



## Specialist Training Program 2020 Expression of Interest

### Introduction

This Expression of Interest (EOI) process will be open from **12 pm (AEDT) Friday 1 March 2019** for a 3-week period and close at **5pm (AEDT) Friday 22 March 2019**. This EOI process is managed by the Royal Australasian College of Surgeons (RACS) on behalf of the Department of Health.

Hospitals wishing to access STP funding **MUST** submit an accreditation application with the relevant Specialty Training Board (STB) by **March 31, 2019**. It is recognised that this may require hospitals to complete an accreditation submission before the funding application outcome is known. However failure to apply for hospital accreditation will render the hospital ineligible to be considered for funding.

For further information regarding accreditation, please refer to the relevant Specialty Training Boards website for accreditation application instructions.

Please only include one post per application. If you wish to apply for multiple posts, please submit multiple applications. Please ensure that the person completing this application is legally empowered to give assurances and enter into contracts and commitments on behalf of the fund holder.

By completing this application you understand that it may be considered and reviewed by the Australian Government, the relevant state or territory health department, the relevant specialist college and any evaluation experts engaged by the Australian Government.



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### Funding Application Checklist

Before proceeding with the EOI application, please ensure the following eligibility criteria can be met:

\* 1. You must be able to answer 'yes' to all of the below questions

	Yes	No
The training setting is at least 0.5 Full Time Equivalent (FTE)	<input type="radio"/>	<input type="radio"/>
Is this Expression of Interest a new position representing a genuine expansion of training (not previously filled nor funded)? This could be an additional position at an existing accredited teaching hospital	<input type="radio"/>	<input type="radio"/>
Is this EOI application for a Surgical Education and Training (SET) program trainee? (Not a Fellow or International Medical Graduate)	<input type="radio"/>	<input type="radio"/>
Post accreditation has or will be applied for to the relevant Specialty Training Boards deadline	<input type="radio"/>	<input type="radio"/>

**\* 2. The training post will be in the following specialty:**

Due the Department of Health workforce considerations, Plastic and Reconstructive Surgery and Otolaryngology Head and Neck Surgery (OHNS) positions are excluded from this EOI round.

- Orthopaedic
- Neurosurgery
- Urology
- General Surgery
- Vascular Surgery
- Cardiothoracic Surgery
- Paediatric Surgery



## Specialist Training Program 2020 Expression of Interest

### Administrative Details

Questions with an \* require an answer in order to proceed

**\* 3. Name of the individual completing this application:**

Title

First Name

Surname

Company

Email  
Address

Phone  
Number

**\* 4. Organisation details (for funding agreement purposes):**

Legal Entity

Trading Name

ABN



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### Administrative Details

Questions with an \* require an answer in order to proceed

**\* 5. Details of the primary facility where specialist training will be undertaken:**

If it is a 50/50 split between two hospitals, please choose one hospital to be the liaison with RACS and listed below

Name of  
Facility

Address

Address 2

City

State

Post Code

Email  
Address

Phone  
Number (+61)

**\* 6. Authorised contact person for this application:**

This person may be contacted with regards to contractual/organisation questions.

**Title**

**First Name**

**Surname**

**Organisation**

**Position**

**Work Address**

**Work Address**

**2**

**City**

**State**

**Post Code**

**Email  
Address**

**Phone  
Number (+61)**

**\* 7. Proposed clinical supervisor contact details:**

**Title**

**First Name**

**Surname**

**Organisation**

**Position**

**Work Address**

**Work Address  
2**

**City**

**State**

**Post Code**

**Email  
Address**

**Phone  
Number (+61)**

**\* 8. Please select the primary facility type from the following options:**

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

- Public Hospital**
- Private Hospital**
- Other (please specify)**

\* 9. Will the trainee rotate through other settings or network?

Yes

No





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10. If yes, please include the name/s of all additional settings:

11. Select the additional post setting type from the following options:

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

- Public Hospital
- Private Hospital
- Other (please specify)

12. Please confirm the FTE split between settings (e.g. 50% Public 50% Private):



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- \* 13. Is the Primary Training Setting rural? (RA 2-5 according to [ASGS Remoteness Area 2016](#))

Please indicate the Remoteness Area from the options below:

- RA 1                                       RA 4  
 RA 2                                       RA 5  
 RA 3

- \* 14. Will the trainee spend at least 50% of their time in a rural hospital (RA 2+)?

- Yes  
 No

- \* 15. What is the proposed training level?  
(Must be a SET trainee)

- Basic - Years 1 to 3  
 Intermediate - Years 4 to 5  
 Advanced - Year 6

- \* 16. All STP posts must be a minimum of three months per calendar year. Is the primary training setting able to confirm that all posts will be a minimum of three months?

- Yes  
 No

**\* 17. Please provide the current accreditation status of the proposed post, or provide comment on your timeline to submit an accreditation application: (Note deadlines as per [RACS website](#))**

- Have been granted accreditation for the proposed post for 2020
- Have applied for post accreditation
- Have not yet applied for post accreditation

**Other (please specify)**



## Specialist Training Program 2020 Expression of Interest

### Proposal Outline and Rationale

Please limit responses to a maximum of 500 words per question

It is advised that you draft your responses in a word document and then copy and paste them into your application.

- \* 18. Please describe the proposed training setting/s:  
E.g. Size of hospital, departments etc.

- \* 19. Please describe the educational imperative and learning objectives for the proposed

- \* 20. Please describe the trainee support available for the proposed post, including the p  
training needs:

- \* 21. Please describe how this proposal will help address health workforce issues:

22. Any additional information which may support the EOI:



## Specialist Training Program 2020 Expression of Interest Declaration

Please note:

A person who is legally empowered to give assurances and enter into contracts and commitments on behalf of the fund holder should complete this application.

Any application that does not provide all required information or which contains false or misleading information may be excluded from consideration.

I hereby apply for funding under the Specialist Training Program.

I certify that the information given in the application is complete and correct. An application that contains information that is, to the applicant's knowledge, false or misleading may result in the funding being revoked.

I understand this application may be considered and reviewed by the Australian Government, the relevant state or territory health department, the relevant specialist college, and any evaluation experts engaged by the Australian Government.

\* 23. By selecting YES, I agree to the above declaration

Yes

No

\* 24. Name of the individual completing the application (on behalf of the organisation):