

Military and Veterans' Psychiatry Training Program (MVPTP)

Guidelines for Health Services

September 2021

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1. Introduction

The purpose of the Military and Veterans' Psychiatry Training Program (MVPTP) is to improve access to psychiatrists with training in military and veteran mental health. The program was established under the 2020-21 Commonwealth Budget measure *Increasing DVA Fees to Improve Access to Mental Health Support for Veterans*. The program is funded by a grant provided by the Department of Veterans' Affairs (DVA) to the Royal Australian and New Zealand College of Psychiatrists. The grant will fund ten military and veteran psychiatry training posts in military and veteran psychiatry.

2. Aims and Objectives

The intended outcome of this activity is to strengthen workforce capability to deliver psychiatry services specific to the unique needs of veterans and military personnel.

3. Outcome Parameters

The funding is available to establish and maintain ten training posts which provide training opportunities to enhance trainees' understanding of and skills in treating military and veteran mental health. This includes:

- (a) Management of ten training posts in the area of military and veteran psychiatry to meet the following requirements:
 - (i) all training opportunities offered must meet the standards set by the RANZCP and be considered by the RANZCP to deliver educational value. This will be achieved through only funding accredited training posts;
 - (ii) ensuring the rotation of trainees through these posts is not detrimental to the capacity of the public health care system to deliver services;
 - (iii) consultation with jurisdictional health departments or equivalent regarding proposed training posts;
 - (iv) trainees will undertake six-month rotations commencing in February and August of each calendar year.
 - (v) trainee rotations are to be a minimum of three months;
 - (vi) establishing contract and financial management processes in order to ensure:
 - funding for trainee salaries is directed appropriately, i.e. the employer receives a contribution for the time the trainee spends in the training post; and
 - trainee entitlements are maintained, such as medical indemnity, superannuation, workers' compensation etc. by host settings and/or the employer of each registrar.
- (b) Developing networks across all posts which:

- (i) integrate the military and veteran training posts into the RANZCP's training network;
 - (ii) integrate the military and veteran training occurring with training provided by the local state or territory health service providers;
 - (iii) develop systems which ensure:
 - providers of military and veteran training posts are equipped with information necessary for the sustainability of the posts; and
 - thorough and ongoing evaluation of all posts within the network.
 - (iv) develop networks within private hospitals. This work may require inter-college arrangements and foster inter-disciplinary approaches to specialist training.
- (c) Manage a Reserve List of suitable posts that will be used to fill post vacancies that occur from time to time.

4. Funding Parameters

The funding parameters for the program are outlined below:

- a) Salary support for trainees
 - A contribution of \$105,000 per year (GST exclusive) pro rata, per full time equivalent (FTE).
- b) Rural loading
 - Rural loading allowance of \$10,000 to \$25,000 (GST exclusive) pro rata, per full time equivalent (FTE) is available, subject to total funds allocated, where a post has a location in a rural area.
 - Rural is defined as Modified Monash Model 2019 categories MM 2-7.
 - The geographic distribution of training posts will be determined by the RANZCP.
 - Training settings will report to the RANZCP on the use of these rural loading funds.
- c) Private sector loading
 - A private sector loading of \$12,500 to \$30,000 (GST exclusive) pro rata, per full time equivalent (FTE) is available, subject to total funds allocated, where a post has a location in a private setting.
 - The private sector loading is provided to training settings to assist in the provision of a high-quality training environment for both trainees and supervisors. It recognises the cost of delivering training in the private sector with funding designed to contribute to meeting these costs.

- Eligible private sector settings are those which do not derive their operational funding directly from a state or territory government and operate independent from a state government metropolitan public teaching hospital. Some or all of the following criteria can demonstrate private ownership:
 - i. Organisation is registered under their ABN as a non-government organisation.
 - ii. The organisation is incorporated.
 - iii. In the case of organisations, which are co-located with public hospitals, they must clearly demonstrate that they are genuinely managed as a separate organisation from the hospital such as having their own governance, operational structures and or being incorporated.
 - iv. An Aboriginal Medical Service or an Aboriginal Community Controlled Health Service are also considered as being a private entity.
- Training settings will report to the RANZCP on the use of these private sector loading funds.

