



Australian Government
Department of Health and Aged Care

Specialist Training Program (STP) Operational Framework 2022-2025

Introduction

The Specialist Training Program (STP) seeks to extend vocational training for specialist registrars (trainees) 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 non-GP specialty trainees with exposure to a broader range of healthcare settings. STP also aims to have a positive influence on future medical workforce distribution.

This Operational Framework document is for the Specialist Training Program under the Specialist Training Program Grant Opportunity Guidelines, October 2021.

The Operational Framework applies to the following three streams of the program:

- Specialist Training Placements and Support: support for 920 full time equivalent (FTE) STP training posts (of which at least 50% must be in expanded settings) through the specialist medical colleges, including where applicable the Rural Support Loading, Private Infrastructure and Clinical Supervision, Support Projects and Administration funding;
- Integrated Rural Training Pipeline (IRTP): support for 100 FTE rurally-focused specialty training posts; and
- Training More Specialist Doctors in Tasmania (Tasmanian Project): supports the employment of supervisors and trainees in the Tasmanian public health system.

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Aims and Objectives

The aim of the STP is to:

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

Specialist medical colleges will provide progress updates to the Department on each STP objective outlined below as part of biannual performance reports that are due on 1 April and 1 October annually.

Objective 1 – Contribute to enhancing capacity and building capability of the health care sector to train the future specialist medical workforce.

To achieve this Colleges will:

- actively monitor and manage accredited STP, IRTP and Tasmanian Project funded training posts.
- participation in Reserve List processes as required and management of a Reserve List for all funding streams.
- ensure trainee rotations in STP posts are for a minimum, continuous period of three months (or three months pro-rata where trainee is less than 1 FTE) and comply with this Operational Framework.
- actively manage the IRTP posts in accordance with this Operational Framework (if delivering this stream of activity).
- actively manage and fund training and supervisory positions under the Tasmanian component of the STP (if delivering this stream of activity).
- meet the key performance indicators (KPIs) for funded and filled against STP, IRTP and Tasmanian Project posts (refer to ‘Key Performance Indicators – funding and filling to target’). Funded and filled KPIs are specified in grant agreements. maintain effective relationships with funded health facilities and State and Territory Government under all funding streams.

Objective 2 – Contribute to increasing the capacity of specialist training being undertaken in private settings.

To achieve this Colleges will:

- support training posts in expanded settings that meet the definition of a ‘private’ setting (refer to ‘Priority Settings’ on page 7), including effective relationship management with funded health settings; and achievement of the private FTE target set under the grant agreement.
- consider further opportunities to build the capacity of training in expanded settings in consultation with funded and/or health settings that could potentially be funded in the future.
- provide efficient and effective management and administration of the Private Infrastructure Clinical Supervision (PICS) allowance to eligible private training settings in accordance this Operational Framework and the PICS Guidelines.

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

To achieve this Colleges will:

- support training posts in expanded settings that meet the definition of a ‘regional, rural or remote’ setting (refer to ‘Priority Settings’ on page 7), including effective relationship management with funded health settings and achievement of the rural FTE target set under the grant agreement.
- consider further opportunities to build the capacity of training in MM 2-7 locations in consultation with funded and/or health settings that could be potentially be funded in the future.

- provide efficient and effective management and administration of the Rural Support Loading (RSL) allowance to eligible training settings in accordance with this Operational Framework and the RSL Guidelines.
- ensure that trainees funded through STP-IRTP posts will complete at least two thirds (66.6%) of their specialty training in MM 2–7 areas.

Objective 4 – Support and enhance high quality specialist training experiences for specialist trainees in STP posts.

To achieve this Colleges will:

- work collaboratively with a range of stakeholder groups including state/territory health bodies, non-government organisations, universities, Regional Training Hubs and other training providers to support the delivery of specialist training in STP posts. These partnerships should aim to support and enhance specialty training opportunities across Australia.
- design, develop and deliver support projects that will directly benefit trainees in STP posts. These projects will support and enhance the delivery of specialty training and provide trainees with high quality specialist training experiences.
- prioritise projects that are targeted at supporting rural and Aboriginal and Torres Strait Islander trainees.

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

To achieve this Colleges will:

- collaborate with universities and other organisations, to attract Aboriginal and Torres Strait Islander medical graduates that meet college requirements to undertake specialist training.
- identify Aboriginal and Torres Strait Islander trainees and provide appropriate support to enable them to complete their specialty training, particularly in STP training posts. For example:
 - provide mentoring and support during their specialist training rotation;
 - prioritise Aboriginal and Torres Strait Islander health setting post rotations;
 - encourage targeted support projects to assist current and future Aboriginal and Torres Strait Islander trainees and cultural awareness programs for training settings.

