) Private settings involved in the management of training arrangements would be provided with funds for training positions/posts to facilitate access to specialists in training from the public sector. Where the registrar undertaking training remains in the employ of a public teaching hospital, it is envisaged that these funds will 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. Such arrangements will also facilitate maintenance of the trainee's entitlements, such as medical indemnity, workers compensation, superannuation, long service leave, etc.
  - (b) Large and extensive hospitals/networks of hospitals which provide the full range of health care services may be provided with funds to develop internal networks for training, on the understanding that these training positions/posts must integrate with training occurring in the public system.
- 5.5 **Aboriginal Community Controlled Health Services (ACCHSs)** directly engaged to participate in the Program may be provided with funds for training positions/posts. In these instances, the ACCHS will be required to ensure that the trainee is on the relevant medical specialist training program and must agree to provide the training and supervision as per the requirements of the post/position. The ACCHS will forward any Commonwealth funds received to the employer of the trainee to enable that employer to 'backfill' the position, and ensure that the trainee has appropriate medical indemnity cover for the duration of their time spent at the ACCHS.
- 5.6 **Specialist trainees** are the end beneficiaries of the program and therefore are critical to its design and implementation arrangements. Trainees participating in the program need to understand any administrative requirements specific to their particular post/position and work collaboratively with the training settings, including contributing to surveys or requests for feedback by the Specialist Training Program managers. Trainees will also be required to adhere to the Medicare arrangements specific to this Program.

**5.7 The Department of Health and Ageing's role is as follows:**

- (a) The Department will work in partnership with all stakeholders to improve health workforce capability and supply, in particular in relation to issues of social inclusion and Indigenous disadvantage.
- (b) The Department will facilitate the development of appropriate training for specialists in a nationally consistent manner, cognisant of specialty and jurisdictional variation, to address future training needs and enable expansion to new settings including primary, community and mental health, aged care and the private sector.
- (c) The Department will provide information to the public in relation to the Specialist Training Program and assist with the coordination of applications for funding.
- (d) The Department will develop evaluation and review processes in order to enhance the efficiency and effectiveness in training the specialist workforce.
- (e) The Department's Secretariat for EMEAC will continue its role in facilitating the provision of this stakeholder forum for discussion and dissemination of the outcomes from the Committee to the Department in relation to specialty and geographic priority areas, models for training and other aspects regarding the implementation of the Program.

## **6. Program activities for 2010**

**6.1** All specialist training posts across the programs noted at paragraph 2.5, and currently supported by Commonwealth contributions, will continue to be supported throughout the 2010 academic year. Each one of these posts represents a training post in a setting beyond major public teaching hospitals, and each post is a valuable asset in a nationwide network of expanded training settings.

**6.2** The Commonwealth will be seeking proposals from the Colleges and other eligible Participants in relation to:

- (a) Management of training posts for the 2011 academic year
  - (i) Funding and monitoring a set of identified training posts located in a range of settings beyond traditional teaching hospitals for the 2011 academic year (Note: these posts will be determined through an open Application Round, see 10.5);
  - (ii) ensuring the rotation of trainees through these posts is not detrimental to the capacity of the public health care system to deliver services;
  - (iii) negotiating the rotation of suitable trainees through this network;
  - (iv) providing a salary contribution for trainees rotating through these posts, with this contribution flowing to the employer of the trainee occupying the posts at a rate of up to \$100,000 (GST exclusive) pro rata per FTE; and
  - (v) establishing contract and financial management processes in order to:
    - reduce the complexity of the contract management system;
    - ensure funding for trainee salaries is directed most appropriately, i.e. ensure that the employer of the trainee is recompensed for the time that the trainee spends in the expanded setting; and
    - ensure trainee entitlements are maintained, such as medical indemnity, superannuation, workers compensation etc.
- (b) Developing networks for training
  - (i) Integrating the training posts into the relevant College's training requirements;
  - (ii) integrating the training occurring beyond the traditional teaching hospital with training provided by the local state/territory health service providers;
  - (iii) evaluating the health service delivery requirements of regions around Australia to identify other suitable training posts to add to the overall network, with these posts to be located in settings beyond traditional teaching hospitals; and

