



**Australian Government**

**Department of Health and Ageing**

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

# Application Form Explanatory Notes

This document contains the explanatory notes and must be read in conjunction with the Specialist Training Program Application Form.



The Specialist Training Program established in 2009 is an Australian Government initiative.

## Application submission instructions

This application for support for individual training posts must only relate to one post/position.

Additional applications need to be completed for other posts/positions (even if they are in the same facility and/or specialty).

Completed applications (including supporting documents) must be sent to the address below.

Two (2) signed copies (not bound or stapled, Word format, single sided) and an electronic copy (either CD or email) are required by the due date.

**Due date:** 5.00 pm (AEDT) 1 March

**Post:** Director  
Specialist Program Section  
Australian Government  
Department of Health and Ageing  
MDP 145  
GPO Box 9848  
CANBERRA ACT 2601

**Hand/courier:** Ground Floor  
Penrhyn House B Block  
Bowes Street  
WODEN ACT 2606

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

All applicants will initially be notified of the outcome of their application by email. Confirmation will be provided in writing.

**Incomplete or late applications will not be accepted.**

**Please note:** This application is not evidence of a contract or other form of legal agreement with the Commonwealth or any entity assigned by the Commonwealth to undertake funds management.

Applicants who enter into contractual arrangements with other parties relating to their application, before being advised in writing of the outcome of the application process, do so at their own risk.

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## Eligibility for funding

Health care providers, facilities or organisations that can provide training for medical specialist trainees who are pursuing a fellowship program in an expanded range of settings beyond traditional public teaching hospitals are eligible to apply for funding under the Specialist Training Program. Joint applications may be submitted where multiple facilities seek to share the rotations of trainees. These programs complement existing training arrangements and typically involve a rotation from established Public Hospital Training programs.

Training must contribute towards fellowship of one of the following specialist colleges:

- 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 Gynecologists (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)
- Royal College of Pathologists of Australasia (RCPA).

Post-fellowship training, General Practice training, direct costs associated with accreditation of training posts/positions and direct costs associated with supervision of trainees in posts/positions are not available under this program.

Proposed training posts/positions must be located in Australia and may not be occupied by overseas trainees employed by hospitals in other countries.

Individual trainees are not eligible to apply for funding. Trainees should liaise with their Medical Specialist College and/or specific health care facilities if they wish to participate in the Specialist Training Program.

Funding under this program contributes to the salary for trainees (including Specialist International Medical Graduates<sup>1</sup>) rotating through these posts. The funding contribution provided by the Commonwealth flows to the employer of the registrar (evidence of this must be provided if requested).

## Assessment of applications

The application process for funding under the Specialist Training Program is competitive. Eligible proposals which meet the eligibility criteria (see Specialist Training Program Guidelines) may not receive funding if other proposals are ranked more highly.

Applications will be reviewed by the Commonwealth, relevant state or territory health departments and relevant specialist college. As a result, the applicant may be required to provide further information, or revise their proposal. Comment may also be sought from other stakeholders who are considered to have an interest in the proposal.

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<sup>1</sup> For the purposes of the Specialist Training Program, Specialist International Medical Graduate means an applicant assessed as partially comparable to an Australian-trained specialist and working toward the completion of requirements for Fellowship stipulated by the relevant specialist college.

The Department of Health and Ageing is the agency which will provide final approval of training posts/positions to be funded under the Specialist Training Program.

All applicants will be notified of the outcome of their application by email. Confirmation of funding will be provided in writing.

NB: Refer to the Specialist Training Program Guidelines available on the Department of Health and Ageing website [www.health.gov.au](http://www.health.gov.au) for additional information.