Governance

The STP is a collaborative approach to the expansion of specialist training, requiring engagement and participation between the Australian Government Department of Health (the Department of Health), Community Grants Hub, specialist medical colleges, state and territory health departments, health settings (both public and private) and specialist trainees.

Department of Health

The Department of Health is responsible for the development of STP grant policy. Across 2022 – 2025, the Department will manage the following aspects under College grant agreements:

- overseeing the delivery of the STP by the Colleges, including effective relationships with each College through regular formal and informal discussions and correspondence annually;
- setting training post allocations and targets for the STP, IRTP and Tasmanian Project;
- establishment of annual funded and filled performance indicators;
- management of annual STP Reserve List processes to facilitate adequate Reserve Lists for Colleges;
- management of and timely updates to the STP Operational Framework and supporting Guideline documents as required;

- assessment of STP Support Project proposals;
- consideration of unsent/unsolicited funding proposals as required;
- developing evaluation and review processes to enhance the efficiency and effectiveness of the STP, such as the Mid-Agreement Review to be undertaken in 2022.
- consultation and engagement with Colleges and State and Territory Government as required, including:
 - policy amendments and/or reform options for the STP, IRTP and/or Tasmanian Project as part of the Mid-Agreement Review process to be undertaken from mid-2022;
 - reform options for the Reserve List process from 2022; and
 - informal and formal meetings to discuss relevant STP objectives and modifications to inform outcomes.
- providing information to the public in relation to the STP when approached through the Medical Specialist Training Section Inbox.

Community Grants Hub

The Community Grants Hub (CGH) provides a shared-services arrangement to deliver STP grant administration services on behalf of the Department of Health. CGH is the first point of contact for grants-related queries and will liaise with the Department of Health where policy input is required.

CGH is responsible for the following aspects related to the STP:

- administering the STP at the direction of the Department of Health and consistent with the requirements of the Commonwealth Grants Rules and Guidelines 2017;
- Performance Management – compliance monitoring and assessment/approval of all funding agreement reports;
- Risk Management – the Hub will complete an organisation risk assessment at least annually (for low risk rated) or biannually (for medium or higher risk rated);
- Stakeholder Engagement – the Hub will:
 - Be the primary point of contact for all grant matters;
 - Maintain regular communication with the organisation;
 - Conduct site visits as required;
 - Attend forum or other network engagements.
- Payment/Financial Management - the Hub will:
 - Release Payments;
 - Conduct Financial Acquittal;
 - Manage Underspend and Debt Recovery.

Specialist medical colleges

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

- ensure only accredited training posts are funded. This ensures that all training opportunities meet at least a minimum level of agreed quality and content and be considered by the college to deliver educational value;
- establish training arrangements for trainees that provide opportunities not available in major public hospitals; and
- work with all key partners to improve rural and remote specialist workforce shortages and maldistribution.

The Commonwealth currently funds 13 Colleges for the management of the STP:

- 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 Obstetricians and Gynaecologists (RANZCOG).
- Royal Australian and New Zealand College of Psychiatrists (RANZCP);
- Royal Australian and New Zealand College of Radiologists (RANZCR); and
- Royal College of Pathologists of Australasia (RCPA).

Training Settings and Employers

State and Territory Governments (S/T Governments) and public health services are also key partners in the delivery of specialist medical training arrangements. They are the providers of the majority of funded training places and specialist trainees are usually employees of the state health system. Across 2022-2025, the Commonwealth will provide approximately \$708.6 million for the STP which is intended to be a contribution to specialist medical training, with S/T Governments funding the remaining costs. Training arrangements that are not part of the STP are fully funded by S/T Government, private settings and/or non-government organisations. It is important for STP posts to operate in partnership with non-STP posts and as such S/T Governments have a key role to play in informing and influencing the best distribution of STP posts.

Under the STP, the Department of Health will continue to rely on State and Territory health departments to provide advice on the merits of Reserve List applications, from the perspective of areas of workforce need for each jurisdiction. State and Territory health departments will also be consulted during the Mid-Agreement Review process. Specific questions will be provided to State and Territory health departments for consideration and response and are likely to relate to the need to address any maldistribution of services for each specialty that is specific to that jurisdiction and its medical workforce planning.

