

Training and Development Funding

2021-22 Program Guidelines

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Department
of Health

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

Available at <https://www2.health.vic.gov.au/health-workforce/education-and-training/training-development-grant>

Contents

1. Overview	7
2. Professional-entry student placements	8
2.1 Definition	8
2.2 Eligible disciplines and courses	8
2.3 Eligible activity	8
2.4 Calculation	9
2.5 Acute clinical placements for Diploma of Nursing students	10
2.5 Boosting our Healthcare Workforce initiative	10
3. Transition to practice (graduate)	12
3.1 Definition	12
3.2 Graduate nurse and midwife program	12
3.3 Allied health new graduate program	14
3.4 Allied health – hospital pharmacy intern program	15
3.5 Medical year 1 (PGY1) and year 2 (PGY2) program	16
4. Postgraduate programs	16
4.1 Definition	16
4.2 Postgraduate nursing and midwifery education	17
4.3 Nursing and midwifery postgraduate scholarships	18
4.3 Victorian medical specialist training program	21
4.4 Victorian basic paediatric training consortium	22
4.5 Basic physician training consortia	22
4.6 Victorian rural generalist program	22
5. Other targeted workforce training and development programs	23
5.1 Continuing nursing and midwifery education	23
6. Reporting and funding requirements	24
6.1 Reporting requirements	24
6.2 Reporting timeframes	26
6.3 Funding arrangements	27
Appendix 1: Professional-entry student minimum efficient pathway	30
Appendix 2: Rural Continuing Nursing and Midwifery Education consortia	32
Appendix 3: Continuing Nursing and Midwifery Education Rural consortia roles & responsibilities	34

1. Overview

The Department of Health (the department) provides Training and Development Funding to contribute to the costs associated with the training and development of the Victorian health workforce.

All public hospitals, metropolitan health services and multipurpose services identified in schedules 1,2,3,4 and 5 of the Health Services Act 1988, are eligible for funding. The funding is allocated to support the development of a high-quality future health workforce for Victoria, by subsidising costs incurred by health services across multiple teaching and training activities including:

- **Professional-entry student** placements to support the delivery of clinical education in medicine, nursing (registered and enrolled), midwifery and allied health (including allied health assistance).
- **Transition to practice (graduate)** to contribute to the cost of supporting newly registered practitioners (including program support and infrastructure) in the first year for approved nursing, midwifery and allied health graduate positions, and the first two years for approved medical graduate positions.
- **Postgraduate education** to contribute to postgraduate study and/or employment arrangements, including the cost of supervision, for approved medical, nursing and midwifery positions.
- **Other targeted workforce training and development initiatives**, including:
 - prevocational medical education and training to support junior medical staff training,
 - nursing and midwifery postgraduate scholarships for registered nurses and midwives to undertake postgraduate study in areas of clinical practice, where there is an identified workforce need, and
 - continuing nursing and midwifery education to support the cost of developing and delivering education programs for nurses and midwives.

In 2021-22, the \$50 million **Nursing and Midwifery Workforce Development Fund** (the Fund) will continue to support increased places in various nursing and midwifery programs. The Fund will support these programs over the next two years.

Health services are expected to utilise the Fund to target priority workforce challenges including specialty areas where staffing requirements are legislated through amendments to the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015, and areas where current workforce challenges exist. In addition, decisions must be informed by, and aligned with, local/regional workforce plans and growth priorities. To ensure the Fund is allocated in a strategic and effective manner, the department may request additional information from health services further to the normal reporting requirements.

These guidelines provide details about the eligibility criteria, allocation methodology and reporting requirements for health services in receipt of training and development funding and are designed to assist health services to meet accountability and reporting requirements.

These guidelines should be read in conjunction with the 2021-22 Department of Health and Human Services' Policy and Funding Guidelines: <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>.

Any queries regarding these guidelines or further information on training and development funding should be directed to vicworkforce@health.vic.gov.au

2. Professional-entry student placements

2.1 Definition

Student placement

A student placement (also known as a fieldwork placement, clinical practicum, clinical practice or work integrated learning) is defined as the component of an accredited curriculum, undertaken with supervision, in a clinical environment which assists students to put theoretical knowledge into practice.

The placement is usually associated with patient/client interaction but may also involve clinical skills acquisition via observation or simulation that is consistent with clinical learning objectives.

Clinical placement activity

Clinical placement activity is measured by the total number of student placement days or part thereof. A standard clinical placement day is defined as 7.6 hours for all disciplines.

2.2 Eligible disciplines and courses

Professional-entry courses can include Certificate III, Certificate IV, Diploma, undergraduate, graduate-entry and postgraduate courses, where the course is required for initial entry into practice or initial registration in Australia.

