Background

The Australian Government Funded Training Programs (AGFTP) Committee is responsible for administering funding provided through Australian Government Departments and their executed funding agreements with the aim to increase the capacity of the health sector to provide high quality, appropriate training opportunities.

The AGFTP Committee formerly known as the Specialist Training Program Committee has been involved with the Australian Department of Health and Aged Care (DoHAC) Specialist Training Program (STP) since 2009, assisting with funding application rounds and monitoring training posts supported by the STP. Prior to October 2016 the Committee was called the STP Reference Committee.

A pilot project for Military and Veteran psychiatry training placements ran from 2019 to August 2021, funded through the STP. From August 2021, the Department of Veterans’ Affairs (DVA) directly funds training posts with hospitals or other healthcare settings where trainees will be exposed to military and/or veteran psychiatric patients. The structure of the Military and Veterans’ Psychiatry Training Program (MVPTP) posts is modelled on the STP.

The updated Committee name reflects the expanded role of the Committee and encompasses additional Australian Government funded training opportunities.

DoHAC funded training programs

Specialist Training Program (STP)

The STP is a medical specialist training initiative operating in Australia, with the aim to:

- Increase the capacity of the health sector to provide high quality, appropriate training opportunities to facilitate the required educational experiences for specialist training.
- Supplement the available specialist workforce in outer metropolitan, rural and remote locations.
- Develop specialist training arrangements beyond traditional metropolitan public teaching hospitals.

The Department of Health and Aged Care STP Operational Framework which is updated at appropriate intervals outlines the vital role that medical specialist Colleges play in providing national oversight and consistency in medical specialist training within Australia. Future updates are expected to incorporate recommendations from the National Medical Workforce Strategy 2021-2031.

The STP includes three complementary funding streams:

1. Specialist Training Placements and Support
2. Integrated Rural Training Pipeline
3. Training More Specialist Doctors in Tasmania (Tasmanian Project).
Psychiatry Workforce Program (PWP)

The PWP is an initiative to address mental health workforce maldistribution and shortages and aims to improve access to high quality mental health care for all Australians, with a focus on those living in rural and remote areas. To deliver this aim, the program required criteria to identify psychiatry training posts:

- 50% of posts located in MM2-7 areas.
- At least one trainee in additional training posts identifies as Aboriginal or Torres Strait Islander or at least one post that provides services to Aboriginal and Torres Strait Islander communities.

This program is also governed under the DoHAC STP Operational Framework.

This program is comprised of four activities, only one activity ‘Additional Psychiatry Training Posts and Supervisor positions’ is governed by this committee.

Flexible Approach to Training in Expanded Settings (FATES) Rural Director of Training (Rural DoT)

The FATES phase 1 short-term funding was awarded to support a co-funded roll-out of Rural DoTs for local health jurisdictions to create a network of Rural DoTs in Australia.

Rural DoTs will focus on outcomes to:

- Support quality psychiatry training in rural and remote Australia.
- Reduce barriers and improve incentives for entering rural and remote medical practice.
- Improve the distribution and supply of psychiatry training in areas of undersupply to meet the needs of the community, particularly in rural and remote areas.

DVA funded training programs

Military and Veteran Psychiatry Training Program (MVPTP)

The MVPTP operates within Australia, with the aim to:

- Enhance the capacity of the mental health sector to train the future psychiatry workforce in military and veteran mental health.
- Increase the amount of specialist training being undertaken in military and veteran mental health, where possible in areas of unmet need.
- Contribute to improving psychiatry workforce distribution.

The Military and Veterans’ Psychiatry Training Program Guidelines for Health services provide oversight and governance for the program.

1. ROLE

As part of RANZCP’s involvement in application rounds for Australian Government funded training programs, the AGFTP Committee (AGFTPC) will review and rank all Australian Government funded psychiatry health service applications and will determine which applications are to be submitted to the DoHAC or DVA for approval.

The Committee is time limited for the duration of the AGFTP.

The duration of the AGFTP is determined by the DoHAC and DVA.