## Mandatory criteria

Following the receipt of applications, applicants must demonstrate that they meet the following criteria to progress to the second stage of the application process. The post/position must:

1. be in a specialty of an eligible Medical Specialist College (see page 5 of the explanatory notes)
2. relate to a training program leading to college fellowship
3. relate to a post/position or training experience located in Australia
4. not be occupied by overseas trainees employed by hospitals in other countries seeking rotation through expanded settings within Australia
5. include relevant stakeholder agreement to participate. These stakeholders may include the public hospital and/or Area Health Service in which the trainee would normally undertake training, the relevant state or territory health department, the expanded training facility or facilities in which the trainee will undertake rotations/sessional work and the relevant specialist college, supervisors and specialist trainees
6. include evidence of accreditation or satisfactory progress towards the accreditation of the new training arrangements by the relevant specialist college. Applicants should note that the post/position or facility must be accredited by the relevant specialist college prior to trainee commencement
7. provide confirmation that there will be no loss of registrar entitlements and that other related issues, such as workers compensation and medical indemnity issues, have been addressed
8. provide evidence that the new training post/position is a genuine expansion that was not filled at any time during the previous academic year (unless funded under a previous Commonwealth medical specialist training program).

## Guidelines for funding

The following guidelines will be used to determine the comparative merits of applications:

- evidence that trainees are being provided 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
- enhancement of a trainee's or Specialist International Medical Graduate's progression to fellowship as a consequence of undertaking training in the post/position
- evidence of how the training post/position will meet college training requirements
- compatibility with identified training priorities (geographic, consumer and specialty)
- an assessment of workforce issues including, but not limited to, the public hospital workforce and the supply and distribution of trainees
- evidence that posts/positions previously funded under Specialist Training Program(s) or previous programs listed under Administrative Details 1.1 below will continue to meet program objectives.

## Funding arrangements

Applicants should determine the costs which may need to be paid in relation to the proposed trainee post/position. Potential costs to be met by the organisation include: trainee salary, trainee salary on-costs (such as workers compensation, medical indemnity, other administration overheads), college accreditation costs, infrastructure costs, supervision time etc.

If the application involves the trainee rotating from a public teaching hospital into the proposed post/position, the organisation should also reach agreement with the public hospital and/or state or territory government on how the above-mentioned costs will be paid during the training period (including what costs, if any, will be met by the public hospital).

## Application checklist

Please complete this checklist before submitting your application.

### Before you begin

- Ensure the proposal has been discussed with the contact officer within the relevant specialist college and written confirmation of college support for the post/position is included in the application, including written confirmation that the training post/position has been accredited or is undergoing assessment for accreditation (accreditation must be completed prior to the commencement of the trainee).
- Ensure the proposal has been discussed with local representatives of the relevant specialist college (including the proposed supervisor(s) of the trainee).
- The proposal has been discussed with the contact officer within the relevant state or territory health department.
- Ensure the proposal has been discussed with the public hospital and/or Area Health Service from where the trainee will rotate and that any training partnership arrangements needed to support the proposal have been negotiated and written confirmation of their support for the post/position is included with the application.
- Understand that your application will be provided by the Department of Health and Ageing to the relevant state or territory health department and the relevant specialist college for review and advice.
- Understand that by submitting an application you are agreeing to have information on the application provided to experts engaged by the Department of Health and Ageing for the purposes of evaluating the Specialist Training Program.
- Ensure adequate informed consent arrangements are or will be in place to support patients in receipt of services provided by trainees under these programs.
- Read Appendix 1, 'Guide to medical indemnity for specialist trainees and supervisors'.

## Completing your application

- Answer all questions in the application.
- Complete a separate application for each proposed post/position.
- Nominate a funding and supervision contact officer for this application.
- Complete and sign the Declaration on page 13 of the application form.
- Where there is insufficient space provided in the application form please type 'information provided at Attachment...' in the text box; and provide the following information in the attachment heading: the section number, question number and question.

## Checklist for submitting your application

Check the application is complete and includes:

- ABN Registration Certification (*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 post/position or facility by the relevant specialist college (*Attachment D*)
- evidence of agreement from the relevant state or territory health department (and Area Health Service and/or public teaching hospital, 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*).

## Submitting the application

Applications must be received by the Department of Health and Ageing by 5.00pm (AEDT) 1 March.