Professional-entry student placement funding is allocated for students enrolled in:

- a higher education course of study leading to initial registration for, or qualification to, practise as a health professional for the following disciplines or professions:
 - Art therapy, audiology, biomedical science, dietetics and nutrition, exercise physiology, medicine, medical laboratory science, medical physics, midwifery, music therapy, nursing (registered), nuclear medicine, occupational therapy, optometry, orthoptics, paramedicine, pharmacy, physiotherapy, podiatry, prosthetics and orthotics, psychology, radiography (diagnostic imaging), radiation therapy, social work and speech pathology
 - Diploma of Nursing (Enrolled Nursing) leading to initial registration as an enrolled nurse
 - Certificate III or IV in Allied Health Assistance leading to qualification as an allied health assistant.

Funding is allocated for activity associated with all eligible professional-entry courses, including placements undertaken by non-Victorian and international full-fee paying students.

2.3 Eligible activity

Clinical placement activity must be associated with a public health service facility to be eligible for professional-entry student placement funding.

The placement activity of students who are in a paid employment arrangement can be included, if the employed time counts towards the achievement of clinical learning objectives and is associated with supervised clinical support.

Professional clinical placements, allied health internships, and industry-based learning positions, supported by the department through other funding streams, are excluded. This includes hospital pharmacy internships funded through the transition to practice funding stream, and employment

model midwifery positions funded through the postgraduate nursing and midwifery education funding stream.

Placements undertaken in a policy or project administration context are excluded, as they do not involve clinical skills acquisition.

2.4 Calculation

Professional-entry student placement funding is calculated as a proportion of (weighted) clinical placement activity multiplied by the total funding amount. Funding allocations are based on the previous financial year’s reported clinical placement activity.

Clinical placement activity

Clinical placement activity for the year is derived from two sources:

- *Placeright*, the department-funded web-based information system used for planning and administering clinical placements; and
- HealthCollect, for medical clinical placements not yet reporting through Placeright.

Please note: From the Jul-Dec 2020 clinical placement activity reporting period onwards, all activity types (except medical) that are eligible for funding must be reported through Placeright.

Weighted placement activity

The major cost drivers for clinical placements are human resources, including the cost of supervision. Supervision costs vary by discipline according to the remuneration of supervisors. Based on average hourly earnings for the three broad professions of medicine, nursing/midwifery and allied health, the following ratios apply:

Table 1: Professional-entry cost weights (2021-22)

Medicine	Nursing/midwifery	Allied health
2.204	1.000	1.575

The department is committed to supporting efficient growth in clinical placement activity, by funding activity aligned with national clinical placement standards for minimum efficient pathways. A discount weighting is applied to activity associated with courses that have clinical placement requirements above the minimum efficient pathway, with the threshold for discount set to maintain the historical daily rates of the subsidy within the funding available. The application of this efficient pathway approach supports the equitable and sustainable allocation of Training and Development funding, while providing incentives for efficient training pathways. A list of minimum efficient pathways and current course pathways for education providers are listed in Appendix 1.

There is no limit to the number of positions a health service may offer; however, funding available is limited by the total professional-entry student placements program funding pool.

Allied health ‘top up’

Allied health clinical placements receive an increased weighting per student per day, to address the absence of a clinical education subsidy from the Commonwealth Government, and subsequent reduced levels of cost sharing between health services and education providers for clinical placements (unlike medicine, nursing and midwifery courses).

2.5 Acute clinical placements for Diploma of Nursing students

Additional funding is available in 2021-22 for Victorian public health services to build education and training capacity and increase clinical placements in 2022 in acute clinical settings, for students enrolled in the Diploma of Nursing through the *Free TAFE* initiative.

Application and funding process

To be eligible for this additional funding, health services must complete the application form available at: <https://www2.health.vic.gov.au/health-workforce/education-and-training/training-development-grant> ..

Health services and TAFEs must participate in the student planning process, including using Placeright to book and confirm placements and upload a relevant Student Placement Agreement.

The department will advise health services of the final funding to be distributed, based on confirmed placements in Placeright. Funding will be distributed to health services by March 2022.

The department will use information on student placement activity reported through Placeright, to reconcile planned versus actual student placements and advise health services of any adjustments to funding.

Funding conditions

Subject to availability, funding for Diploma of Nursing acute clinical placement activity in 2022 will be calculated at a rate of up to **\$95.35 per planned clinical placement day** for eligible approved applications submitted by the due date.

Funding through initiative is inclusive of *Acute Training and Development – Professional Entry Student Placement* funding. Funding must be utilised to build education and training capacity, including through the provision of additional nurse educators/clinical support nurses. Health services must maintain quality educational opportunities for all students when increasing acute clinical placements for Diploma of Nursing students.

Where it can be demonstrated that there is an increase in planned 2022 Diploma of Nursing acute clinical placement activity, and no decrease across all nursing and midwifery clinical placement activity from 2018 levels, the number of Diploma of Nursing clinical placement days that are over the Diploma of Nursing 2018 baseline activity, will attract the funding rate of up to \$95.35 per clinical placement day.

