

# **Specialist Training Program (STP) Operational Framework**

September 2019

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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 regional, rural, remote and private facilities. The program aims to improve the quality of the future specialist workforce by providing registrars with exposure to a broader range of healthcare settings. STP also aims to have a positive influence on future workforce distribution.

This Operational Framework document is for the Specialist Training Program under the Health Workforce Program Guidelines, June 2017, Annexure A2 – Medical Training.

The Operational Framework applies to the entire STP, which is effectively a set of three initiatives:

1. Support of 900 training posts through the specialist medical colleges;
2. The Tasmanian Project that supports the employment of supervisors and trainees in the Tasmanian public health system; and
3. The new Integrated Rural Training Pipeline (IRTP) measure that will support 100 training posts by 2018.

## Aims and Objectives

The aims and objectives of the STP are to:

- (a) enhance the capacity of the health care sector to provide high quality, appropriate training opportunities to facilitate the required educational experiences for specialists in training;
- (b) support quality training posts that build the overall training capacity in the system, by extending specialist training into new “expanded” healthcare settings; and
- (c) contribute to improving medical workforce distribution.

## Outcome Parameters

### **Parameter 1 – Contribute to enhancing the capacity of the health care sector to train the future medical specialist workforce.**

*The program aims to improve quality of training through broadening experiences, increase the number of specialists and provide better distribution of specialist services.*

The college will actively monitor and manage STP accredited training posts, including the review of STP posts, participation in Expression of Interest (EOI) processes and management of their Reserve List.

The college will ensure trainee rotations in STP posts are a minimum of three months and comply with this Operational Framework.

The college will actively manage the Integrated Rural Training Pipeline (IRTP) – STP posts in accordance this Operational Framework (if applicable).

The college will actively manage and fund training and supervisory positions under the Tasmanian component of the STP (if applicable).

Footnote: 3 months at the host setting i.e. contract and this can include rotations within the local training network.

**Parameter 2 – Contribute to increasing the capacity of specialist training being undertaken in non-traditional settings.**

*Increase training in health care settings beyond traditional metropolitan public teaching hospitals. Some examples of settings are:*

- *Private hospitals;*
- *Specialist rooms;*
- *Clinics and day surgeries;*
- *Aboriginal Medical Services; and*
- *Non-clinical settings.*

The college will support training posts in expanded settings and will achieve their private FTE target over the period of the funding agreement with the target being met by 2020.

The college will provide efficient and effective delivery and management of the Private Infrastructure Clinical Supervision (PICS) allowance to eligible private training settings in accordance with the guidelines provided by the department.

**Parameter 3 – Contribute to enhancing availability of the specialist workforce in areas of unmet community need including rural and remote locations.**

*Evidence shows that positive clinical training experiences in rural and remote settings encourage trainees to consider a rural career upon qualification.*

The college will support training posts in expanded settings and achieve their rural FTE targets over the period of the funding agreement, with the target being met by 2020. The rural targets will be set and monitored using the Australian Statistical Geography Standard (ASGS) Remoteness Area 2-5 classification. Remote areas are incorporated in this target.

The college will ensure that all trainees occupying funded IRTP – STP posts will complete at least two thirds (66.6%) of their fellowship trainings in ASGS RA 2–5 areas.

**Parameter 4 – Ensure specialist training experience is of high quality for participating specialist registrars.**

*Work collaboratively with other organisations to provide quality training to all registrars participating in the program. Develop and deliver support projects that enhance the experience of trainees participating in the program.*

The college will ensure that quality training is provided to registrars participating under the program by working collaboratively with a range of stakeholder groups including the state/territory health bodies, non-Government organisations, universities and other training providers in the delivery of specialist training arrangements. These partnerships should aim to support quality-training opportunities across Australia.

The college will identify, deliver and manage support projects that will directly benefit trainees in posts supported under the program. These projects will enhance the delivery of the program and provide the trainee with high quality specialist training experiences. The

college will prioritise projects that are targeted at rural trainees and Aboriginal and Torres Strait Islander trainees.

