



## **Specialist Training Program Application Form for Funding of Specialist Training Posts/Positions**

# Application Form

Closing Date: 1 March 2010

Facility/Training Site

College

Specialty

State/Territory

This document must be completed in conjunction with the Specialist Training Program Explanatory Notes

*Office use only*

Application Number	
Previous Application Number	

## Preamble

The Specialist Training Program established in 2009 is an Australian Government initiative. All previous specialist training programs will now be administered under the Specialist Training Program. This includes:

- Expanded Specialist Training Program (ESTP)
- Outer Metropolitan Specialist Trainee Program (OMSTP)
- Advanced Specialist Training Posts in Rural Areas (ASTPRA) program
- Pathology Memorandum of Understanding (Path MoU)
- Overseas Trained Specialist Upskilling program
- Psychiatry Training Outside Teaching Hospitals (PTOTH)
- supporting best practice and workforce in pathology and diagnostic imaging.

Medical specialist training in Australia needs to adapt to changes in the way health care is delivered. The changing patterns of disease, 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 and many more services need to be accessible to people living in 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 private sector and the Commonwealth. The Specialist Training Program provides funding to support training experiences within this context in 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 Specialist Training Program aims to:

- 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
- supplement the available workforce in outer metropolitan, rural and remote locations
- develop specialist training arrangements beyond traditional training hospitals.

**Medicare rebates** are payable in respect of some services provided by specialist trainees. However, trainees supported under the Specialist Training Program must not benefit financially from such billing. This would normally entail the trainee assigning Medicare benefits to the training facility. Further advice on Medicare billing arrangements for trainees, supervisors or settings can be obtained by contacting Medicare Australia on 13 21 50.

**Conditions of funding** require successful applicants to enter into a contract with the Commonwealth or an entity assigned by the Commonwealth to manage the funds. Applicants will need to ensure the continuity of the trainee's industrial arrangements such as salary employee entitlements and medical indemnity insurance for trainees occupying the proposed training position. Applicants must also agree to participate in any reporting, consultation and/or external evaluation requirements set out in the contract/funding agreement.

**Organisations holding posts/positions previously/currently supported under one of the programs listed above** are required to reapply if continuation of funding is sought for these posts/positions.

**NB: information on how to complete this form is provided in the companion document – Application Form Explanatory Notes.**

For more information on the Specialist Training Program see the Department of Health and Ageing website: [www.health.gov.au](http://www.health.gov.au).

## Section 1. Administrative details

### 1.1 Previous Specialist Training Program funding.

Is the post/position you are applying for in this application currently or previously funded under the Australian Government's Specialist Training Program or previous programs (ESTP, OMSTP, ASTPRA, OTS Upskilling, pathology etc)?

Yes  No

If yes, please specify the program, the application number and year (*please attach a separate sheet if insufficient space*).

Program	Application number	Year(s)

### 1.2 Organisation details (for funding agreement purposes).

Legal entity

ABN of legal entity

*(Please attach ABN Registration Certificate at Attachment A)*

Is the entity a company registered under the Corporations Act 2001?  Yes  No

Is the entity an incorporated body?  Yes  No

*(Please attach Certificate of Incorporation at Attachment B)*

Registered office of the entity (this must be a street address)

Trading name (for the purposes of this application).

### 1.3 Business structure of the organisation.

Company/Incorporated Association

Private for-profit

Trustee

Not-for-profit/Voluntary/Charitable

Partnership

Joint venture

Local Government

State/Territory Government

Other – please specify:

**1.4 Details of the primary facility where specialist training will be undertaken.**

Name of facility			
Street address			
Suburb/Town			
State/Territory		Postcode	

**Details of the primary facility where clinical supervision will be undertaken** *(if different from above).*

Name of facility			
Street address			
Suburb/Town			
State/Territory		Postcode	

**1.5 Authorised contact persons for this application.**

	<b>Funding contact</b>	<b>Clinical supervision contact</b>	
Title and name			
Position			
Organisation			
Postal address			
Suburb/Town			
State/Postcode			
Email			

**1.6 Description of the facility where the specialist training will be undertaken** (*more than one option may be selected*).

- Private setting
- Public setting
- Both public and private setting
- Community setting
- Aboriginal Community Controlled Health Service (ACCHS) (sometimes referred to as AMS, Aboriginal Medical Service)
- Other – e.g. simulated learning centres, day hospitals, diagnostic laboratories, doctor's rooms etc.  
Please specify
- Private for-profit
- Not-for-profit/Voluntary/Charitable
- Joint venture

**1.7 Joint applications.**

Is this a joint application with another organisation?

Yes  No

If yes, what is the name of your partner organisation(s)?