Incomplete or late applications will not be accepted.

A separate application must be submitted for each proposed post/position.

### Section 1 Administrative details

#### 1.1 Previous Specialist Training Program funding.

Indicate if the post/position relevant to [this application](#) has previously received funding either under the Specialist Training Program or previous programs (Expanded Specialist Training Program, Outer Metropolitan Specialist Trainee Program, Advanced Specialist Training Program in Rural Areas, Overseas Trained Specialist Upskilling Program, Pathology, etc). Please indicate the program, application number and the year(s) that funding was received.

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

If this application for funding is successful, the organisation representing the training setting will be invited to enter into a funding agreement with the Commonwealth. Although the management of the funding agreement may be through a subsidiary organisation, the Commonwealth can only enter into contracts and funding agreements with a legal entity, such as a registered company, incorporated association or trustee. Organisation details are required for accurate identification of the legal entity in the funding agreement.

### 1.3 Business structure of the organisation.

Please tick the box or boxes that identify the organisation's business structure.

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

Provide location details of the facility where the training post/position is to be based. If trainee supervision is undertaken from a different facility, please specify primary trainee and supervisor facility/location.

### 1.5 Authorised contact persons for this application.

Provide details of funding and clinical supervisors who are authorised to discuss or provide additional information to the Department of Health and Ageing, state or territory health department and/or specialist college in relation to this application.

### 1.6 Description of the facility where the specialist training will be undertaken.

Please tick the box or boxes that describe the training facility.

### 1.7 Joint applications.

Letters of support from any partner organisation should be provided at Attachment C. Letters should outline how partner organisations will work with the lead organisation to support the training post/position.

### 1.8 Organisation details of the trainee's employer.

If this application is successful, accurate identification of the organisation employing the trainee is required (*this is the employer of the trainee not the post/position fund holder*).

### 1.9 Business structure of the trainee's employer.

Please identify whether the employer is public or private organisation.

### 1.10 Funding in preceding year

If the training post/position you are applying for was funded in the preceding academic year only complete questions in Sections 2 to 5 where there are changes to previously provided information. Complete all fields in Sections 6, 7 and 8 and provide information requested in Appendix 1.

## Section 2. Outline of proposal

### 2.1 Level of training of the trainee.

Please indicate the level or year of the trainee(s) who is expected to fill or be rotated into the proposed post/position (e.g. Year 1, Year 2, Junior, Advanced, SET 1, SET 2, etc.).

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

Please identify the specialist college to which this post/position relates (refer to list provided on page 5 of the explanatory notes).

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

The definition of a Full Time Equivalent post/position (FTE) varies between specialist colleges and will be verified with the relevant specialist college. Where the level of FTE of the proposed post/position is less than 1.0, please indicate the proportion of FTE. (FTE can be calculated on the following basis: 1.0 FTE equals 5 days per week, 0.8 FTE equals 4 days per week, 0.6 FTE equals 3 days per week, 0.4 FTE equals 2 days per week, 0.2 FTE equals 1 day per week.)

#### **2.4 In this post/position what proportion of one FTE is spent in an expanded setting?**

An expanded setting is any setting that is not a traditional public teaching hospital.

#### **2.5 Details of this training post/position.**

Please list all facilities (including any time spent in the public teaching hospital) and proportion of FTE that will be spent in each setting.

Please identify the proportion of FTE for each area (metropolitan, outer metropolitan, regional, rural or remote). Please attach a separate sheet if insufficient space.

#### **2.6 Will funding for this post/position be sought in the next academic year(s)?**

Indicate whether funding will be sought for the next academic year(s). You may only indicate funding for a maximum of up to three years.

#### **2.7 How many trainees will work in this post/position over a 12 month period from the date of commencement of the post/position?**

The proposed post/position may be filled by one trainee for its duration, or filled by several trainees on a rotation basis. Please indicate the number of trainees who will fill the post/position over a 12 month period from the date of commencement. Also indicate the length of each rotation. You do not have to identify any individual when completing this question.