**Parameter 5 – Enhance Indigenous health outcomes through increasing opportunities and training experiences for Aboriginal and Torres Strait Islander people seeking to become medical specialists.**

*Identify, attract and support opportunities for Aboriginal and Torres Strait Islander people under the program. These actions will assist in helping to address the health disparity between Aboriginal and non-Aboriginal people within Australia.*

The college will collaborate with Universities and other organisations, to attract Aboriginal and Torres Strait Islander medical graduates that meet the college's requirements to undertake specialist training.

The college will identify Aboriginal and Torres Strait Islander trainees and provide appropriate support to enable them to complete their Fellowship training, particularly in STP training posts. For example:

- provide mentoring and support during their specialist training rotation;
- prioritise Indigenous health settings post rotations; and
- encourage targeted support projects to assist current and future Indigenous trainees and cultural awareness programs for training settings.

Outcomes will be monitored through progress reports provided to the department by the specialist medical colleges.

## **Governance**

The STP is designed to be a collaborative approach to specialist training, with the engagement and participation of all the major stakeholders, including the colleges, State and Territory health departments, public health services, the private health sector and specialist trainees (registrars), through their representative bodies.

### **The Department of Health**

The department is responsible for:

- (a) STP program policy;
- (b) oversight of the delivery of the STP by the colleges;
- (c) management of STP EOI processes;
- (d) providing information to the public in relation to the STP; and
- (e) developing evaluation and review processes in order to enhance the efficiency and effectiveness of the STP.

### **Specialist medical colleges**

The specialist medical colleges are key partners in the delivery of high quality specialist training due to their role in setting professional standards, accrediting training settings and the coordination and support for education and training of future college fellows. The colleges also play a vital role in providing national oversight and consistency to medical specialist training. Under this program:

- (a) all training opportunities offered need to meet the standards set by the relevant college and be considered by the college to deliver educational value. This will be achieved through only funding accredited training posts; and

- (b) colleges directly engaged under this Program will be required to establish training arrangements for trainees, which better link training to opportunities not available in major public hospitals.

The Commonwealth currently funds 13 specialist medical colleges for the management of specialist training posts including the:

- Australasian College for Emergency Medicine (ACEM);
- Australasian College of Dermatologists (ACD);
- Australasian College of Sport and Exercise Physicians (ACSEP)
- Australian and New Zealand College of Anaesthetists (ANZCA);
- College of Intensive Care Medicine (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 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); and
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

### **Training Settings and Employers**

*State and Territory Governments* and public health services are also key partners in the delivery of specialist training arrangements. They are the providers of the majority of funded training places and specialist trainees are usually employees of the state health system.

Under this program jurisdictional Health Departments (or the equivalent level of management in their health sector) will be asked to provide advice on the merits of individual EOIs seeking to provide a training post, from the perspective of the availability of registrars to fill the posts identified and areas of workforce need. Jurisdictions will also be asked for comments during the review of STP posts process. These comments will be of a general nature, for example outlining the need to address any maldistribution of services for each specialty that is specific to that jurisdiction.

*Private health care organisations/private health care settings* are critical to achieving an expansion of training opportunities across Australia. To achieve this objective the private sector needs to be engaged in the establishment of posts in collaboration with the public sector to facilitate the transfer of registrars for the purposes of training. Where the registrar undertaking training remains in the employment of a public teaching hospital, the salary support funds must flow to the employer to enable that hospital to ‘backfill’ the position, thereby ensuring there is no reduction in the capacity of the public teaching hospital to deliver services. Such arrangements will also facilitate maintenance of the trainee’s entitlements, such as medical indemnity, workers compensation, superannuation, long service leave, etc.

#### *Funded training settings /employers*

Training setting and employers will ensure trainee entitlements are maintained where they are on secondment **or** directly employed (such as salary, medical indemnity, superannuation, leave entitlements, workers compensation etc).

Settings that participate under the standard Specialist Training and Integrated Rural Training Pipeline programs acknowledge they only provide a contribution towards the cost of

employing and providing training to a trainee. The funded setting is responsible for covering the remaining cost.

The setting will not compel trainees to work additional hours to cover the gap in the funding contribution and actual cost of training. Trainees may choose to work additional hours at their own discretion in consultation with their setting.

The setting and supervisor will monitor the trainees well-being and ensure a safe training environment and relevant safety training, including cultural training (where required) is provided.