2. RESPONSIBILITIES

The AGFTPC will be responsible for:
a) Developing criteria for assessment of all psychiatry health service Australian Government funded training program applications.

b) Reviewing all psychiatry health service Australian Government funded training program applications, and in conjunction with advice from relevant Branch Training Committees (BTC) / Psychiatry Training Committees, regional training hubs and jurisdictions, determining which applications are to be submitted to the DoHAC or DVA for approval.

c) Reviewing and amending application assessment criteria, as required.

d) Monitoring and reviewing all Australian Government funded training program posts as required to ensure alignment with the objectives and deliverables of the relevant program.

e) Any other duties required for other Australian Government funded training programs for the funding of training posts/positions that become available.

f) Providing advice on relevant Australian Government funded training program related support projects, as required.

g) Consulting, where appropriate, with other Australian Government funded training program stakeholder groups agreed upon by the Education Committee (EC).

h) Developing and implementing an annual work plan as required.

i) Identifying and managing risks associated with its committee, in accordance with the RANZCP's Risk Management Policy, and for reporting high level risks to the EC and the Corporate Governance and Risk Committee (CGRC). The Committee will maintain a Risk Register.

3. REPORTING RELATIONSHIPS

a) The AGFTPC will report to the EC.

b) The AGFTPC Chair will provide a report to each EC meeting, as required. The AGFTPC Chair, or their nominee, will attend meetings of the EC as requested.

c) A written report will be submitted to the Board, as required.

d) A written report will be provided to the Committee for Training (CFT), as required.

e) A financial report is provided periodically to the Finance Committee.

f) Copies of reporting to the DoHAC and the DVA will be noted at the EC meeting.

4. COMMITTEE

4.1 Composition/Membership

The Committee will comprise a maximum of 12 voting members (including the Chair). Appointment will be based on expertise, capacity to contribute and existing involvement in RANZCP activity concerning psychiatry training and education. Members of the Committee will include a:

- Chair, Fellow (independent) i.e. not a Director of Training (DoT) or Director of Advanced Training (DoAT)
- ACT BTC Representative (DoT or DoAT)
- NSW BTC Representative (DoT or DoAT)
- NT BTC Representative (DoT or DoAT)
- QLD BTC Representative (DoT or DoAT)
- SA Psychiatric Training Committee (SAPTC) Representative (DoT or DoAT)
- TAS BTC Representative (DoT or DoAT)
• VIC Psychiatric Training Committee (VPTC) Representative (DoT or DoAT)
• WA BTC Representative (DoT or DoAT)
• CFT Representative
• Bi-national Section of Rural Psychiatry Committee Representative
• Military, Veterans’ and Emergency Services Personnel Mental Health Network Committee Representative.

4.2 Elections, Appointments and Casual Vacancies

4.2.1 Chair
a) Nominations are called from among the Fellows of the RANZCP. The position will be appointed by the EC.
b) Due to the Committee’s responsibilities, this position must be independent to avoid any perceived/potential/actual conflict of interest.
c) The term of the Chair is for three years. The Chair may be eligible for reappointment to serve a further three years (subject to ongoing Government funding).
d) In the event of the resignation of the Chair, whose term is not due to finish for 12 months or more, a call for nominations from the Fellowship shall take place. The interim Chair shall be appointed by the EC, and noted by the Board via the EC Report to the Board.
e) In the event of the resignation of the Chair, whose term is due to finish within 12 months, the EC shall appoint a Fellow to the role, and noted by the Board via the EC’s Report to the Board.

4.2.2 BTC, SAPTC and VPTC Representatives
a) A BTC, SAPTC and VPTC Representative must be a member of their relevant committee and a DoT or a DoAT.
b) The BTC, SAPTC and VPTC Representative will be recommended by their relevant committee to the EC for approval.
c) Their term on the AGFTPC is in accordance with their term on their respective committee and is subject to ongoing Government funding.
d) In the event of the resignation of a BTC, SAPTC or VPTC Representative from the AGFTPC, or they cease to be a member of their respective committee, they will be replaced on the AGFTPC by a current member of the relevant committee, who shall be a DoT or a DoAT, in accordance with clause 4.2.2 b).