- (iv) developing systems which ensure that:
  - providers of training posts included in the network are equipped with information necessary for the sustainability of the posts;
  - a method for thorough and ongoing evaluation of all posts within the network is implemented;
  - specialist trainees may take up any training position in pursuit of Fellowship of a relevant College; and
  - where cross College training occurs it is with the agreement of both relevant Colleges.
- (c) Developing support projects to enhance training networks
  - (i) Governance arrangements which provide strategic oversight and responsibility for generating, prioritising and determining specific support project activities, including:
    - developing and delivering strategic support programs to ensure success and sustainability of the expanded training posts for trainees; and
    - support projects aimed at SIMGs to assist these doctors gain Fellowship in a timely and efficient manner.
  - (ii) Support projects may not include:
    - direct payments to supervisors or trainees within a training network; or
    - expenses associated with the direct accreditation of specific training sites.
- (d) Developing networks within large private hospitals
  - (i) facilitate and coordinate specialist training in expanded settings that have multiple registrar positions under the Program;
  - (ii) oversee trainees and their rotations in approved training positions and ensure that trainees receive the appropriate education and support required to successfully undertake training in the private sector;
  - (iii) develop a centralised process for the management of specialist training positions in larger private settings to assist settings in maximising their effect;
  - (iv) develop means to ensure the training in the private setting/s integrates into the public training programs; and
  - (v) ensure funding does not cover or replace existing arrangements for specialist trainee coordination positions, such as currently exist within the public sector.

6.3 There are currently over 340 training places funded under previous programs, at various levels of FTE. All these places will be automatically eligible for funding in 2010 unless there are accreditation issues or a registrar is not available for the training post.

6.4 Where additional funding becomes available within the 2010 academic year, training posts/positions held on the Reserve List for ESTP and OMSTP will be considered. This funding may become available due to existing posts being unable to either a) attract a registrar, or b) maintain accreditation status.

## 7. Program activities for 2011

7.1 Successful activities undertaken in 2010 which further the aims of the Program will continue to be supported in 2011 and beyond, dependent on the deliberations of EMEAC and other internal Departmental review mechanisms, and the financial capacity of the Program to continue such support.

7.2 The Commonwealth will be calling for applications for new training posts to be established from 2011. This application round will be advertised by the end of November 2009 and include:

- (a) an overview of the current program and the established range of settings for 2010;

- (b) indication of priority areas for expansion, as guided by the work of EMEAC;
- (c) details on how the application round will be coordinated; and
- (d) an application form for facilities to complete.

## 8. Funding

### 8.1 Under the Program, funds are available for:

- (a) training posts in eligible settings, with funding to include a salary contribution for trainees (including SIMGs) rotating through these posts and this contribution flowing to the employer of the trainee occupying the posts at a rate of up to \$100,000 (GST exclusive) pro rata per FTE;
- (b) developing networks for training;
- (c) developing system wide education and infrastructure support projects to enhance training networks, with a particular focus on expanding private sector settings and rural and regional training arrangements. This includes the abilities of funds managers to supplement the \$100,000 placement cost where this is deemed to be needed. For example, in places that are located in rural and regional settings, additional costs incurred by the trainee may warrant up to \$20,000 in supplementary funding to support that post. This will be at the discretion of the funds manager, where supplementary funding applications will be considered on a case by case basis and will need to satisfy criteria such as:
  - (i) distance and remoteness of the setting;
  - (ii) access constraints to infrastructure technology (eg videoconferencing facilities);
  - (iii) ensure provision of sustainable facilities; and
  - (iv) provide value for money; and
- (d) developing support projects aimed at SIMGs to assist these doctors to gain Fellowship in a timely and efficient manner.

### 8.2 The distribution of funds among specialties and geographic areas will be guided by EMEAC, and draw from the Department of Health and Ageing Outcomes, as listed below.