### **Reserve Lists**

Colleges will manage a Reserve List of suitable posts that will be used to fill STP or IRTTP post vacancies that occur from time to time.

In selecting posts from the Reserve List, the college will need to take into account their targets for rural and private posts as well as for specialties (if appropriate).

### Expression of Interest (EOI)

Reserve lists are refreshed through EOI processes that occur regularly, at least every two years. An EOI lodged by a training setting may be determined by the Department as suitable for inclusion on the Reserve List following an assessment by the relevant jurisdiction and assessment and recommendation by the relevant college.

The Department will not assess individual EOIs. The Department will ensure each college assessment process is directly related to the STP Priority Settings and has been informed by jurisdictional feedback.

Training posts that have been determined as unsuitable may seek feedback from the relevant college. It should be noted that decisions would have been made on a complex range of considerations including a full assessment of each EOI conducted by the relevant jurisdiction and college.

In order for an EOI to be rated suitable and form part of a college reserve list it must be supported by both the jurisdiction and college. There is no appeals process for the EOI.

### **Eligibility**

The STP defines “expanded” as settings outside of major metropolitan public teaching hospitals.

The following organisations are eligible to apply under the program:

- (a) Public<sup>1</sup> and Private hospitals;
- (b) Local Health Networks, rural and regional hospitals;
- (c) Private health care organisations/private health care settings;
- (d) Aged Care services;
- (e) Aboriginal Community Controlled Health Services and Aboriginal Medical Services; and
- (f) Community health organisations.

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<sup>1</sup> Public hospitals can participate under the program providing the setting has either an agreement in place for the position to rotate out to an expanded setting for a minimum of 0.5 FTE (e.g. private/rural rotation) **or** the public setting includes an expanded setting identified above (e.g. Aged Care services).

Only posts, which represent 1 FTE or a minimum of 0.5 FTE in the above settings, will be eligible to lodge an EOI.

What is not eligible for funding under the STP?

- (a) Post-fellowship training.
- (b) General Practice training<sup>2</sup>
- (c) Direct costs associated with accreditation of training posts.
- (d) Training posts funded under the STP may not be occupied by overseas trainees employed by hospitals in other countries seeking a rotation through expanded settings within Australia.
- (e) Training posts, which are not considered to be new posts. A position will not be considered new if it has been funded by another organisation for more than 12 months within the last three years. Additionally, a position that was funded by another organisation within the last 12 months will need to conclusively demonstrate that its funding is not ongoing. This allows for short term funding from organisations such as charitable trusts. In this context, positions funded by the applicant organisation or a state and territory government will not be considered new and will be ineligible for STP support.

Individual trainees are not eligible to apply for funding. Trainees should liaise with their relevant college and/or specific health care facility if they wish to participate in the STP.

#### Management of Vacancies

If an STP post is vacant for a period longer than three months and unable to be filled by a trainee on a fellowship pathway, the setting has the ability to **temporarily** fill (up to 12 months) these positions with an advanced skills placement for a fully registered doctor<sup>3</sup>.

The setting is required to identify the unfilled positions with their relevant specialist medical College and seek approval prior to recruitment.

GPs chosen to fill STP vacancies need to be undertaking or waiting to undertake either a certificate, diploma or advanced diploma offered by that specialist medical College.

#### Priority Settings

The priority settings for participation in the program that contribute towards the governments targets during the 2018 – 2020 funding period are:

- **The Private health sector:** For the purposes of STP, training sites, which can be defined as eligible private sector settings, are those, which do not derive their operational funding directly from a state or territory government and operate independent from a state government metropolitan public teaching hospital.

Some or all of the following criteria can demonstrate private ownership:

- Organisation is registered under their ABN as a non-government organisation.

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<sup>2</sup> With the exception of an advanced skills placement under certain conditions, see Management of Vacancies for further information.

<sup>3</sup> Priority must be given to trainees on a fellowship pathway. This option can only be considered when all avenues have been exhausted to fill the position and the GP placement cannot be greater than twelve months or an ongoing option.

- The organisation is incorporated.
  - In the case of organisations, which are co-located with public hospitals, they must clearly demonstrate that they are genuinely managed as a separate organisation from the hospital such as having their own governance, operational structures and or being incorporated.
  - An Aboriginal Medical Service or an Aboriginal Community Controlled Health Service are also considered as being a private entity.
- **Regional, rural and remote areas:** settings located in an Australian Statistical Geography Standard (ASGS) Remoteness Area (RA) 2-5.