#### **2.8 Proposed commencement date.**

It is expected that most posts/positions funded under this round will commence in the month of January. However, there may be some circumstances where a different commencement date is proposed. Indicate the date it is expected this training will commence.

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

Please provide the name of the training supervisor(s) for this training post/position and their post/position within your facility.

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

Is this a networked training opportunity on offer to public sector trainees or will it operate separately? If applicable, please identify the public hospital that will be involved with this training post/position.

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

Describe how the trainee(s) will rotate from a public hospital through this post/position and what agreements have been reached with the public hospital regarding these rotations.

### **Section 3. Rationale for the proposal**

#### **3.1 Describe the educational imperative for this post/position.**

Describe how this training post/position will enable medical specialist trainees to acquire appropriate skills and experience (consistent with the learning objectives of their college training program and the Specialist Training Program eligibility criteria) and the training post's 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<sup>2</sup> progression to fellowship as a consequence of undertaking training in the post/position.

If possible, indicate whether this training experience can be optimally addressed in public teaching hospitals.

Additional information on the Specialist Training Program's priority framework is available on the Department of Health and Ageing website at [www.health.gov.au](http://www.health.gov.au).

### **3.2 What are the learning objectives for this training post/position?**

The learning objectives outlined in this section should reflect how the educational imperative will be addressed in individual training plans in the proposed post/position.

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

This may include, but not be limited to, such matters as: does this proposal allow for more flexibility in the health workforce; what are the emerging pressures of supply, demand and distribution faced by the region in which this training will occur; will this post/position help address the challenges associated with an ageing population and technological advancement; and will this post/position contribute to the provision of sufficient vocational training places for an increased number of medical school graduates?

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

Please provide any other information that supports this application. This could include details of workforce shortages for a particular specialty or in a specific location, or the particular needs of the community serviced by the training facility.

### **3.5 Was this post/position filled by a trainee (other than a trainee funded under the Specialist Training Program) at any time during any previous academic year?**

Funding under the Specialist Training Program is for new posts/positions that contribute to an overall expansion in the number of specialist training posts/positions in settings other than traditional public teaching hospitals.

You will need to confirm that this proposed post/position is a new post/position and will not replace an existing post/position funded from another source. To demonstrate this, you are asked to provide information on whether this post/position was filled by a trainee at any time during any previous academic year.

### **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?**

Patients should be informed of the health services to be provided and of the health professionals administering this care. Patients may wish to opt out of service arrangements involving certain health professionals, and informed consent processes enable patients to make an informed decision about such matters. Informed consent arrangements relating to supervisor(s), trainee(s) and the facility in which this training will occur should be addressed in your response.

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

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

It is anticipated that most trainees participating in the Specialist Training Program will be employed by the public teaching hospital whilst undertaking training rotations in other settings. Please

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<sup>2</sup> See footnote, Page 5

provide details of whether the trainee will remain an employee of the public hospital system while in the proposed post/position or if they will be directly employed by the training provider to which this application relates. If the trainee is to be employed by the training provider, outline how public sector employment entitlements will be maintained.

Please note that the retention of public sector employment entitlements for the trainee is expected and is included as a clause in the funding agreement should the post/position be funded.

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

It is a requirement of the Specialist Training Program that trainees have appropriate medical indemnity insurance (including run-off cover) and workers compensation insurance while working in the proposed post/position. This matter is also included as a clause in the funding agreement should the post/position be funded. Registrar entitlements, including superannuation, accumulated leave, workers compensation, medical indemnity insurance etc., must be maintained throughout the duration of the rotation.

In some states and territories, trainees undertaking private sector training rotations whilst remaining an employee of the state or territory government (or public hospital) will have medical indemnity cover provided by that state or territory government. However, this is not always the case.

Applicants must read the information on medical indemnity insurance at Appendix 1 (see page 15 of the application form) for more information. You can also email [specialist.training@health.gov.au](mailto:specialist.training@health.gov.au) for further information.

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

Outline how you will recruit a suitable trainee for this proposed post/position.

