

Rural Support Loading (RSL) Guidelines

This document outlines the arrangement for the allocation of funding under Rural Support Loading for Specialist Training Program Posts administered as part of Grant Agreements between the Department of Health, Disability and Ageing and non-GP specialist medical colleges for the Specialist Training Program (STP) across 2022-2026.

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Version 2.0

Introduction

The STP seeks to extend vocational training for specialist trainees into settings outside traditional metropolitan teaching hospitals, including regional, rural and remote locations.

In recognition of the additional costs associated with training regional, rural and remote locations, the STP provides a Rural Support Loading (RSL) funding component for each eligible core STP post. Integrated Rural Training Pipeline (IRTP) posts are also eligible for RSL, however, this is incorporated within the higher salary contribution for the program and therefore does not attract an additional funding component.

RSL is intended to incentivise trainees and health services to undertake training in Modified Monash Model (MM) 2-7 locations and aims to reduce some of the barriers for both the trainee and/or health setting hosting the trainee.

Allocated Funding

Colleges will receive an RSL funding allocation of \$25,000 (GST exclusive) per FTE, per annum, for eligible posts according to the rural targets set under the college grant agreements. Colleges have the flexibility to vary the amount of RSL funding per post depending on rural location to reflect the increased costs associated with training in a more remote location. Colleges are responsible for distributing the RSL to eligible health settings.

Colleges must ensure that:

- the minimum amount to be paid per post is \$15,000 per annum;
- the maximum amount to be paid per post is \$30,000 per annum;
- each college manages these payments within the total funds allocated under the grant agreements for RSL;
- RSL is paid pro rata. For example, if 0.5 FTE of a post is located in a rural location, only 0.5 RSL for that post should be paid; and
- if a post is not filled to the full FTE originally approved under the STP only a pro-rata amount of the RSL can be made.

Administration of RSL

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

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

Rural Support Loading (RSL) Guidelines

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 RSL 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 RSL funds

Health settings are eligible to receive RSL for core-STP and or IRTP training posts that occur in a MM 2-7 location.

RSL funds can be used for activities that help coordinate the educational development of trainees and/or assist with costs incurred by the trainee. This includes the following:

- training room outfitting, including purchase of specific medical training equipment and textbooks;
- minor renovations of existing facilities to accommodate specialty training such as reallocation of an office, creation of an office/desk/training area, new desks and/or additional chairs (note: minor renovations by a health setting would be at the respective college's discretion to approve, and would generally be considered a one-off expense per health setting unless further minor renovations are required in future);
- videoconferencing facilities;
- relocation costs for the trainee;
- local accommodation and living costs for the trainee such as rental/bond expenses and utility bills;
- professional development allowance for the trainee;
- costs associated with attendance at education and training activities outside of the health setting such as registration fees, accommodation and travel for the trainee;
- on-line courses and resources such as educational training software and relevant online journal access/subscription;
- office asset equipment purchases such as computers, phones, desks, IT equipment and associated facilities that will be used by trainees;
- expenditure for initial training post setup to support trainees, including any costs associated with recruitment and retention; and
- travel and accommodation expenses associated with outreach clinics as part of specialty training.

For IRTP posts or STP posts where a trainee will spend a full year of training in a rural location, RSL loading can be used to assist the trainee with all costs associated with undertaking mandatory training requirements that are only available in metropolitan locations. Note: expenditure for trainees is to be limited to the relevant academic year (e.g. a trainee spending a full year in a rural location in 2022 can use funds towards mandatory training during the 2022 academic year only).

Rural Support Loading (RSL) Guidelines

Health settings are able to use the funding provided through the RSL to meet costs associated with supporting trainees in specialty training. Colleges are responsible for monitoring appropriate use of RSL by health settings.

Activities that are ineligible for RSL funding include:

- the use of funding to contribute to general health setting operational expenses such as administration, salaries, training courses or ongoing building maintenance costs;
- direct costs associated with specialist medical college accreditation;
- supervisor travel and accommodation, professional development and salary;
- locum costs;
- expenses related to storage of goods for trainees who relocate;
- international travel, including training costs;
- annual college training fees;
- 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 rural health setting has more than one STP training post, the RSL allowance may be aggregated 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 health settings. For training networks, the allowance would be shared proportionally across each training site. For example, a rural setting 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.

Expenses claimed under the RSL cannot also be claimed under Private Infrastructure and Clinical Supervision (PICS) 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').