## **Funding**

Funds are available under the STP for:

- (a) salary support for trainees
  - in 2018 a contribution of \$102,500 per annum (GST exclusive) pro rata, per full time equivalent (FTE); and
  - will increase to \$105,000 (GST exclusive) in 2019 ongoing.
- (b) rural loading
  - rural is defined as Australian Statistical Geography Standard – Remoteness Areas (ASGS–RA) 2–5;
  - funds paid to each college for rural loading will in 2018 be based on a rate of \$22,500 per annum (GST exclusive) pro rata per FTE;
    - the rate will increase to \$25,000 (GST exclusive) in 2019 ongoing;
  - each college has the flexibility to vary the rural loading payments to each post according to need, in terms of the ability to recruit to the post and the higher costs likely to be faced by trainees in more remote settings. The colleges may provide a lower limit of \$15,000 per FTE per year and an upper limit of \$30,000 per FTE per year. Each college will manage these payments within the total funds allocated to it for rural loadings;
  - funding should be available to support the trainee during their training in the STP post; and
  - training settings will report to colleges on the use of these rural loading funds. Colleges will identify how the total funds for rural loading are used in their reports to the Department.
- (c) Support projects
  - Colleges will be provided with base funding of \$100,000 (GST exclusive) plus \$1,208 per post / FTE per year. Support project(s) must be approved by the Department before the project(s) are started.
- (d) Private Infrastructure and Clinical Supervision (PICS) support for those posts in the private sector:
  - \$30,000 (GST exclusive) per post / FTE per year;
  - the 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.

(e) Integrated Rural Training Pipeline - STP funding

- Funding of up to \$150,000 (GST exclusive) is available per annum (GST exclusive) pro rata per FTE.
- These funds can be used for IRTP-STP salary support, rural loading, and private infrastructure and clinical support. The college may retain up to 5% of these funds to assist in the administration of the IRTP-STP posts subject to the agreement of the department.

**Please note: Consistent with the *Priority Settings* section above**

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

**STP post review**

One of the outcomes of the STP review requires colleges to review all 2017 STP training posts in conjunction with jurisdictions. This process will help to ensure the program is responsive to workforce needs and continues to focus on supporting training in expanded settings. Posts that do not meet the STP requirements will receive up to 12 months' notice of funding being ceased and no less than three months' notice of any decisions. There is no appeals process for the post review.

The Department will ensure the college assessment process is directly related to the STP priority settings and is consistent with the STP aims and objectives.

**Specialist medical college's activities include:**

- (a) Management of a set of training posts including selecting from Reserve Lists as appropriate:
  - (i) ensuring the rotation of trainees through these posts is not detrimental to the capacity of the public health care system to deliver services;
  - (ii) establishing contract and financial management processes in order to:
    - ensure funding for trainee salaries is directed appropriately, i.e. that the employer of the trainee is recompensed for the time that the trainee spends in the expanded setting; and
    - ensure trainee entitlements are maintained where they are on secondment or directly employed, such as salary, medical indemnity, superannuation, leave entitlements, workers compensation etc. by STP host settings and/or the employer of each registrar.
- (b) Developing networks for training across all settings which:
  - (i) integrate the training posts into the relevant college's training network;
  - (ii) integrate the training occurring beyond the traditional teaching hospital with training provided by the local state or territory health service providers; and
  - (iii) develop systems which ensure that:
    - providers are able to deliver longer training experiences, particularly for rural and regional settings with providing a minimum three month

