

Introduction

The Specialist Training Program (STP) seeks to extend vocational training for specialist registrars into settings outside traditional metropolitan teaching hospitals, including regional, rural, remote and private facilities.

The Private Infrastructure Clinical Supervision (PICS) allowance recognises the cost of delivering training in the private sector with funding designed to contribute to meeting these costs. Funds are provided to the training settings to assist in the provision of a high-quality training environment for both trainees and supervisors.

Objectives

The objectives of the Allowance are to:

- increase capacity in the private sector to participate in the Commonwealth's STP;
- increase support for clinical supervision for all private sector STP training posts;
- improve the infrastructure for training in private sector STP training posts;
- deliver better-trained specialists with an education that matches the nature of demand and reflects the way health services are delivered.

PICS Administration

Until December 2017, the PICS allowance for all STP posts was managed through the Royal Australasian College of Medical Administrators (RACMA). From 2018 this responsibility has been decentralised amongst the Medical Colleges which administer the STP posts in each specialty. Each College is expected to:

- incorporate arrangements for the distribution of PICS into the STP funding agreements entered into with each eligible training setting; and
- report to the Department every six months on
 - the distribution of PICS funding through the STP six monthly reports and advise whether
 - the level of achievement of the objectives set out above.

Eligibility

Posts funded under the STP in a private healthcare setting are eligible to receive the PICS allowance.

The definition of “private setting” relates to the facility and its ownership. A “private setting” is not a publicly owned facility treating private patients.

Funding

The PICS allowance is up to \$30,000 (GST exclusive) per STP registrar in an eligible post FTE per annum, pro rata. The training setting may use the allowance flexibly for either infrastructure or supervision costs but **must** ensure that it provides appropriate supervision of their STP trainees in accordance with the accreditation standards set by the RACP.

Note: PICS funding allocations in 2018 – 2020 have been set by the Department of Health. No additional funding is available.

Funding is conditional on FTE working and training in the private setting. If a post is not filled to the full FTE originally approved under the STP, only a pro-rata amount of the PICS allowance will be distributed.

The funding agreements between the settings and the RACP provide for the recovery of funds in the event that full payment has been made where the post was not filled to the FTE level originally approved to within 0.1FTE.

Infrastructure allowance

The infrastructure allowance is attached to the training site, and to specific STP training posts, not to trainees or supervisors.

Where an eligible training setting has more than one STP training position, the infrastructure allowance may be aggregated and used across the facility for the benefit of the whole training cohort.

For training networks, the allowance may be shared proportionally across each training site. For example, a private healthcare facility may provide training in the specialties of cardiology, paediatrics and geriatric medicine. Funding may be provided based on the total FTE supported at the facility under STP and used to provide training resources for the benefit of all registrars at that site.

The allowance may **not** be diverted to support settings where there are no STP training positions, for example where a provider operates multiple hospitals.

Clinical supervision

The clinical supervision allowance is intended to support the delivery of education and training and does not represent a direct financial benefit to the supporting hospital provider, and will be linked to a specific STP training position. Training settings must be able to demonstrate that clinical supervision funding is allocated towards maintaining and/or enhancing the delivery of appropriate supervision to STP trainees undertaking placements.

The supervision allowance may be aggregated within training settings and across training networks in the same way as the infrastructure allowance. This includes aggregating funding where settings and networks support multiple STP trainees.

Eligible supervision activities include:

- Administrative support

Support for activities which promote and maintain good work standards, coordinate practices and policies which lead to an efficient and smooth running training experience for STP participants;

- Educational support

Activities which help coordinate the educational development of trainees to ensure delivery of a training experience that contributes towards fellowship training of the RACP;

- Trainee employment support

Effective support projects to ensure the trainee's entitlements are met;

- Networked supervision support

Development of networks of training which facilitate seamless transition between training sites that ensures that trainees receive high quality, appropriate training that coordinates supervision across the network; and

- Supervisor development training support

Training programs aimed at enhancing supervisors' leadership and management skills.

Reporting requirements

All sites which are eligible to receive the PICS allowance are required to submit

- an estimate of infrastructure and clinical supervision expenditure at the start of the year, detailing their anticipated expenditure on eligible items;
 - The RACP will review the estimates to determine if the proposed expenses are likely to be funded. Additional information and clarification may be requested.
 - Investment in facilities through the infrastructure allowance must not be to the detriment of the delivery of direct education and training support to STP registrars. The clinical supervision allowance should not be reduced in order to deliver infrastructure if this is going to have a negative impact on resources for direct supervision.
 - Should the RACP have concerns in this regard, the RACP may direct the training setting to reduce its expenditure on the infrastructure allowance. The RACP may, but is not required to, consult with the Department of Health before finalising its position.
 - Once satisfied with the proposed infrastructure projects, the RACP will approve that the projects commence.
- an Annual PICS Report in November detailing actual expenditure to the date of the report, and any eligible expenses anticipated before the end of the second semester.
 - If the training site has delivered or indicates that it is proposing to deliver, substantially different private infrastructure projects than was agreed, the RACP will consult with the Department, and may reject part or all of the expenses claimed.

Payment

The PICS allowance will be paid to sites in two instalments.

- The first will be paid once the first-semester progress report has confirmed that a trainee was in fact in the post during the semester, and the progress report has been otherwise approved.
- The second will be processed at the end of the year after sites submit an Annual Report through the web portal.

The RACP requires that sites provide documentary evidence to support the amounts in their Annual PICS Allowance Report. Evidence may include tax invoices, receipts, or other documentation which would satisfy a financial audit. The bases of any estimates of amounts yet to be paid should be clearly set out. Additional information and clarification may be requested.

Definitions

Infrastructure

Resources which provide for, or enhance, the training experience delivered by the STP training position, including:

- 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;
- videoconferencing facilities;
- investments in online educational training software;
- overhead infrastructure in general, i.e. office asset equipment purchases such as computers; phones; desks; IT equipment and associated facilities that will be used by trainees and their supervisors.

Resources which may be required for the activity of clinical training which are excluded, i.e., **not eligible**, for funding support, are:

- the use of infrastructure funding to contribute to operating expenses such as salaries, training courses or ongoing building maintenance costs;
- the purchase of office consumables and other recurrent items such as stationery and printer cartridges, recurrent telephone line and rental costs, including phone call costs,
- uniforms and cleaning products;
- major capital works projects involving the construction of new facilities, including as a funding contribution towards the total cost of larger capital projects, or as a funding contribution towards the purchase of substantial medical equipment used in service delivery rather than specifically for training;
- hospital consumables used in the treatment of patients;
- recreational equipment; and
- operational expenditure for initial training post setup, including any costs associated with the process of gaining accreditation for training.

Clinical supervision

Direct or first- hand observation of teaching and involves face to face and other associated interactions between the trainee and the clinical supervisor. Generally, clinical supervision will be provided by a senior practitioner (i.e. a college fellow). The role of the clinical supervisor is to ensure that trainees achieve the established goals or tasks contained in their training curriculum.

The supervisor's administrative role requires an understanding of complex systems that are constantly in transition. As the medical system and training requirements change, there may be additional administrative burdens placed on the clinical supervisor.