2.5 Boosting our Healthcare Workforce initiative

Additional funding is available in 2021-22 to restore Victoria's healthcare workforce pipeline following significant disruption during the coronavirus (COVID-19) pandemic. *The Boosting our Healthcare Workforce* initiative will support the delivery of additional standard clinical student placement days in the public health system to decrease the delayed and deferred placement backlog.

Application process

In July 2021, Victorian public health services were invited to apply to the Department of Health (the department) for additional training and development funding to increase clinical placement activity and build education and training capacity. This requires health services to actively engage

education providers to identify priority courses with a backlog of clinical placements and collaborate to create opportunities to increase clinical placement capacity as part of the application process.

Health service partnership approaches and/or shared resourcing such as joint delivery of clinical supervision training across health services are welcomed. Partnership models may include aged care facilities, private and community-based organisations; however, a lead public health service must be nominated. All participating organisations are required to comply with the Expression of Interest guidelines, including reporting requirements.

Eligible disciplines are as defined under 2.2 Eligible disciplines and courses and 2.3 Eligible activity under the Professional-entry student placements program.

All clinical settings within public health services are in scope, as are those delivered via partnership arrangements with another placement provider.

Activity is eligible for additional funding under this initiative where it exceeds the 2020 Projected Baseline published in the Expression of Interest.

Growth activity in acute clinical placements separately funded through the Acute clinical placements for *Diploma of Nursing students for Enrolled Nurses* is not eligible for initiative funding.

Applications close by mid-August allowing time for health services to establish new partnership arrangements for semester 2 of 2021 and the 2022 calendar year.

Health services will be notified of the application outcome in September 2021.

Funding process and conditions

Funding will be allocated via a standard clinical placement activity ‘daily rate’ and a set amount of clinical supervision training funding for each additional standard clinical placement day delivered.

Clinical placement funding will be paid per standard clinical student placement day at the following rate:

Table 2: Boosting our Healthcare Workforce payments per discipline group

	2021-22
Medicine	\$78.80
Nursing & Midwifery	\$35.70
Allied Health	\$67.00

Health services will receive supervision funding in proportion to the number of additional standard clinical placement days delivered, with up to \$7.70 allocated per student per day for clinical supervision training for health professionals.

Funds for clinical placement activity and clinical supervision training for health professionals will be disbursed through the department’s budget payment system, in line with existing finance arrangements.

Health services must participate in the student planning process, including using Placeright to book and confirm placements and upload a relevant Student Placement Agreement.

A reconciliation process will occur to ensure placement activity above baseline has been delivered with a corresponding growth in placement hosting capacity. The department will use information on student placement activity reported through Placeright and HealthCollect (for medical placements

not included in Placeright), to reconcile planned versus actual student placements and advise health services of any adjustments to funding.

3. Transition to practice (graduate)

3.1 Definition

The transition to practice (graduate) funding stream includes four program areas:

- graduate nurse and midwife
- new graduate allied health professionals (excluding delegate workforces)
- hospital pharmacy interns
- medicine (Year 1 and 2).

Transition to practice programs are defined as formalised education/support programs offered by employers for graduates in their first year of practice. They are workplace-based programs designed to consolidate knowledge, skills and competence, and to assist the transition from student to competent, confident and accountable professionals. Transition to practice programs go beyond normal orientation and induction and offer graduates formal education time (including study days), supernumerary time, and clinical support.

To access transition to practice (graduate) funding, the following criteria must be met:

- transition to practice (graduate) positions are filled through the Postgraduate Medical Council of Victoria's (PMCV) state-wide match process, or another process as determined by the department. All matched candidates must be offered a position in the transition to practice program
- the health service must allocate adequate training and supervision to each position
- the health service must ensure access to a clinical educator and/or clinical support staff
- no fees may be charged to graduates applying for, undertaking or exiting from transition to practice programs

3.2 Graduate nurse and midwife program

Program eligibility

Available to health services providing formal graduate programs for new graduates of professional-entry courses that lead to initial registration as a registered nurse and/or midwife. In addition, nurses and midwives employed through funded transition to practice positions must:

- meet all legislative and Nursing and Midwifery Board of Australia requirements for registration
- have never previously participated in a graduate nurse or graduate midwife program (unless the nurse who has previously participated in a graduate nurse program has undertaken a postgraduate midwifery course delivered through a clinical placement model)
- have either not worked as a registered nurse or midwife since registration or worked less than 24 hours per week in the first year since registration (unless the nurse who has previously participated in a graduate nurse program has undertaken a postgraduate midwifery course delivered through a clinical placement model).

- NOTE: nurses and midwives who completed their education in 2021 and have worked as a nurse or midwife (full-time or part-time) prior to commencement of their formal transition to practice position remain eligible for funding under the Graduate nurse and midwife program for the 2022 year.

Positions supported by the department through other funding streams are excluded. This includes:

- positions funded through the Mental Health – Clinical Care training and development grants
- postgraduate midwifery courses delivered through a clinical placement model, as these courses are supported through the professional-entry student placement subsidy.