- (a) Under Outcome 12 (Health Workforce Capacity), funds are available from:
  - (i) 2009/10 Budget measure: Workforce program – realising efficiency savings from consolidation;
  - (ii) 2009/10 Budget measure: MBS - diagnostic and pathology services - improving the quality of services and addressing workforce shortages;
  - (iii) COAG decision of November 2008: Hospital and Health Workforce Reform - Health Workforce package which increased specialist training by 73 places in 2011-12 and 2012-13; and
  - (iv) The total of these funds available across the forward estimates is as follows:
 

• 2009/10	\$36,125,000
• 2010/11	\$39,086,000
• 2011/12	\$43,844,000
• 2012/13	\$52,692,000
- (b) Under Outcome 11 funds continue to be available from the 2006-07 Federal Budget's National Mental Health Action Plan for psychiatry training posts. These funds are available across the forward estimates as follows:
 

• 2009/10	\$ 4,331,000
• 2010/11	\$ 5,024,000
• 2011/12	\$ 5,099,000
• 2012/13	\$ 5,175,000

### **8.3 RELATIONSHIP/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 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.

- (a) To be eligible to provide medical services which will attract Medicare Benefits, practitioners (specialist trainees) must be in an approved placement under section 3GA of the Health Insurance Act 1973, this includes services which are provided for or on behalf of another practitioner and can include:
  - (i) procedural items, as appropriate;
  - (ii) consultation items under Group A2;
  - (iii) access to A25 Items for specialist trainees providing health care services to patients from outer-metropolitan areas;
- (b) Approved programs under section 3GA of the *Health Insurance Act 1973* include the Australian Medical Specialist Colleges.

## **9. Eligibility**

**9.1** The following organisations are eligible to apply for funding in accordance with the aims and objectives of the Program, and their relevant roles and responsibilities:

- (a) Medical education providers, including Specialist Medical Colleges eligible under the Program;
- (b) State and Territory Health Departments, area health services;
- (c) Private health care organisations/private health care settings; and
- (d) ACCHSs.

**9.2** What is eligible for funding under the Program?

- (a) Training posts/positions, including posts/positions suitable for upskilling of SIMGs:
  - (i) must be accredited for training purposes by the relevant College; and
  - (ii) must deliver a training experience that contributes towards fellowship training of one of the Colleges.
- (b) Development of systems to enable trainees to rotate through a broad range of settings beyond public teaching hospitals.
- (c) Support projects designed to enhance training networks.
- (d) Support projects designed to help SIMGs reach the standards required of College Fellowship.

**9.3** What is not eligible for funding under the Program?

- (a) Post-fellowship training.
- (b) General Practice training.
- (c) Direct costs associated with accreditation of training posts/positions.
- (d) Direct costs associated with supervision of trainees in posts/positions.

- (e) Training posts funded under the Program may not be occupied by overseas trainees employed by hospitals in other countries seeking a rotation through expanded settings within Australia.
- (f) 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 Program.

## 10. Applying for Funding under the Specialist Training Program

10.1 Decisions on funding for the Specialist Training Program will be made through consideration of:

- (a) Funding Proposals from eligible stakeholders, focused on systemic support; and
- (b) an Application Round to fund individual training posts for 2011 and beyond.

10.2 **FUNDING PROPOSALS TO PROVIDE SYSTEM WIDE SUPPORT:** Eligible organisations interested in providing Program activities throughout the 2010 academic year and beyond, such as developing networks for training, education and support projects, managing funds for training posts, assisting with an Application Round to identify continued suitability of training posts/positions and new posts/positions for funding etc, may apply for funding for these activities by submitting a Funding Proposal to the Department. An unsolicited Funding Proposal may be submitted at any time. Each Funding Proposal must address the aims, objectives and outcomes required of the Program as per these Guidelines. Health care facilities seeking funding for individual training posts for the 2011 academic year should refer to paragraph 10.6.

10.3 An invitation to submit a Proposal to provide systemic support for the Program may be sent by the Department to an eligible stakeholder at any time during the year. Where the Department has invited an eligible stakeholder to submit a Proposal, two hard copies and a soft copy of the Proposal must be sent to the Department within 28 days of receiving the invitation.

10.4 To foster the development of national oversight of training for each of the specialties, the Colleges will be the first stakeholder group to be invited to submit Proposals, with other stakeholders invited to participate where it is determined there is a need and capacity for further training support to be established.