Private health care organisations/settings are critical to achieving an expansion of specialty training opportunities across Australia. To achieve this the private sector needs to be engaged in the establishment of posts in collaboration with the public sector to facilitate trainee rotations and allocations for the purposes of training.

Where the trainee 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. These arrangements will also facilitate continuity of the trainee's entitlements as they move through expanded setting training, for example, medical indemnity, workers compensation, superannuation, long service leave, etc.

Funded training settings/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 acknowledge that the STP provides only a contribution toward 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 supervisors will monitor trainee well-being and ensure a safe training environment and relevant safety training, including cultural training (where required) is provided.

Priority Settings

The priority settings for participation in the program that contribute towards the government's targets during the 2022 to 2025 funding period continue to be:

- Regional, rural and remote areas: settings located in Modified Monash Model (2019) areas 2-7
- 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 independently from a state government metropolitan public teaching hospital.

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.

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

- Organisation is registered under their ABN as a non-government organisation.
- The organisation is incorporated.
- In the case of organisations co-located with public hospitals, they must clearly demonstrate that they are separate organisation from the hospital, for example having separate governance, operational structures and/or being incorporated.
- An Aboriginal Medical Service or an Aboriginal Community Controlled Health Service are also considered a private entity.

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) Public¹ and Private hospitals;
- b) Local Health Networks,
- c) Rural, regional and remote health services;
- d) Private health care organisations / settings;
- e) Aged Care services;
- f) Aboriginal Community Controlled Health Services and Aboriginal Medical Services; and
- g) Community health organisations.

For a post to be eligible for funding under the program, **0.5 FTE of the post must be in an expanded setting.**

What is not eligible for funding under the STP?

¹ 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).

- a) Post-fellowship training.
- b) General Practice training
- 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 that have been previously funded. A position will not be considered eligible for STP funding if it has been funded by another organisation for more than 12 months within the last three years. Further, a position that was funded by another organisation within the last 12 months will need to conclusively demonstrate that its funding for the position 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.

Note:

- an unaccredited position that has become accredited is not considered to be previously funded;
- where a post was previously accredited and funded under the STP, but lost its accreditation and subsequently its funding but is able to be reaccredited in the future, a College may place the post on its Reserve List until it can regain accreditation, in which case, it would be eligible for funding under the STP again once reaccredited.
- 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.

College activities

Under 2022-2025 Grant Agreements, Colleges will:

- a. Manage training posts including funding, filling, and selecting from Reserve Lists as appropriate:**
 - ensuring the rotation of trainees through these posts is not detrimental to the capacity of the public health care system to deliver services; and
 - 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 and systems for training across all settings to:**
 - integrate training posts into relevant college training networks;
 - integrate the training occurring beyond the traditional teaching hospital with training provided by the local state or territory health service providers;
 - support providers in delivering longer training experiences, particularly for rural settings, providing for a minimum, three-month continuous period (per academic year) training rotation under the program (or three months pro-rata where trainee is less than 1 FTE);
 - ensure providers of STP funded training posts included in networks are equipped with resources and support mechanisms necessary for the sustainability of training posts; and
 - in the case of cross college training, training arrangements are formalised with the agreement of relevant colleges ie: intensive care trainee undertaking an anaesthesia rotation.
- c. Developing networks with expanded settings, including the private sector. In rural areas, this work may require inter-college arrangements and foster inter-disciplinary approaches to support speciality training to:**

- facilitate and coordinate specialty training in expanded settings that have multiple training posts under the STP;
 - ensure that trainees receive appropriate support required to successfully undertake training in expanded settings, including the private sector;
 - support private settings to maximise specialty training opportunities;
 - ensure training posts in private setting(s) are integrated into the public training programs and networks where appropriate; and
 - 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. Enhance training by developing and implementing system wide education support projects.**
- Colleges must prepare Support Project proposals in accordance with the Support Project Guidelines.
- e. Colleges will monitor trainee well-being and safety and through accreditation practices, ensure a safe training environment and relevant induction, orientation and safety training, including cultural training is provided to all trainees in STP funded posts.**
- f. Colleges will evaluate and report to the Department on the outcomes of the STP including funded posts, RSL, PICS and support projects related to meeting the identified priorities of government. This will be managed through biannual performance reporting and one virtual meeting with the Department annually, where Colleges will provide verbal progress updates and identify any risks and subsequent mitigation strategies. Annual meetings with each College will be organised by the Department and are likely to occur across June and August annually.**