Graduates can participate in programs that provide rotations across a range of settings, through collaborative arrangements at different public health services, private and not-for-profit health care providers (including Ambulance Victoria). Where collaborative arrangements are in place, a lead public health service must be nominated as the fund holder and identified to PMCV and the department in reporting of relevant activity.

Registered undergraduate students of nursing/midwifery (RUSON/M)

In 2021-22, transition to practice (graduate) nursing and midwifery funding can be used to support RUSON/M programs in health services. Funding will be calculated on the basis of nursing and midwifery graduate numbers as per the methodology outlined below but may be utilised by health services to support RUSON/M workforce models.

RUSON/Ms are second and third/final year Bachelor of Nursing/Midwifery students who are paid to work in health services to a defined scope of practice and according to prescribed criteria as outlined in the Nurses and Midwives (Victoria Public Sector) (Single Interest Employers) Enterprise Agreement.

The role offers opportunities for students to develop knowledge and confidence in patient care and work readiness and a sense of belonging within the health service workforce.

Methodology

- The methodology for the graduate registered nurse and midwifery program, comprises the following key elements:
- a single funding rate applicable only for graduates employed between 0.8 and 1.0 FTE
- only positions declared through the PMCV computer match process are eligible for funding
- approximately 30 per cent of the total funding pool is quarantined for rural health services
- funding for up to 15 positions per health service
- health services are allocated an equal proportion of their activity from the remaining metropolitan or rural pool of funds
- there is no limit to the number of positions a health service may offer, however, funding is limited by the total graduate nurse and midwifery program funding pool.

Determining the number of graduates eligible for funding at each health service

Nursing and Midwifery Graduate funding allocations are calculated based on a balance of health service planned (as determined through the PMCV computer matching process) and acquitted (as reported through HealthCollect) activity.

Each health service's eligible graduate activity is determined as follows:

1. By determining the final PMCV quota nominated by a health service, including any collaborative graduates attributable to each health service for funding purposes (planned employment activity)

2. By determining the final number of graduates that have been employed at 0.8 FTE or above (actual employment activity)
3. Eligible graduate employment activity is calculated as the lower of the above two numbers.

To optimise funding outcomes, health services are encouraged to:

- Provide quotas to PMCV that reflect the maximum intended/approved graduate employment
- Discuss where funding should be sent for eligible collaborative graduates with partner health services, and advise PMCV of those decisions
- Confirm that final PMCV match quotas are accurate
- Ensure where possible that data submitted through HealthCollect fully reflects employment outcomes.

The level of funding per position is:

Table 3: Graduate nursing and midwifery funding (2021-22)

FTE	Eligible funding per graduate
0.8 – 1.0	\$19,412
<0.8	Nil

Enrolled Nurse Transition to Practice Programs

In 2021-22, the Nursing and Midwifery Workforce Development Fund continues to support a finite number of enrolled nursing transition to practice places. This funding stream supports the coordination and delivery of graduate programs for newly registered enrolled nurses in their first year of practice and complements the Government’s Free TAFE initiative by providing employment pathways for enrolled nurses completing a Diploma of Nursing.

Health services may apply for funding through an expression of interest process and must address priority and eligibility criteria. Funding allocations are dependent upon demand and assessment of applications. In 2021-22, the funding amount per funded graduate is \$19,412.

Health services that receive funding are expected to deliver workplace-based programs that will be designed to consolidate knowledge and skills, and transition new enrolled nurses to practice as safe, confident and accountable professionals.

Health services should ensure all program areas comply with *the [Safe Patient Care \(Nurse to Patient and Midwife to Patient Ratios\) Act 2015](#)* (the Act). Where the department is made aware of non-compliance with the Act, funding may be withheld or recovered.

3.3 Allied health new graduate program

Program eligibility

This program is available to health services employing new graduates in the following professions: art therapy, audiology, exercise physiology, dietetics and nutrition, medical laboratory science, medical physics, music therapy, nuclear medicine, occupational therapy, optometry, orthoptics, physiotherapy, podiatry, prosthetics and orthotics, psychology, radiography (diagnostic imaging), radiation therapy, social work and speech pathology.

Health services that have employed one or more new graduates in any of the eligible professions may apply for funding support under the following conditions:

- funding is only available for allied health professionals in their first position of employment following graduation
- casual or short-term contracts of less than three months duration are ineligible for funding, however this time does contribute towards the allied health professional’s first 12 months of practice (i.e. a new graduate who has completed a 3 month contract position and is then employed on an ongoing contract is then only eligible for 9 months of new graduate funding)
- graduates are expected to participate in a formal graduate program including but not limited to: structured orientation to the organisation and the broader health system
 - orientation activities that assist new graduates to relocate into a regional/rural locality
 - in-house professional development
 - participation in formal clinical supervision
 - structured clinical rotations within the 12 months of practice
 - counselling for career pathways.

Methodology

The methodology for the allied health new graduate program comprises the following key elements:

- allocations are calculated based on acquitted activity
- there is no limit to the number of positions a health service may offer, however, funding is limited by the total allied health new graduate program funding pool.