10.5 **APPLICATION ROUND FOR TRAINING POSTS:** For the 2010 academic year, all specialist training posts across the programs noted at paragraph 2.5, and currently supported by Commonwealth contributions, will continue to be supported.

10.6 An Application Round for individual training posts for 2011 and beyond (up to three years) will commence in November 2009, with Applications due to be submitted by March 2010. Final details regarding the Application and the Application Round were agreed to by EMEAC at its 21 October 2009 meeting and will be made available through the Department's Specialist Training Program website. Documentary evidence to be submitted with each Application for funding for a training post will be required in relation to:

- (a) accreditation status of training posts/positions by the relevant College;
- (b) agreement by the relevant jurisdiction/area health service to release a suitable training registrar to fill the post;
- (c) agreement by the relevant health care setting to abide by the requirements of the Program when participating in the Program; and
- (d) other documents may be called for in the assessment of an application for funding as required, for example insurance policies and evidence of medical indemnity arrangements for trainee cover etc.

## 11. The approval and evaluation process

- 11.1** The distribution of funds for training posts, among specialties and geographic areas, will be guided by EMEAC, with the Department making the final decision.
- 11.2** The distribution of funds for support activities will be in direct relation to the funds allocated per specialty and geographic location for the training posts. For any given specialty the breakdown will be approximately 80% funds as a contribution to trainee salaries and 20% for all other support activities.
- 11.3** Distribution of funds for the purposes of the Program will be done through direct engagement with:
- (a) Medical education providers, including Medical Specialist Colleges;
  - (b) Jurisdictions/public health services;
  - (c) Private health care organisations/private health care settings; and
  - (d) ACCHSs.
- 11.4** Unsolicited Proposals for funding will be evaluated on a case-by-case basis in regard to each Proposal's capacity to meet the overall aims, objectives and outcomes of the Program, and its method of approach to the required Program activities.
- 11.5** Proposals which seek funding for support activities from 2010 onwards will be assessed on the range of potential projects to be undertaken, the rationale for potential projects to contribute to training in the expanded settings, and the governance arrangements within the organisation to determine the allocation of support funds to particular projects.
- 11.6** Proposals which seek funding for support projects from 2010 onwards aimed at SIMGs, to assist these doctors gain Fellowship in a timely and efficient manner, will be required to indicate the number of SIMGs who require such assistance throughout a calendar year, their location, type of support required and likely success rates for achieving Fellowship within an academic year.
- 11.7** Applications for support for individual training posts for 2011 and beyond (up to three years) will need to be submitted on the appropriate Application Form, with the required documentary evidence (see paragraph 10.6). Each application will be assessed in relation to eligibility criteria and its capacity to:
- (a) provide trainees with appropriate exposure to practices commonly undertaken outside major public teaching hospitals and/or which cannot be optimally provided to trainees in major public teaching hospitals;
  - (b) provide trainees with the opportunity to undertake assessment activities in accordance with the relevant College's training program (where appropriate);
  - (c) enhance a trainee or SIMG's progression to Fellowship as a consequence of undertaking training in the position;
  - (d) demonstrate, if required, that the funding contribution provided by the Commonwealth flows to the employer of the registrar; and
  - (e) ensure all registrar entitlements, including superannuation, accumulated leave, workers compensation etc, are maintained throughout the duration of the rotation, and that the registrar is adequately covered for medical indemnity.
- 11.8** State and Territory jurisdictions will be requested to agree in writing to the rotation of specialist trainees under their employ rotating out to the designated training posts.
- 11.9** All final negotiations for funding will be dependent on all stakeholders agreeing to fulfill their respective parts:
- (a) the Colleges must ensure that the training posts/positions are accredited;
  - (b) the public hospitals employing the registrar to rotate to the post/position must agree to release the registrar for the purposes of taking up the training opportunity, whilst maintaining the trainee's entitlements;

- (c) the training setting must agree to provide the training and supervision as per the requirements of the post/position, and furthermore to forward sufficient Commonwealth funds received to the employer of the trainee, to enable that employer to 'backfill' the position;
- (d) the trainee must agree to forward any Medicare billings available through services provided while at the post/position to the setting providing the training, to offset costs involved in training.