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

Please provide details of how supervision will be provided 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?**

Please provide details of what college-related or other educational activities the trainee will be able to access during the training opportunity, including details of any agreements or partnerships with other health facilities which enable this to occur.

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

Examples of other support and resources could include access to libraries, Internet or databases, or access to support and mentoring from specialists, medical educators or directors of training.

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

It is expected that the progress of trainees will be monitored and reviewed in line with the requirements set by the relevant specialist college. Reports on the trainee's progress may also be required.

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

The public teaching hospital from where the trainee rotates may choose to backfill the trainee's post/position so that service delivery is not affected. Applicants are encouraged to speak with the public teaching hospital to ascertain their intentions. Details of the proposed type of doctor who

will backfill the trainee's public teaching hospital post/position should be included, e.g. trainee not on the training program, trainee on the training program, doctor less senior than the trainee, visiting medical officer, overseas trained doctor.

## **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? Has the post/position or facility been accredited by the college for training purposes? If the post/position or facility has not been accredited, outline what progress has been made towards accrediting the post/position and the anticipated date of accreditation.

Acceptable evidence includes:

- copy of a current accreditation certificate (or equivalent) from the relevant specialist college
- a letter or other documentation signed by the appropriate representative from the relevant specialist college indicating:
  - the college supports the application for funding
  - the post/position is likely to be accredited prior to trainee commencement.

Applicants must contact the relevant specialist college as early as possible in the application process. While support from local fellows of the college is important, final support for the post/position must be obtained from the appropriate representative in the national office of the college. Applicants are encouraged to seek this support prior to submitting this application.

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

If the post/position is to be offered as part of a rotation involving a public hospital or Area Health Service, describe the agreement that has been reached with the relevant public hospital and/or Area Health Service on how the post/position will operate.

Please provide a letter of support from the relevant public hospital or health service for this position/post.

**Applicants must seek this support prior to submitting this application.**

As part of the funding approval process, the Australian Government seeks advice from the relevant state or territory health department. All applicants considering an application should contact their relevant state or territory health department for information concerning the Specialist Training Program within their respective state or territory.

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

Please list any other stakeholders that you consulted during the development of this proposal.

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

Please provide any additional information to support this proposal.

## Section 6. Medicare

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

Please indicate Yes or No.

Note: Under the Specialist Training Program, Medicare rebates should not be retained by the trainee.

The trainee must assign payment of their Medicare rebates to the training facility. Medicare Australia is the agency which arranges assignment of Medicare rebates. The relevant form to complete is a Request for Pay Group Link. This is available from the Medicare Australia website: [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

## Section 7. Declaration

The declaration must be signed by a person who is legally empowered to give assurances and enter into negotiations and commitments on behalf of the fund holder (as defined at Section 1.2).

### False or misleading information

An act of fraud against the Commonwealth is an offence under the *Criminal Code Act 1995* (Commonwealth). Fraud against the Commonwealth is a major concern to the government, and the government is committed to protecting Commonwealth revenue, expenditure and property from any unlawful attempt to gain financial or other benefit.

Apart from the possibility of criminal prosecution, applications that are knowingly false or misleading will not be considered. In addition, the Commonwealth may, at its absolute discretion, terminate the funding of a successful applicant if the applicant has submitted false or misleading information.

## Section 8. Attachments

Please ensure that all required attachments are attached to your application. Incomplete applications will not be accepted.

Please ensure you have provided all documentation required by the relevant specialist college (refer to Section 5.1 of the application form).

Please ensure you have provided all documentation required by your hospital and/or Area Health Service (refer to Section 5.2 of the application form).

If you require more information regarding the Specialist Training Program please email your enquiry to: [specialist.training@health.gov.au](mailto:specialist.training@health.gov.au)

Please indicate whether additional information has been provided as an attachment(s) and complete the table.

N.B. Where an additional attachment(s) has been provided please ensure that you have correctly labelled the attachment(s) with the section number, question number and the wording of the question.