The level of funding per position is:

Table 4: Allied health new graduate funding (2021-22)

Region	Funding Per FTE
Metropolitan	\$9,755 pro rata
Rural	\$11,470 pro rata

3.4 Allied health – hospital pharmacy intern program

Program eligibility

This program is available to health services with a department-funded hospital pharmacy intern position.

Methodology

The methodology for the hospital pharmacy intern program comprises the following key elements:

- allocations are calculated based on a balance of health service planned activity (as determined through the state-wide matching process) and acquitted activity
- funding is limited to 100 department-funded hospital pharmacy intern positions allocated across Victorian public health service.

The level of funding per position is:

Table 5: Hospital pharmacy intern funding (2021-22)

Intern type	Funding per FTE
Hospital pharmacy	\$32,638

3.5 Medical year 1 (PGY1) and year 2 (PGY2) program

Program eligibility

Available to health services providing accredited positions for postgraduate year 1 medical officers (PGY1) and formal programs for postgraduate year 2 medical officers (PGY2).

In 2021-22 rural and regional health services who receive these grants are expected to offer two-year prevocational training contracts to PGY 1 doctors who undertake a 12-month internship, or in 2022 are part of a pilot site in the transition year of the national prevocational two-year training model, in their health service from the start of the 2022 clinical year.

Methodology

The methodology for the medical PGY1 and PGY2 program comprises the following key elements:

- PGY1 allocations are calculated based on a balance of health service planned activity (as determined through the statewide PMCV matching process) and acquitted activity
- Rural and regional health services are eligible to receive a matching PGY2 allocation for each of their PGY1 allocations to enable implementation of two-year contracts with funding provided on the basis of acquitted PGY2 positions
- PGY2 funding levels are based on historical allocations. Any new funding is allocated according to departmental priorities at the time
- there is no limit to the number of positions a health service may offer, however, funding is limited by the total medical PGY1 and PGY2 program funding pool.

The level of funding per position is:

Table 6: Medical PGY1 & PGY2 funding (2021-212)

Position type	Funding per FTE
PGY1	\$39,281
PGY2	\$42,601

4. Postgraduate programs

4.1 Definition

Postgraduate education funding includes six funding streams:

- postgraduate nursing and midwifery education
- postgraduate nursing and midwifery scholarships
- Victorian medical specialist training education
- Victorian basic paediatric training consortium (previously Victorian Paediatric Training Program)

- basic physician training consortia
- Victorian rural generalist program

4.2 Postgraduate nursing and midwifery education

Eligible activity

Hospital operators should ensure all program areas comply with the [Safe Patient Care \(Nurse to Patient and Midwife to Patient Ratios\) Act 2015](#) (the Act). Where the department is made aware of non-compliance with the Act, funding may be withheld or recovered.

Postgraduate nursing education

To be eligible for funding, a registered nurse will be enrolled in a course that:

- leads to an award qualification at Graduate Certificate or Graduate Diploma level, provided by an accredited higher education provider
- has a structured clinical component (within the speciality area and as evidenced through the university/health service course curriculum) of at least an average of 24 hours a week
- has dedicated clinical educator and/or clinical support staff, employed by the health service.

Postgraduate midwifery education (employment model only)

To be eligible for funding, a registered nurse participant will be enrolled in a course that:

- leads to a professional-entry midwifery qualification, provided by an accredited higher education provider
- requires students to complete a minimum of 24 hours of supervised practice per week in maternity service areas across the continuum of care (including special care nursery), for a minimum of 12 months
- provides most of the clinical component of the program at the same health service (special circumstances will be considered for students contracted or employed at small rural health services, requiring rotations to larger maternity services). A registered nurse must be employed in a health service which is providing employment in accordance with the industrial instrument.

The Postgraduate Midwifery Incentive Program, established through the Fund, provides funding to public health services to encourage the growth of the Victorian midwifery workforce, with a principal focus on addressing challenges in rural and regional areas. This program complements, and is in addition to, the Training and Development Funding.

Health service-based post registration courses

Health service-based post registration courses that provide an alternative to university-based preparation for specialty practice may be considered, at the discretion of the department, for funding if they:

- are conducted by health services that are recognised as university affiliates
- lead to at least a 50 per cent credit at a Graduate Certificate or Graduate Diploma level.

Health services seeking funding for such programs should contact the department via vicworkforce@health.vic.gov.au .

Calculation

The methodology for the postgraduate nursing and midwifery funding stream comprises the following key elements:

- a single funding rate for applicable registered nurses employed between 0.6 and 1.0 FTE

- funding will only be provided for the first 12 months of a course
- approximately 30 per cent of the total funding pool is quarantined for rural health services
- funding for up to 10 positions is guaranteed
- allocations are calculated based on a balance of health service planned activity and acquitted activity
- there is no limit to the number of positions a health service may offer, however, funding is limited by the total postgraduate nursing and midwifery education funding pool.