Funding

Funds are available under the STP for the following activities:

Activity	Funding (GST exclusive)	Specifications
a) STP - salary support for trainees	\$105,000 per annum (note: indexed annually from 2022 – refer to Grant Agreement)	To be paid pro rata, per full time equivalent (FTE). STP posts will be managed in line with this Framework.
b) Rural Support Loading (RSL)	\$25,000 per annum	To be paid per eligible rural post, pro-rata per FTE.
c) Private Infrastructure and Clinical Supervision (PICS)	\$30,000 per annum	To be paid per eligible private post, pro-rata per FTE.
d) Support Projects	\$100,000 base funding + \$1,210 per post per annum	Support Project(s) will be managed in accordance with the Support Project Guidelines.
e) Integrated Rural Training Pipeline	Funding of up to \$150,000 per annum (note: indexed annually from 2022 - refer to Grant Agreement)	To be paid pro rata per FTE. These funds can be used for IRTP-STP salary support, RSL and PICS (if eligible). Colleges participating in the IRTP may retain up to 5% of these funds to assist in the

Activity	Funding (GST exclusive)	Specifications
		administration of the IRTP posts subject to the agreement of the Department.
f) Tasmanian Project	Indexed annually (refer to Grant Agreement)	To be paid pro rata per FTE.

Reserve List Process (previously EOI or New Post) and Reserve List management

Each College will manage a Reserve List of suitable posts that will be used to meet targets set in STP grant agreements. Reserve Lists will be refreshed through a Reserve List process to be conducted yearly in accordance with the Reserve List Guidelines.

In selecting posts to activate from the Reserve List, Colleges will need to consider prioritisation of posts to achieve targets for rural and private posts, as well as consider workforce need for specialties (if appropriate).

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 associated College may defer the post back to its Reserve List and redirect funding to an existing Reserve List post. The College can fund the initial post in the future when a trainee can be confirmed.

Key Performance Indicators – funding and filling to target

Key Performance Indicators (KPIs) for both funding and filling to College targets are an important mechanism through which Colleges can demonstrate successes and challenges under the STP, IRTP and/or Tasmanian Project. The overarching position of the Department is that Colleges both fund and fill to 100% of agreed targets, and all Colleges should work towards these overarching KPIs as the priority each academic year.

In recognition of College performance trend data to date and that there are elements to funding and filling training posts that are outside College control, specific funded and filled KPIs are being introduced for each College for the STP funding stream only to improve funded and filled rates from 2022.

Due to the smaller number of posts in both the IRTP and Tasmanian Project funding streams, Colleges are expected to fund and fill to 100% of agreed IRTP and Tasmanian Project targets annually.

Funded KPIs for STP posts relate to the overarching post target not the individual private and rural targets, and are the same across all Colleges, with the expectation that 100% of the allocated FTE for STP posts are funded annually. 'Funded' refers to the contract in place between Colleges and health settings in preparation of a trainee commencing.

Filled KPIs for STP posts also relate to the overarching post target (not the individual private and rural targets) and are a stretch target (percentage) based on a College's filled performance trend data in recent years (e.g. if filling to 90% of its target, a College could expect its filled KPI percentage to be 94% the following year, 98% the year after etc). 'Filled' refers to having a trainee in place at a funded health setting. Where a College is already filling to 100% of its STP post target, the KPI for filled will remain at 100% under all future funding years.

The Department acknowledges that some elements to funding and filling training posts are outside of a College's control. Colleges will be required to provide advice to the Department where funded and/or filled KPIs have not been met, including sufficient rationale for why the College has been unable to meet its funded and/or filled KPIs through performance reports due in April and October annually.

Examples of circumstances beyond College control include:

- Maternity leave
- Extended sick/personal leave
- Recruitment was unsuccessful
- Post was filled and the trainee withdrew from training
- Post was filled and the trainee took another offer elsewhere
- Post was filled and the trainee was moved to another training post (workforce decision or health setting coordinating rotations/trainees)
- Accreditation was withdrawn, on hold and/or not confirmed (ie; new post that didn't succeed in gaining accreditation and it was too late to re-allocate to another reserve list post for the full year).

Mid-Agreement Review Process

The Mid-Agreement (MA) Review will help to ensure the STP remains responsive to government medical workforce needs and continues to focus on supporting training in expanded settings.