*(Letters of support should be included at Attachment C.)*

**1.8 Organisation details of the trainee's employer for this training post/position.**

Name of Employer

Postal address

Suburb/Town

State/Territory

Postcode

**1.9 Description of trainee's employer.**

- Public health sector
- Private health care organisation

**1.10 If this position was funded in the preceding year only complete questions 2 to 5 where there are changes to previously provided information.**

## Section 2. Outline of Proposal

### 2.1 Level of training of the trainee:

Level of trainee(s)	Year

### 2.2 Specialist college to which this training post/position relates.

### 2.3 Is this post/position equal to one Full Time Equivalent (FTE)?

Yes  No

If no, what is the proportion of FTE?

### 2.4 In this position what proportion of one FTE is spent in an expanded setting(s)?

### 2.5 Details of this training post/position (please attach a separate sheet if insufficient space).

*\*For the purposes of this application form, area is defined as metropolitan, outer metropolitan, regional, rural or remote.*

Facility	Public/ Private/ Mix	Town/Suburb	Area	FTE

### 2.6 Indicate the academic year(s) you are seeking funding for (maximum of three years).

**2.7 Is more than one trainee expected to rotate through this post/position?**

Yes  No

If known, please provide details.

Trainee	FTE	Dates of the trainee's rotation (e.g March 1 to April 30)
1		
2		
3		
4		
5		
6		

**2.8 Proposed commencement date:**

/ /

**2.9 Name and position of the training supervisor(s).**

**2.10 Is a public hospital involved in this training post/position?**

Yes  No

If yes, please identify the public hospital.

**2.11 How will the public hospital be involved in this training rotation (if relevant)?**

### Section 3. Rationale for the proposal

3.1 Describe the educational imperative for this post/position.

3.2 What are the learning objectives of this training post/position?

3.3 Describe how this proposal will help address health workforce issues.

**3.4 Are there any other factors that support the need for this post/position?**

**3.5 Was this post/position filled by a trainee that was not funded under the Specialist Training Program at any time during the previous academic year?**

Yes  No

If yes, provide details.

**3.6 What informed consent arrangements will be in place for patients to ensure that they are aware of the trainee's and their supervisor's involvement in the services to be provided?**

**Section 4. Trainee post/position details**

**4.1 Who will employ the trainee during the training period?**

Please include details on how the trainee's public sector employment entitlements will be maintained.

**4.2 What will be the medical indemnity (including run-off cover) and workers compensation insurance arrangements for this position?**

- Covered by State or Territory Government/Area Health Service
- Covered by trainee
- Covered by both trainee and State or Territory Government/Area Health Service
- Other – please specify:

Insurer details are to be provided as set out in Section 8 of the application form.

**4.3 How will the trainee be recruited to this post/position?**

**4.4 What specific supervision arrangements will be in place for the trainee?**

**4.5 Will the trainee have the opportunity to participate in formal educational activities, including those required by the relevant specialist college?**

- Yes    No

If yes, provide details. If no, explain why.

**4.6 What other educational or other support will be available to the trainee?**

**4.7 How will the quality of training and supervision provided to the trainee be monitored and reviewed?**

**4.8 If the trainee is undertaking this placement whilst on rotation from a public teaching hospital, will their position in that hospital be backfilled during the rotation?**

- Yes
- No
- Unknown
- N/A

If yes, what type of doctor is likely to fill the public hospital position?

## Section 5. Evidence of support from key stakeholders

### 5.1 Support from the relevant specialist college.

Does the proposed post/position have the support of the relevant specialist college?

Yes  No

Has the post/position or facility been accredited by this college for training purposes?

Yes  No

If the post/position or facility has not been accredited, outline what progress has been made towards accrediting the position and the anticipated date of accreditation. Accreditation must be confirmed prior to the commencement of the trainee.

*(Please attach evidence of support and accreditation (or progress towards accreditation) of the position or facility by the relevant specialist college (Attachment D).*

### 5.2 Support from the relevant public hospital and/or Area Health Service.

Is this post/position supported by the public hospital and/or Area Health Service?

Yes  No

*(Please attach evidence of public hospital and/or Area Health Service support at Attachment E).*

### 5.3 What other stakeholders have been consulted in developing this proposal?

### 5.4 Is there anything else you would like to add in support of this application?

## Section 6. Medicare

Will the trainee in this post/position be billing Medicare?

Yes  No

## Section 7. Declaration

**Please note:**

- A person who is legally empowered to give assurances and enter into contracts and commitments on behalf of the fund holder should sign this application.
- Any application that does not provide all required information or which contains false or misleading information may be excluded from consideration.

I hereby apply for funding under the Specialist Training Program.