- (per academic year) training rotation under the program, unless otherwise approved by the department<sup>4</sup>;
- providers of training posts included in the network are equipped with information necessary for the sustainability of the posts;
  - a method for thorough and ongoing evaluation of all posts within the network is implemented; and
  - cross college, training occurs with the agreement of both relevant colleges.
- (c) Developing networks within private settings. This work may require inter-college arrangements and foster inter-disciplinary approaches to specialist training to:
- (i) facilitate and coordinate specialist training in expanded settings that have multiple registrar positions under the Program;
  - (ii) oversee trainees and their rotations in approved training positions and ensure that trainees receive the appropriate education and support required to successfully undertake training in the private sector;
  - (iii) develop a centralised process for the management of specialist training positions in larger private settings to assist settings in maximising their effect;
  - (iv) develop means to ensure the training in each private setting(s) integrates into the public training programs; and
  - (v) ensure funding does not cover or replace existing arrangements for specialist trainee coordination positions, such as those, which currently exist within the public sector.
- (d) Developing support projects to enhance training networks by:
- (i) developing and implementing system wide education support projects, for example, web based educational programs, with a particular focus on supporting trainees in STP training posts in regional and rural areas;
  - (ii) developing support projects aimed at Aboriginal and Torres Strait Islander doctors to assist these doctors gain Fellowship in a timely and efficient manner; and
  - (iii) ensuring governance arrangements, which provide strategic oversight and responsibility for support project activities, are implemented.
  - (iv) support projects may not include:
    - direct payments to supervisors or trainees within a training network; and
    - expenses associated with the direct accreditation of specific training sites.
- (e) Colleges will monitor trainees well-being and ensure a safe training environment and relevant safety training, including cultural training (where required) is provided through reporting from settings.

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<sup>4</sup> Exceptions to the three-month rotation requirement will be considered on a case-by-case basis by the Department of Health. This case must be supported and submitted by the relevant college.

### **Access to the Medicare Benefits Schedule**

Under the Medicare Benefits Schedule (MBS), eligible persons who elect to be treated privately may be entitled to receive a Medicare rebate for clinically relevant services performed by the practitioner. Bulk billing arrangements may also apply to these services. Practitioners should refer to the MBS for the full explanation of Medicare arrangements including eligibility requirements, entitlements, and the list of eligible services including rebate levels.

*Medicare Australia provider enquiry line - 132 150.*

### **Medical Indemnity**

- (a) The Commonwealth does not prescribe the manner in which a specialist trainee should be covered for medical indemnity insurance while undertaking training in an expanded setting. However, it does require that the trainee be covered. Expanded settings and specialist trainees participating in the STP will need to satisfy themselves that the specialist trainee has adequate medical indemnity insurance when undertaking training in the expanded setting.
- (b) In some circumstances, the state or territory within which the training is occurring may extend public hospital medical indemnity insurance to the specialist trainee while in the expanded setting. Under other circumstances the expanded setting may need to take out separate medical indemnity insurance to cover STP trainees. The trainee themselves may need to, or choose to, take out their own medical indemnity insurance to cover themselves while training in the expanded setting.
- (c) It is recommended that settings and specialist trainees make enquiries with their relevant state or territory health department to ascertain the necessary arrangements relating to their individual circumstances.

### **Long term leave arrangements for trainees**

- (a) Employers of trainees who are participating in the STP must ensure that access to leave entitlements such as maternity leave and personal leave are maintained for the duration of the placement. Leave arrangements (including long service leave and maternity leave) are a matter for the employer, not the Department.
- (b) STP salary support funds are not intended to fund extended periods of personal leave (including maternity leave). The intent is to provide support for the trainee during their Fellowship training to train in expanded settings, including providing services to the local community.
- (c) College management of unfilled posts due to extended leave (including maternity leave) should take into consideration the length of time that the post will be unfilled and the training requirements of the trainee who will be accessing the leave. In some cases, it may be appropriate for the training post to be unfilled for a short period and then resume as a shared or part-time role.
- (d) As a guide, training posts that will be unfilled for greater than 6 months should have another registrar recruited to fill the vacancy or see *Management of Vacancies* section.
- (e) The salary contribution must flow to the employer of the trainee, as either a backfill arrangement or for the direct salary costs of the trainee if they are employed by the facility where they are undertaking their expanded training.

## History

Over the last decade, Commonwealth investment in medical specialist training has increased substantially, primarily driven by a consensus view across Jurisdictions and training colleges that the range of settings in which specialist training occurs should be expanded beyond the traditional metropolitan public teaching hospitals.