#### **11.10 Medical Indemnity – a prerequisite to funding**

- (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 is covered. Expanded settings and specialist trainees in the Program will need to satisfy themselves that the specialist trainee is covered in relation to 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 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 their individual circumstances.

#### **11.11 Timeframes for approvals**

- (a) Organisations submitting Proposals for system wide support funding will be notified of the Department's decision to accept or reject the Proposal within 28 days of receipt of the Proposal. Following this notification, successful organisations will be engaged after normal departmental contracting procedures have been completed.
- (b) Applicants for funding for individual training posts/positions will be notified, in writing by the Department, by the end of May 2010 if the training post/position was successful in securing funding. Following this notification, a determination will be made in relation to the management and flow of funds to the successful training post/position, with the appropriate organisation being engaged after normal departmental contracting procedures have been completed.

#### **11.12 Complaints regarding unsuccessful Applications**

Organisations which have been unsuccessful in securing funds for a training post/position through the Application Round, may seek from the Department a reasoning behind the decision. Although the Department has the final decision in relation to funding under the Specialist Training Program, that decision will have been made on a complex range of considerations, including the endorsement of a post/position by both the jurisdictional health service and the relevant College, as well as priorities set by EMEAC and the level of funds available. At all times the Department will endeavour to provide unsuccessful applicants with an account of the reasoning from all stakeholders which led to the decision to refuse funding.

## **12. Payment procedures**

- 12.1** Standard Terms and Conditions of the Department of Health and Ageing's Funding Agreement will apply to all Agreements.
- 12.2** Scheduled payments can only be made on receipt of satisfactory Progress Reports.
- 12.3** Payment for the establishment of infrastructure to support the development of networks and training programs may be made at the start of an agreement, e.g. on receipt of an initial progress report.

**12.4** Payment for the component of a funding agreement that relates to a contribution to salary will be made as close to the start of the training semester as possible, e.g. posts filled for training between January – February will receive funding no later than January, posts filled for training between July and December will receive funding no later than July, dependent on receipt of satisfactory Progress Reports.

Release of funds for the contribution to salary will be dependent on:

- (a) there being an eligible trainee/s to fill the post; and
- (b) the level of FTE expected of the trainee/s.

**12.5** Funds will only be released in line with Project requirements.

**12.6** Funds unused and identified through audit processes at the end of an Agreement must be returned to the Government.

**12.7** No other specific payment procedures apply.

## **13. Performance and reporting procedures**

### **13.1 Key Performance Indicators**

- (a) Training posts identified under each Agreement being filled by an eligible registrar/s, for the duration of the term specified.
- (b) Appropriate flow of funds identified as a contribution to salary, to the employer of the registrar.
- (c) Improved quality of specialist training with trainees gaining appropriate skills not otherwise available through traditional settings.
- (d) The number of SIMGs supported and attaining College Fellowship.
- (e) Demonstration that the specialist training initiatives developed through resources supplied as part of the Agreement complement initiatives currently provided within the States and Territories.
- (f) Processes established which enable effective and efficient administration of specialist training posts.

### **13.2 Reporting Requirements**

- (a) Each Project will be conducted as a partnership project of a developmental nature with both the Department, through the Specialist Training Program Section, and the Participant committed to open disclosure, regular communication and shared learning over the life of each project.
- (b) In addition to this collaborative approach, the Department will require regular progress reports in accordance with normal funding requirements.
- (c) Information in relation to training posts, including the location, specialty, accreditation status, level of training and registrar occupancy (excluding personal details) must at all times be made available on request to the Department, relevant State and Territory health departments and the relevant College/s.

## **14. Outcomes**

### **14.1 Expected outcomes for the Program include:**

- (a) specialist trainees rotating through an integrated range of settings beyond traditional teaching hospitals, including a range of public settings (including regional, rural and ambulatory settings), the private sector (hospitals and practices), community settings and non-clinical environments;
- (b) increased number of specialists;
- (c) better distribution of specialist services;

- (d) increased capacity within the sector to train specialists;
- (e) improved quality of specialist training with trainees gaining appropriate skills not otherwise available through traditional settings;
- (f) improved access to appropriate training for overseas trained specialists seeking Fellowship with a College;
- (g) increased flexibility within the specialist workforce;
- (h) specialist training initiatives that complement those currently provided within the States and Territories; and
- (i) processes established which enable effective and efficient administration of specialist training posts, with reduced complexity for both stakeholders and the department.