The level of funding per position is:

Table 7: Postgraduate nursing and midwifery funding (2020-21)

FTE	Funding
<0.59	Nil
0.6 – 1.0	\$ 19,412

Additional postgraduate funding available in 2021-22 through the Nursing and Midwifery Workforce Development Fund will be allocated through the same allocation process to priority areas and at the discretion of the department. Priority clinical areas that have been identified by the department include:

- Midwifery
- Aged Care
- Intensive care
- Emergency
- Perioperative
- Oncology

4.3 Nursing and midwifery postgraduate scholarships

Nursing and midwifery postgraduate scholarships are provided to public health services to support registered nurses and midwives to undertake postgraduate study, in areas of clinical practice where there is an identified workforce need.

In addition, targeted funding is provided to support registered nurses to undertake postgraduate midwifery studies in rural public health services, or regional consortia, which provide maternity services.

A shared cost model is used in providing this funding, in which the individual, the department and employer contribute to the cost of nurses and midwives employed in public health services undertaking postgraduate study. Health services and the regional consortia fund holders are responsible for dissemination of information regarding scholarships and the application process, selection of scholarship recipients, disbursement of funds and monitoring the outcomes of the scholarship program, in accordance with these guidelines.

Program eligibility

If a health service or region is unable to allocate the funds based on the criteria in these guidelines, they are required to contact the department to discuss other options.

Nursing and midwifery postgraduate scholarships

Eligible applicants must fulfill all of the following requirements:

- be a currently registered nurse or midwife with the Nursing and Midwifery Board of Australia
- hold Australian citizenship, permanent residency or New Zealand citizenship
- be employed in an eligible Victorian public health service
- be enrolled in Semester 1 2022, in an eligible postgraduate program that leads to a tertiary qualification in one of the practice areas identified by the health service/department region, or a Master's program (or other appropriate units/modules at Master's level), that leads to endorsement as a Nurse Practitioner.
- not already hold an award qualification in the practice area for which the scholarship is sought
- have not previously received a department scholarship to study in the practice area for which the scholarship is sought
- agree to complete the course and then work in the area of study for the equivalent of one year full-time
- must only use the scholarship funds for the purpose of nursing/midwifery postgraduate study deemed relevant to address an area of identified workforce need, as determined by the health service.
- The scholarship recipient must be employed within the target area of practice in the Victorian public health sector for which the scholarship has been awarded for a period of one year full-time, or pro-rata equivalent, following completion of the postgraduate course.

Rural midwifery postgraduate scholarships

In addition to the eligibility criteria for nursing and midwifery postgraduate scholarships, successful recipients:

- may be required to travel some distance to the university provider for theory component and/or
- may be required to travel often to health services other than their usual place of employment to meet clinical criteria for course completion.

Course eligibility

Eligible postgraduate courses must:

- be delivered by a university or an accredited higher education provider
- lead to an award qualification at postgraduate level (including Graduate Certificate, Graduate Diploma or Master's)
- include clinical nursing practice related to area of study.

The program is open to registered nurses commencing a Master's program (or other appropriate units/modules at masters level), leading to endorsement as a Nurse Practitioner.

RIPERN course applicants will be eligible for postgraduate scholarships despite RIPERN being excluded from other Postgraduate Training and Development funding.

Determining local priorities for scholarships

Health services are accountable for determining the areas of practice in which they wish to provide scholarships. Health services should use their scholarships to address local workforce shortages, projected demand in target areas of clinical practice, or to align with workforce requirements for service expansion currently occurring or planned.

Priority clinical areas for 2021-22 identified by the department include:

- Midwifery
- Aged Care
- Intensive care
- Emergency
- Perioperative

Decisions must be aligned with the service/growth priorities above and/or referred to in:

- the priority areas and actions of the [Statewide design, service and infrastructure plan for Victoria's health system 2017-2037](#)
- the health service's [Statement of Priorities](#):
- the 2021-22 [Victorian health policy and funding guidelines](#)
- [current capital projects](#)
- organisational and local area workforce plans (where these exist), or areas of local skilled workforce shortage.
- an identified service gap which could be addressed by a Nurse Practitioner model of care in the applicant's area of practice, and a commitment to employ the applicant in an appropriately supported advanced practice role.

Health services have the flexibility to choose the individual nursing and midwifery scholarship amounts to be granted within these caveats:

- scholarship amount offered may be up to \$4,000 for registered nurses or registered midwives commencing a graduate certificate, graduate diploma or masters
- scholarship amounts up to \$8,000 may be awarded to registered nurses commencing a Master's program leading to endorsement as a Nurse Practitioner
- from 2021-22, health services are responsible for determining the value of individual scholarships against locally determined merit and need criteria.
- in addition, targeted supplementary scholarship amounts of \$7,500 are to be awarded per rural midwifery postgraduate scholarship as per department allocation, to reflect and accommodate the increased cost related to studying midwifery at a rural site.

