

# STP Private Infrastructure Clinical Supervision (PICS) Allowance

## Management Guidelines

### Aim of the Project

The aim of the PICS Allowance is to support delivery of the Specialist Training Program (STP) in private sector settings.

### Program Outcomes

Through these activities it is expected the following outcomes will be achieved:

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

In performing this administrative role, each College will achieve the specific aims of the Project under the *Specialist Training Program* to:

- administer the PICS funding for eligible private sector STP training sites;
- establish funding agreements with all eligible PICS settings (this should be incorporated within larger STP funding agreements with each training setting, rather than establishing separate agreements); and
- report to the Department on the distribution of PICS funding through the STP six monthly reports and advise whether the objectives of the Project have been met.

### Post Eligibility

Eligible posts for the PICS allowance are those funded under the STP in a private healthcare setting.

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

The PICS allowances are attached to the STP training site and are linked to one or more specific STP training positions.

### Allocated Funding

Funding for PICS supervision and infrastructure is up to \$30,000 (GST exclusive) per STP registrar FTE per annum, pro rata, in the private sector. Training settings are able to use the allowance flexibly for either infrastructure or supervision costs. This must ensure settings provide appropriate supervision of their STP trainees/registrars in accordance with the accreditation standards set by each medical specialist college.

Note: Funding level allocations to colleges for PICS in 2018 – 2020 are set. Colleges are required to manage PICS distribution within this allocation. There is no additional funding available.

## **Infrastructure allowance**

The infrastructure allowance is attached to the training site, not the trainee or the supervisor, and will be linked to a specific STP training position.

The training setting must advise the College providing the PICS allowance how it intends to expend the infrastructure allowance and must then provide confirmation once each infrastructure project has been completed. Detailed expenditure receipts are not required, but Colleges must be satisfied that projects are delivered as agreed.

In cases where a health care facility 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. The allowance should not be diverted to support other settings, for example where a provider operates multiple hospitals. For training networks, the allowance should 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 STP, and used to provide training resources for the benefit of all registrars at that site.

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. This means 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 medical specialist college providing the STP funding allocation to the private setting have concerns in this regard, the college may direct the training setting to reduce its expenditure on the infrastructure allowance. Colleges are able to consult with the Department of Health before finalising their position on these matters.

## **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.

Under STP, 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 relevant college;

- 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.

### **Use of funds under Contracts with Settings**

The Participant will use funds under contracts with settings in the following manner:

- If a post is not filled to the full FTE originally approved under the STP only a pro-rata amount of the private infrastructure and clinical supervision allowance can be made. The agreements between the settings and the College should make provision for fund recovery 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;
- If the contracting entity has delivered, or indicates that it is proposing to deliver, substantially different private infrastructure projects than was agreed, the college will be responsible for identifying this change to the project; and seeking the advice of the Department on how these cases will be addressed if a dispute arises;
- Funding is conditional on FTE working and training in the private setting.

### **Transition Period**

The transition period between the colleges and Royal Australasian College of Medical Administrators (RACMA) will commence on the execution of the Standard Funding Agreements for the Specialist Training Program 2018 – 2020 and conclude on 30 May 2018.

Colleges are encouraged to contact RACMA to discuss their management of posts and obtain any information that may be relevant to taking carriage of the management of posts for your college. Information that may be requested from RACMA is as follows:

- Current 2017 PICS funded post;
- History of PICS funded posts;
- Communication with posts about funding; and
- RACMA management of posts eg communication, agreements and how RACMA manage the program.

## **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 on-line 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 operational 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, as well as 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.