I certify that the information given in the application is complete and correct. An application that contains information that is, to the applicant's knowledge, false or misleading may result in the funding being revoked.

I understand this application may be considered by the Australian Government, the relevant state or territory health department, the relevant specialist college, the Enhanced Medical Education Advisory Committee (which has been formed by the Australian Government to provide advice on the implementation of the Specialist Training Program) or its state/territory working groups, and any evaluation experts engaged by the Australian Government.

Signed

Name (in block letters)

Position in organisation

Date

/ /

## Section 8. Attachments

All attachments are attached

Please attach:

- ABN Registration Certificate (*Attachment A*)
- copy of Certificate of Incorporation, if applicable (*Attachment B*)
- letter of support from each partner organisation, if applicable (*Attachment C*)
- evidence of support and accreditation (or progress towards accreditation) of the position or facility by the relevant specialist college (*Attachment D*)
- evidence of agreement from the relevant public hospital and/or Area Health Service, where required) (*Attachment E*)
- details of arrangements in relation to medical indemnity insurance, including insurer name, phone number and web address as per requirements at Appendix 1 (*Attachment F*).

### Other attachments

Yes  No

Where additional information has been provided as an attachment, please provide details.

Section Number	Question Number

Section Number	Question Number

Section Number	Question Number

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# Appendix 1

## Guide to medical indemnity for specialist trainees and supervisors

### 1. Introduction

With the prospect of more specialist training being conducted in the private sector, it is more important than ever for trainees and supervisors to be clear about indemnity insurance.

This guide has been developed by medical indemnity insurers to assist trainees and supervisors to understand their own indemnity arrangements and options. It does not address medical malpractice insurance requirements of health care facilities. The information contained in this guide is of a general nature only; trainees and supervisors should seek further advice on their own situations as necessary.

Indemnity issues should not stop any trainee or supervisor from participating in training in private settings.

### 2. State/hospital indemnity arrangements

The indemnity arrangements for specialist trainees in hospitals across Australia are not uniform. The specific terms vary between states and territories and indeed within each state and territory.

For detailed advice about medical indemnity arrangements for registrar training rotations in the private sector, contact the relevant state or territory health department and your employer.

Some questions registrars and their supervisors may wish to ask their employers include:

- Do you provide me with indemnity for exposures arising from my medical practice as a supervisor/trainee?
- If so, how is this indemnity provided? That is, is the indemnity contractual or discretionary?
- Is the indemnity specified in my contract of employment?
- If not, can I have confirmation in writing?
- Are there any areas or aspects of training where this indemnity will not apply?
- Does this indemnity extend to cover legal representation for coronial inquiries, investigations, disciplinary hearings and such like?
- Does this indemnity include run-off cover?

Ordinarily, medical practitioners obtain their own cover (through a medical indemnity insurer) for the coverage of legal costs and representation for inquiries, investigations, disciplinary actions and hearings. While this cover is not compulsory, you should be aware that costs associated with such matters can be substantial and the advice and support received at these times is invaluable.

Please provide details of arrangements in relation to medical indemnity insurance, including insurer name, phone number and web address as per requirements at Appendix 1 (*Attachment F*).

### 3. Medical indemnity insurance

All medical indemnity insurers operating in Australia provide cover to specialist trainees and their supervisors.

You are likely to be required to have medical indemnity when undertaking training or supervisory activities, including those undertaken in private or other non-public hospital settings. If your hospital/employer does not provide this indemnity, you will likely be required or expected to provide your own indemnity.

You may already be a member of, or insured by, a medical indemnity insurer, in which case you should advise them of your new activities in private or other non-public hospital settings and, importantly, that you may be required to arrange your own indemnity for this work. That is, you should ensure your medical indemnity applies to any training or supervisory activities, including those undertaken in private or other non-public hospital settings.

Each insurer's policy terms and underwriting practices (and therefore premium costs) may differ.

By all means, discuss your personal circumstances with your insurer. They will generally advise you what they need from you. But it is advisable to inform them in writing of the following:

- details of your training/supervising activities
- whether or not you have cover provided by your hospital/employer for civil claims
- whether you require, from your insurer, cover for civil claims or (if you are indemnified by your employer) cover for the legal and defence costs associated with investigations and inquiries and run-off cover
- advice from your employer/hospital/training provider that you are required to arrange your own indemnity or that you are not provided with employer/hospital indemnity.

Keep your insurer informed of any changes to your practice. They rely on you to provide them with up-to-date information about your practice.

**Note:** generally insurers do not cover matters for which you already have insurance or cover. It is therefore important to establish first whether you already have suitable indemnity cover.

Please provide details of arrangements in relation to medical indemnity insurance, including insurer name, phone number and web address as per requirements at Appendix 1 (*Attachment F*).

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