Additional Information:

The department is not required to withhold tax (PAYG) from scholarships paid. Recipients should be made aware that they:

- may be liable to pay tax on their scholarship. For more information refer recipients to the calculator on the ATO website: <https://www.ato.gov.au/Calculators-and-tools/Is-my-scholarship-taxable>
- may be entitled to claim a tax deduction for self-education expenses – for more information please refer recipients to the ATO site at the following link: <https://www.ato.gov.au/individuals/income-and-deductions/deductions-you-can-claim/self-education-expenses>

The department strongly recommends that recipients seek independent tax advice in respect to their scholarship payments.

4.3 Victorian medical specialist training program

The Victorian medical specialist training program (VMST) provides funding in priority locations and disciplines to assist health services to increase the number of medical specialist training positions.

This program allocates funding through an Expression of Interest (EOI) process, direct to Victorian health services. An EOI was released to Victorian public health services on 28 June 2021 as part of the 2022 funding round.

VMST funding criteria was changed in 2020 to focus on better aligning VMST funding with workforce policy outcomes, government priorities and opportunities for system-level reforms.

Program criteria

All positions must be newly created positions and increasing accredited training capacity. Proposals can be for as short as six months or the length of a training program (up to five years).

All proposals will be assessed against one of the following two funding streams:

Funding stream A: expands training capacity in specialities that are considered in limited supply. Proposals for other specialties may also be considered.

OR

Funding stream B: improves training capacity and capability in regional and rural health services. The department supports training that enables trainees to complete their full training program whilst undertaking the majority of their training in a rural/regional location.

The proposal must also meet the requirements of one of the Funding Streams by addressing the following objectives:

- improves accredited training capability
- links to a long-term commitment to facilitate the completion of training
- provides rural experience, where possible for metropolitan based positions
- establishes formal partnerships across training sites, where relevant.

All applications will be assessed against the following requirements:

Criterion 1: Organisational culture and safety. Provide information on actions/initiatives to improve organisational culture and safety. These could include but are not limited to roster redesign, improvement projects, strengthening of peer support groups, forums and education activities, increasing the number of supervisors and providing additional training supports for supervisors, initiatives arising from staff turnover/exit interviews for those doctors that leave before their contract ends.

Criterion 2: Financial co-contribution. Provide information on the financial commitment by the health service(s) associated with your proposal under the VMST program.

Criterion 3: Sustainability. Identify strategies that will be employed to ensure the funding results in sustainable benefits to the trainee program into the future, noting that this funding is for a defined period.

Criterion 4: Governance. Identify key stakeholders. Proposals that involve a number of participating health services will also require a communication and decision-making structure.

Criterion 5: Risk management. Provide information on key identified risks for the training program and mitigation strategies to manage the risks.

Criterion 6: Evaluation. Describe the methods of evaluation, which should assess progress against key performance indicators and achieving the outcomes. Please also provide details of data collection activities that will be undertaken to monitor the project progress and support the evaluation.

Reporting and recruitment requirements

Health services will be expected to submit regular reports as part of the terms and conditions of the VMST funding. Standardised reporting templates will be provided.

Funded positions will be recruited via the streamlined recruitment process and positions will be part of the centralised listing service managed by PMCV.

4.4 Victorian basic paediatric training consortium

The Victorian Basic Paediatric Training Consortium was established following stakeholder consultation, replacing the former Victorian Paediatric Training Program. All hospitals that are accredited for basic paediatric training in Victoria are members of the consortium. The aim of the consortium is to support equitable access to specialist paediatric training opportunities across Victoria and deliver high-quality paediatric care aligned with community need. This includes improving the supply of rural and outer metropolitan paediatricians through developing end-to-end training pathways..

The consortium will be piloting a rural training stream in 2022 clinical year for accredited basic paediatric training in Victoria that enables trainees to undertake most of their training in regional and rural locations, and thereby encourage improved recruitment and retention of paediatricians in regional and rural areas.

The consortium is supported by formal governance arrangements to provide oversight and management of the state-wide basic paediatrics training program.

4.5 Basic physician training consortia

The basic physician training consortia program provides annual funding to five consortia comprising all Victorian hospitals with accredited physician training positions, to support distribution and management of basic physician trainees, address workforce shortages, and improve the quality of education and training in regional and rural Victoria.

Recruitment to the positions under this program are undertaken via the state-wide PMCV match process.

4.6 Victorian rural generalist program

The Victorian rural generalist program (VRGP) provides annual funding to support a state-wide end-to-end training program for the Rural Generalist workforce to train, work and live in rural and regional Victoria.

Recruitment to training positions under this program are undertaken via the state-wide PMCV match process.