In summary, the imperative to expand training to other settings originated from several concurrently occurring factors:

- a case mix gap in which the type of patient presentations or procedures currently seen in major metropolitan teaching hospitals does not allow curricular and experiential objectives to be optimally met;
- a continuity gap in which the entirety of 'the patient journey' was not seen by trainees in major metropolitan teaching hospitals; and
- a perceived need to expand the specialist workforce, particularly in terms of addressing maldistribution and market failure in the provision of specialist services outside of capital cities.

The Commonwealth has been supporting the provision of specialist training arrangements in rural and outer metropolitan areas since 1997 with the establishment of the Advanced Specialist Training Posts in Rural Areas (ASTPRA) measure in the 1997–1998 Budget. This early work was significantly expanded through a 2006 Council of Australian Government's (COAG) decision to fund training places in settings other than public teaching hospitals. This initiative became known as the Expanded Specialist Training Program (ESTP). At the same time, funding was provided through the COAG National Action Plan on Mental Health (2006–2011) to fund psychiatry training, delivered through the Psychiatry Training Outside Teaching Hospitals (PTOTH) program. Further COAG investment in medical specialist expanded placement training was agreed to in 2008 through the Hospital and Health Workforce Reform - Health Workforce package.

### Consolidation of Programs - 2010

Under the 2009-2010 Budget Health Measure Workforce program these specialist training programs were brought together into a single program. Programs consolidated into the STP were:

- (a) the Expanded Specialist Training Program (ESTP);
- (b) the Outer Metropolitan Specialist Trainee Program (OMSTP);
- (c) Advanced Specialist Training Posts in Rural Areas (ASTPRA);
- (d) the Pathology Memorandum of Understanding (Path MoU);
- (e) the Overseas Trained Specialist Upskilling Program;
- (f) Psychiatry Training Outside Teaching Hospitals (PTOTH); and
- (g) Supporting best practice and workforce in pathology and diagnostic imaging.

### Expansion of STP

On 15 March 2010, the Government announced the National Health and Hospitals Network initiative "Expand and Enhance the Specialist Training Program". This provided resources to increase the number of specialist training places to be made available under the Program to 900 by 2014 ongoing, and allowed for resources to support private sector training via a clinical supervision and infrastructure allowance. Twelve specialist medical colleges were funded by the Department of Health to deliver the STP. The Private Infrastructure Clinical Supervision (PICS) allowance was also introduced to the STP as part of the same initiative. The PICS allowance provides funding support for activities associated with clinical supervision and training infrastructure for all private sector training posts funded under the program.

### Review of STP

In 2015, the Government announced the Review of the STP and the Emergency Medicine Program (EMP) through a process of consultation with specialist medical colleges and other stakeholders. There was extensive consultation through a discussion paper, draft findings report and face-to-face meetings. The Government decided to continue its investment in the STP and implement a number of major reforms, including:

- improved allocation of STP training posts using the best available workforce planning data to increase direct investment for specialities with potential workforce shortages and reduced funding to those that may be oversubscribed;
- extending funding agreements with colleges to 3 years;
- providing colleges with greater flexibility to manage the program to ensure it is responsive to emerging training needs; and
- integration of the EMP into the STP.

### Tasmanian Project

Under the Health Assistance Package for Tasmania, the Tasmanian Project was developed and implemented with the aims of supporting the training and retention of specialists in Tasmania. This initiative was implemented in 2014 with a target of 51 FTE training posts across 10 colleges to be achieved by 2016 with the support of 14.42 FTE supervisors. Funding for this initiative was included in the STP Funding Agreements with the relevant colleges.

The department in 2018 completed a review of the Tasmanian Project. The outcomes of this review have been reflected in Agreements with the Specialist Medical Colleges funded under this component.

### Integrated Rural Training Pipeline - STP

The Integrated Rural Training Pipeline (IRTP) measure, announced as part of the Mid-Year Economic and Fiscal Outlook (MYEFO) December 2015, supports an additional 100 STP posts in rural areas over two years (2017–2018). The 100 positions have been allocated to training settings. This measure requires the post to be in a rural area (ASGS- RA 2–5) and all trainees in that post must complete at least two thirds of their total Fellowship training in a rural area. This measure has also been included as a component of the STP Funding Agreements.

## **Contact Details**

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Website for the Department of Health [Specialist Training Program](#):  
<http://www.health.gov.au/internet/main/publishing.nsf/Content/work-spec>