

Private Infrastructure and Clinical Supervision (PICS) Guidelines

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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Version 1.0

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 training environment for both trainees and supervisors.

Allocated Funding

Colleges will receive a PICS funding allocation of \$30,000 (GST exclusive) per annum, for eligible posts according to the private targets set under College grant agreements. PICS funding will be paid pro-rata. Colleges are required to manage PICS distribution within this allocation. There is no additional funding available if Colleges achieve private sector training beyond the target set under the grant agreement.

The allowance supports private settings to provide appropriate infrastructure and supervision of trainees in eligible STP posts in accordance with the accreditation standards set by each specialist medical college.

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

- increased capacity in the private sector to participate in specialty training through the Commonwealth's STP;
- increased clinical supervision support for trainees appropriate and improved infrastructure for training in STP posts;
- increased and improved support for specialist supervision in STP posts with access to education and training that matches the nature of demand and reflects health service delivery.

Administration of PICS

Colleges are responsible for the management of PICS distribution to health settings. Detailed expenditure receipts are not required; however, Colleges must be satisfied that PICS has been expended in accordance with these guidelines.

PICS expenditure must be reported by Colleges to the Department at the end of each academic year through the audited income and expenditure (I&E) statement due in October annually. In reporting PICS expenditure, Colleges are required to provide a high-level overview of the core activities that the PICS allowance has been used for during that period in the comments field of the I&E statement.

Where health settings are not already paid by Colleges in arrears, agreements between Colleges and health settings 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 health setting has delivered, or indicates that it is proposing to deliver, substantially different PICS projects than was agreed, the College will be responsible for identifying this change to the project to determine if it remains eligible. Should there be a dispute, the College can seek advice from the Department.

Eligibility and appropriate use of PICS funds

Health settings are eligible to receive the PICS allowance for all training posts funded under the STP that occur in a private health setting. The PICS allowance is attached to the eligible STP training post.

The definition of "Private" relates to the facility and its ownership. A private setting is not a publicly (Commonwealth, State or Territory) owned facility treating private patients, nor a public-private partnership providing public health services such as a private health organisation managing a public hospital or health service, funded by government. This does not include where a service is delivered by a private provider in a public health service on a fee-for-service basis, such as the outsourcing of services by a public health service to a private provider either co-located or off-site.

The PICS allowance is intended to support the delivery of education and training linked to a specific STP training position. It does not represent a direct financial benefit to the supporting private health setting. The PICS allowance may be aggregated within training settings and across training networks. This includes aggregating funding where settings and networks support multiple STP posts.

PICS funds can be used by health settings for activities including:

- purchases related to infrastructure, where the infrastructure would remain the property of the training site; and
- clinical supervision to support the delivery of education and training linked to a specific STP training position.

To support Colleges in determining appropriate use of PICS funds with health settings, the Departments' position on eligible infrastructure and clinical supervision activities is outlined below.

Infrastructure

PICS funding will be eligible for resources which provide for, or enhance, the training experience delivered by the STP training post, including:

- training room outfitting, including purchasing specific training equipment such as microscopes for trainees and training simulation equipment;
- expenditure for initial training post setup, including any costs associated with recruitment and retention;
- 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 and relevant online journal access; and
- 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.

Clinical supervision

Private health settings are able to use the PICS allowance for clinical supervision arrangements where direct or first-hand observation of teaching that involves face to face and other associated interactions between the trainee and the clinical supervisor is implemented. Generally clinical supervision will be provided by a senior practitioner (i.e. a College Fellow and/or a College accredited supervisor). The role of the clinical supervisor is to ensure that trainees are supported to achieve the established goals or tasks contained in the training curriculum and program.

Health settings must be able to demonstrate that if PICS supports clinical supervision, funding is allocated towards maintaining and/or enhancing the delivery of appropriate supervision to STP-funded trainees.

Eligible supervision activities include:

- Administrative support
 - Support for activities which promote and maintain good work standards, coordinate practices and policies which lead to a high-quality training experience for trainees in STP posts;
- Educational support
 - Activities which help coordinate the educational development of trainees to ensure delivery of a training experience that contribute towards specialty training of the relevant College;
- Networked supervision support
 - Development of networks of training which facilitate seamless transition between training sites ensuring 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.

Resources which may be required for the activity of clinical training which are not eligible, for PICS funding support are:

- the use of funding to contribute to health service operational expenses such as salaries (other than related to the supervision and support of the eligible STP post), 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;
- 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 specialty 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’).