4.2.3 CFT Representative
a) The CFT Representative will be appointed by the EC in consultation with the CFT.
b) Their term on the AGFTPC is in accordance with their term on the CFT and is subject to ongoing Government funding.
c) In the event of the resignation of the CFT Representative from the AGFTPC, or they cease to be a member of the CFT, they will be replaced on the AGFTPC by a current member of the CFT in accordance with clause 4.2.3 a).

4.2.4 Bi-national Section of Rural Psychiatry Committee Representative
a) The Bi-national Section of Rural Psychiatry Committee Representative will be recommended by the Bi-national Section of Rural Psychiatry Committee to the EC for approval.

b) Their term on the AGFTPC is in accordance with their term on the Bi-national Section of Rural Psychiatry Committee and is subject to ongoing Government funding.

c) In the event of the resignation of the Bi-national Section of Rural Psychiatry Committee Representative from the AGFTPC, or they cease to be a member of the Bi-national Section of Rural Psychiatry Committee, they will be replaced on the AGFTPC by a current member of the Bi-national Section of Rural Psychiatry Committee, in accordance with clause 4.2.4 a).

4.2.5 Military, Veterans’ and Emergency Services Personnel Mental Health Network Committee Representative

a) The Military, Veterans’ and Emergency Services Personnel Mental Health Network Committee Representative will be recommended by the Military, Veterans’ and Emergency Services Personnel Mental Health Network Committee to the EC for approval.

b) Their term on the AGFTPC is in accordance with their term on the Military, Veterans’ and Emergency Services Personnel Mental Health Network Committee, and is subject to ongoing Government funding.

c) In the event of the resignation of the Military, Veterans’ and Emergency Services Personnel Mental Health Network Committee Representative, or they cease to be a member of the Military, Veterans’ and Emergency Services Personnel Mental Health Network Committee, they will be replaced on the AGFTPC by a current member of the Military, Veterans’ and Emergency Services Personnel Mental Health Network Committee, in accordance with clause 4.2.5 a).

4.2.6 Co-opted Members

Refer to the Committee Meeting Operations Regulations for information regarding Co-opted Members.

4.2.7 Observers

Refer to the Committee Meeting Operations Regulations for information regarding Observers.

4.2.8 Casual Vacancies

a) Refer to clauses 4.2.1 d), 4.2.1 e), 4.2.2 d), 4.2.3 c), 4.2.4 c) and 4.2.5 c).

b) A casual vacancy appointment shall be for the remainder of the term.

c) A person appointed as a casual vacancy shall be eligible for appointment in accordance with this Regulation. For the purposes of this Regulation, the period of time served as a casual vacancy shall not be counted as a period of membership.

5. OPERATION OF THE COMMITTEE

5.1 Refer to the Committee Meeting Operations Regulations for the Committee’s operational information including:

- Agenda
- Chair
- Attendance
- Committee Powers and Delegation
Any queries regarding the Committee Meeting Operations Regulations should be directed to the relevant staff member who is responsible for the AGFTPC.

5.2 Additional Specific Operational Information

5.2.1 Committee Powers and Delegations

a) Replace 'Any delegation from the Board cannot be sub-delegated by the Committee' from the 'Committee Powers and Delegation' outlined in the Committee Meeting Operations Regulations with:

The Committee may establish Subcommittees or Working Groups. This must occur in consultation with the relevant Executive Manager. Approval to establish a Subcommittee or Working Group must be sought from the CGRC and the Board.

5.2.2 Definitions

In addition to the Definitions and Interpretation outlined in the Committee Meeting Operations Regulations:

- ‘BTC’ means a Branch Training Committee and includes the SAPTC and VPTC.
- ‘Committee’ means the Australian Government Funded Training Programs Committee.

6. ASSOCIATED DOCUMENTS

- Funding Agreements between the Australian Government and the RANZCP and any deeds of variation.
- Specialist Training Program Operational Framework.
- Military and Veteran Psychiatry Training Program - Guidelines for Health Services
- Rural Director of Training (Rural DoT) Guidelines
- National Medical Workforce Strategy 2021-2031
- Committee Meeting Operations Regulations

Revision Record

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**NEXT REVIEW: 2024**