**14.2** These outcomes must be achieved without an associated loss to the capacity of the public health care system to deliver services.

**14.3** Outcomes will be monitored through progress reports on posts provided to the Department by the Participants. Evaluation of particular aspects of the program may take place from time to time.

## 15. Contact Details

For more information please contact:

Specialist Program Section  
Medical Education and Training Branch  
Health Workforce Division  
Australian Government Department of Health and Ageing

[specialist.training@health.gov.au](mailto:specialist.training@health.gov.au)

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Mail enquiries/submissions:

Specialist Training Program  
MDP 145  
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CANBERRA ACT 2601

## 16. Definitions and acronyms

**ACCHS** – Aboriginal Community Controlled Health Service (sometimes referred to as AMS, Aboriginal Medical Service).

**Advisory body** – a group known as the Enhanced Medical Education Advisory Committee (EMEAC), consisting of representatives from key stakeholder groups and the Australian Government Department of Health and Ageing.

**Application** – an application form provided by the Department for facilities to submit for funding for one position/post.

**Colleges** – the Medical Specialist Colleges of Australia accredited by the Australian Medical Council to provide training to medical specialists. For the purposes of the Program, the eligible Colleges are:

- Australasian College for Emergency Medicine (ACEM);
- Australasian College of Dermatologists (ACD);
- Australian and New Zealand College of Anaesthetists (ANZCA);
- College of Intensive Care Medicine of Australia and New Zealand (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 Obstetricians and Gynaecologists (RANZCOG);
- Royal Australian and New Zealand College of Ophthalmologists (RANZCO);
- 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).

**Department** – the Australian Government Department of Health and Ageing.

**EMEAC** – the Enhanced Medical Education Advisory Committee, consisting of representatives from key stakeholder groups and the Department.

**Fellowship** – recognition by a medical specialist college that a registered doctor has attained the competency required to practise as a specialist in their field of expertise.

**Networked specialist training arrangements** – a series of accredited training sites through which specialist trainees may rotate in the pursuit of Fellowship of the college.

**OTDs** – overseas trained doctors whose primary medical qualifications were not obtained from a medical school located in Australia.

**Participants** – organisations engaged by the Department, through funding agreements, to meet the educational and training needs of medical specialists in training.

**Program** – the Specialist Training Program.

**Proposal** – a comprehensive submission from an eligible stakeholder for funding of multiple posts, network development and/or development of support projects.

**SIMG** – Specialist International Medical Graduates whose medical specialist qualifications were obtained from overseas and who have yet to have these qualifications endorsed as comparable to Australian standards by the relevant medical specialist college.

## Appendix 1 - Enhanced Medical Education Advisory Committee (EMEAC)

### Members

Australian Association of Pathology Practices Inc.

Australian Day Hospital Association

Australian Day Surgery Council

Australian Diagnostic Imaging Association

Australian Medical Association

Australian Medical Association - Doctors In Training

Australian Medical Students Association

Australian Private Hospitals Association

Australian Society for Simulation in Healthcare

Catholic Health Australia

Consumers Health Forum of Australia

Jurisdictional Health Departments, including:

- Department of Health (SA)
- Department of Health (WA)
- Queensland Health
- Department of Health (VIC)
- Department of Health and Families (NT)
- Department of Health (NSW)

Medical Deans Australia and New Zealand

Medical Specialist Colleges, including:

- Australian and New Zealand College of Anaesthetists (ANZCA)
- Australasian College of Dermatologists (ACD)
- Australasian College for Emergency Medicine (ACEM)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
- Royal College of Pathologists Australia (RCPA)
- Royal Australasian College of Physicians (RACP)
- Royal Australasian College of General Practitioners (RACGP)
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Royal Australian and New Zealand College of Radiologists (RANZCR)
- Royal Australasian College of Surgeons (RACS)

Rural Doctors Association of Australia