The MA Review will:

- be used to inform funding and allocations in 2024 and 2025;
- be used to inform the approach to administration funding in 2024 and 2025; and
- enable the Department to implement a better approach to management of unspent funds stemming from unfilled posts.

Funding streams in scope for the MA Review are STP and IRTP. The Tasmanian Project will be exempt from the MA Review following its recent review process in 2019. The Department will consult with the Tasmanian Department of Health to determine program reform for the Tasmanian Project in parallel to the MA Review.

Any changes to post allocations and/or program reform for STP, IRTP and/or Tasmanian Project will be implemented from 2024 through a Notice of Change or Deed of Variation process.

The role for Colleges, State and Territory Government and the Department, including timing for undertaking the MA Review are detailed at Attachment A.

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.

MBS Online: <http://www.mbsonline.gov.au>

Medicare Australia provider enquiry line - 132 150.

Medical Indemnity

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.

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.

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

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.

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 specialty training to train in expanded settings, including providing services to the local community.

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.

As a guide, training posts that will be unfilled for greater than 6 months should have another trainee recruited to fill the vacancy or see *Management of Vacancies* section.

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.

Contact Details

The Director
Medical Specialist Training Section
Health Training Branch
Health Workforce Division
MSTS@health.gov.au

Website for the Department of Health [Specialist Training Program](#):

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/work-spec>

Attachment A: The Mid-Agreement (MA) review will be streamlined into 3 concurrent phases led by the department

Phase 1 - analysis & consultation with Colleges on 2018-2021 trend data (anticipated Jun - Sept 22)

- The Department will provide each College with a personalised template that outlines the College's performance trend data across 2018-2021 and includes as much information on unfunded/unfilled posts that can be pulled from RIDE.
- Colleges will be required to respond to targeted questions and provide information in relation to the data trends.
- Information provided by the College under this phase will contribute towards the Department's position on FTE allocations for each College from 2024.
- Please note: consistent with messaging provided to Colleges since mid-2021, where there is a history of not funding to target, a reduction in FTE from 2024 is a likely outcome through the MA Review.
- Where Colleges have been funding and filling to target consistently over 2018-2021, these Colleges may not be required to undertake phase 1 of the MA Review.
- Colleges will be provided the opportunity to respond to the recommendations of the Department for FTE allocations from 2024 in late 2022.
- A template to guide phase one is under development and will be provided to Colleges by mid-July 2022.

Phase 2 - consultation with state and territory governments (anticipated Jun - Oct 22)

- The Department will consult with our state and territory counterparts on all existing STP, IRTP and Tasmanian Project posts to determine each jurisdictions' position on posts that align with workforce demand and those that do not.
- Information provided by jurisdictions under this phase will contribute towards the Department's position on FTE allocations for each College from 2024.
- Where College responses under phase 1 require a jurisdictional lens, the Department will liaise with the relevant state and territory counterpart/s (and vice versa where jurisdictional feedback from phase 2 requires additional consideration of the relevant College).
- A template to guide phase two is under development and will be provided to jurisdictions in mid-July 2022.

Phase 3 - activity based costing exercise with Colleges (anticipated Aug - Oct 22)

- Colleges will undertake an activity-based costing exercise consisting of targeted administration funding questions as recommended by KPMG in its 2019 review.
- The questions will build on information already provided by Colleges through the KPMG review and support the Department's final determinations on an equitable and transparent administration funding model to be implemented from 2024.
- Colleges will also be provided the opportunity to demonstrate capacity to implement additional FTE from 2024 (as relevant) if additional FTE for Colleges is identified under phase 3. Note: as the STP remains a capped program, there is no guarantee that additional FTE requests will be accommodated.
- Colleges will need to provide sufficient evidence (e.g. relevant supporting data to highlight workforce demand) to justify how additional FTE would be managed from 2024, noting that jurisdictional support will be required where additional FTE is proposed.
- The Department will consolidate all feedback from Colleges in relation to additional FTE capacity and consult with our state and territory counterparts to determine priority allocation of FTE from 2024.
- A template to guide phase three is under development and will be provided to Colleges by late-July 2022.

Note: it is anticipated that the Department will provide the outcome of the MA Review to Colleges by late November/early December 2022, with an opportunity for Colleges to discuss the MA Review outcomes with the Department in late 2022 (if required). Additionally, templates for phases 1 and 3 may seek information that has been provided by Colleges in other forums, including Performance Reporting and/or Final Reports. Colleges will need to ensure that relevant information is provided in the templates so that these are stand-alone documents without need to reference alternate sources of information.