

This document outlines the arrangement for the allocation of funding under Private Infrastructure and Clinical Supervision for Specialist Training Program Posts administered as part of Grant Agreements between the Department of Health and non-GP specialist medical colleges for the STP across 2022-2025

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Introduction

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

The PICS allowance supports delivery of the Specialist Training Program (STP) in private or non-government health settings. It recognises the cost of delivering training in the private or non-government sector and is a contribution to assist in the provision of a high-quality

- **videoconferencing facilities**
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- 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
- costs related to the accreditation of training posts
- hospital consumables used in the treatment of patients, and
- recreational equipment.

Additional considerations

In cases where a private health setting has more than one STP training post, the PICS allowance may be aggregated for infrastructure and used across the facility for the benefit of the whole speciality training cohort. The allowance should not be diverted to support other settings, for example where a provider operates multiple hospitals. For training networks, the allowance would be shared proportionally across each training site. For example, a private health care facility may provide training in the specialties of surgery, paediatrics and psychiatry. Funding may be provided based on the total FTE supported at the facility under the STP and used to provide training resources for the benefit of all trainees at that site.

Investment in facilities or infrastructure must not be prioritised over the delivery of direct education and training support to trainees in STP posts. This means funding for clinical supervision should not be reduced in order to deliver infrastructure, if this is going to have a negative impact on resources for direct supervision.

If the College providing the STP funding allocation to the health setting has concerns in this regard, it may direct the health setting to reduce expenditure on infrastructure. Colleges are able to consult with the Department of Health before finalising its position on these matters.

Expenses claimed under the PICS cannot also be claimed under the Rural Support Loading (RSL) allowance. A health service should not be restricted from utilising PICS and RSL for similar purposes as long as it is for distinct activities and there is no ongoing pattern rotation after rotation which presents as duplicative (e.g. continual use for expensive subscriptions which have the potential to be used by the entire health service or department or ongoing 'minor renovations').