The amounts listed within the funding parameters will be increased by indexation annually.

5. Eligibility

5.1 Eligible activities

The following organisations are eligible to apply under the program:

- (a) Services which solely provide training opportunities to enhance trainees' understanding of and skills in treating military and veteran mental health.

5.2 Ineligible activities

The following are ineligible activities:

- (a) Post-fellowship training.
- (b) General Practice training.
- (c) Direct costs associated with accreditation of or setting up training posts.
- (d) Training posts may not be occupied by overseas trainees employed by hospitals in other countries seeking a rotation within Australia.
- (e) Training posts which are not considered to be new posts:
 - (i) With the exception of training posts funded by the Military and Veterans' Psychiatry Training Pilot, a post will not be considered new if it has been funded by another organisation (including funding under the Department of Health's STP) for more than 12 months within the last three years.

- (ii) Additionally, a position that was funded by another organisation within the last 12 months will need to conclusively demonstrate that its funding is not ongoing. This allows for short term funding from organisations such as charitable trusts.
 - (iii) 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 support under the MVPTP.
- (f) Any activity not directly related to the development or delivery of the MVPTP activities.

The funding cannot be used for the following costs:

- purchase of land;
- major capital expenditure;
- staff salaries and on-costs not directly attributed to the delivery of your funded activity;
- the covering of retrospective costs;
- costs for the preparation of a training post application or related documentation;
- major construction / capital works;
- overseas travel; and/or
- activities for which other Commonwealth, state, territory or local government bodies have primary responsibility.

6. Governance

6.1 Management of Vacancies

Posts are to be filled for a minimum of three months. Training posts that will be unfilled for greater than six months are required to have another registrar recruited to fill the vacancy.

6.2 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.

Medicare Australia provider enquiry line - 132 150.

6.3 Medical Indemnity

- (a) The Commonwealth does not prescribe the manner in which a specialist trainee should be covered for medical indemnity insurance while undertaking training. However, it does require that the trainee be covered. Settings and specialist trainees participating in the MVPTP will need to satisfy themselves (and the employer is

responsible for ensuring) that the specialist trainee has adequate medical indemnity insurance when undertaking training.

- (b) In some circumstances, the state or territory within which the training is occurring may extend public hospital medical indemnity insurance to the specialist trainee. Under other circumstances the setting may need to take out separate medical indemnity insurance to cover MVPTP trainees. The trainee themselves may also need to, or choose to, take out their own medical indemnity insurance to cover themselves while training.
- (c) 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.

6.4 Long term leave arrangements for trainees

- (a) Employers of trainees who are participating in the MVPTP 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 to be managed between the trainee and the employer.
- (b) MVPTP 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 on their pathway to Fellowship, including providing services to the local community.
- (c) RANZCP management of unfilled posts due to extended leave (including maternity leave) will 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.
- (d) As a guide, training posts that will be unfilled for greater than six months are required to have another registrar recruited to fill the vacancy.
- (e) 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 training.

7. Support Projects

Delivery of support projects to trainees in military and veteran training posts.

- (i) Support projects may include:
 - orientation to military and veteran mental health presentations delivered through the Australian Defence Force Centre for Mental Health;
 - access to a network of psychiatrists with experience in military and veteran mental health. This may be facilitated through the RANZCP's Military and Veterans' and Emergency Services Personnel Mental Health Network Committee and DVA psychiatry advisers;

- attendance at relevant conferences (such as the Australasian Military Medicine Association Conference);
- linkages with psychiatrists in the Australian Defence Force Reserves; and
- other support projects as agreed with DVA.

8. Reporting

A report must be submitted in accordance with the funding agreement. A reminder of reporting obligations will be provided to health services by the RANZCP before a report is due. A report will be required twice a year, at the end of each training rotation. Reports must cover:

- progress against agreed MVPTP objectives and outcomes.
- the number and location of each MVPTP post and trainees occupying the post.

Sample templates will be provided to health services by the RANZCP for reports in accordance with the funding agreement.