- Rural generalist year 1

- Rural generalist year 2
- Rural Generalist Advanced post (12 months training position in skills such as emergency medicine, obstetrics and anaesthetics)
- Rural Generalist Consolidation post (supports trainees to further consolidate their advanced skills, increase confidence levels and transition to rural practice)

The Rural generalist training and education grant assists in the training of rural generalists with professional commitment to rural and remote practice. There are two separate funding streams available:

- Stream 1: Funding for health services (MMM 4-7) to support the employment and training of a rural generalist trainee (PGY3+) in a training post or rotation that provides training as part of a priority regional rural generalist pathway. The post or rotation must provide a linkage between the trainee and their identified community with the workforce and health care need.
- Stream 2: Support funding for trainee course enrolment, wage or other expense associated with attending training and/or alternative place of work that would otherwise be an out-of-pocket cost to the trainee.

5. Other targeted workforce training and development programs

5.1 Continuing nursing and midwifery education

Program eligibility

The Continuing Nursing and Midwifery Education (CNME) funding is provided to health services to support planned and targeted nursing and midwifery education that maintains and improves the skills and knowledge of nurses and midwives employed in their organisation. Funding and reporting are to be based on financial year. The scholarship recipient must be employed within the target area of practice in the Victorian public health sector for which the scholarship has been awarded for a period of one year full-time, or pro-rata equivalent, following completion of the postgraduate course.

CNME funds can be used to offset the costs associated with:

- staff education needs analysis
- review of clinical risks across the organisation
- education program scoping and development
- direct costs associated with program delivery, including a maximum of 20 per cent of total annual allocation for training equipment, but excluding backfill for staff to attend training
- evaluation, monitoring and reporting of outcomes.

CNME funding cannot be used to support activities such as:

- courses/programs designed to meet legislative compliance and/or mandatory training (including Occupational Health and Safety requirements such as manual handling/no lift, violence/aggression, emergency and disaster management)
- core hospital competency requirements such as basic life support, orientation programs, and information technology/upgrades
- courses/programs designed for initial registration for registered or enrolled nurses and midwives

- formal postgraduate education (graduate certificates, graduate diplomas or Master's degrees), refresher or re-entry programs or pre-registration courses for international and midwifery grants
- learning and development activities specifically funded through other department or agency funding, specific training grants or programs (including activities for early graduate programs and enrolled nurse grants for acute care or medicines capability).

Calculation

The methodology for the CNME funding stream comprises the following key elements:

- 40 per cent of total funding is allocated to the rural sector (in recognition of increased costs associated with providing education in rural areas)
- allocations are based on total nursing/midwifery FTE (as at 30 June 2021).

6. Reporting and funding requirements

6.1 Reporting requirements

In order to be eligible for training and development funding, health services are required to report against the six externally reportable [Best Practice Clinical Learning Environment \(BPCLE\) Framework](#) indicators through the [BPCLEtool](#).

Additional reporting and eligibility requirements also apply to each funding stream.

Professional-entry student placements

The methodology used to allocate professional-entry student placement funding, including reconciliation of growth funding allocated for additional acute clinical placements for Diploma of Nursing students, is based upon auditable data captured by, and reported through, [Placeright](#). Therefore, to be eligible for funding, health services are required to:

- plan and report clinical placement activity through Placeright (or through the HealthCollect platform for medicine placement providers not yet using Placeright for this discipline). Please note from the Jul-Dec 2020 clinical placement activity reporting period onwards, all activity types (except medical) that are eligible for funding must be reported through Placeright.
- ensure disciplines and qualifications are in scope for Placeright use, as detailed in the [Placeright Student Placement Planning Guide](#)
- adhere to the [Standardised Schedule of Fees for Clinical Placement of Students in Victorian Public Health Services](#), including recording of fees and cancellation periods in Placeright
- have an appropriate Student Placement Agreement in place with an eligible education provider for all planned and funded activity. Where Placeright is used, a copy of this agreement should be uploaded to Placeright prior to clinical placements commencing
- use the Best Practice Clinical Learning Environment (BPCLE) Framework and the online BPCLE tool to report BPCLE mandatory indicators for all disciplines.

Transition to practice (graduate)

Transition to practice (graduate) funding is based, and conditional, on health services providing the following data:

- the headcount and FTE of graduates for the calendar year

- the headcount and FTE of graduates, where there are funding agreements for collaborative rotating placements, and the health service is the lead fund holder agency.

Health Services are to report activity through the HealthCollect platform. To gain access to HealthCollect please contact the [HDSS Helpdesk](#).

Postgraduate nursing and midwifery education

Postgraduate nursing and midwifery education funding is based, and conditional, on health services providing the following data:

- the headcount and FTE of staff who undertook postgraduate study during the calendar year
- specialty area and higher education provider of course
- activity undertaken at another health service where there are funding agreements for the periods of collaborative rotating placements, and the health service is the lead fund holder agency.

Health Services are to report activity through the HealthCollect platform. To gain access to HealthCollect please contact the HDSS Helpdesk.

Post graduate nursing and midwifery scholarships

The number and value of the individual scholarships is set by the health services/rural consortia, within the departments allocated funding. All scholarship allocations will need to be based on fair and equitable allocation and distribution. Health services are required to pay individual recipients by 31st March 2022.

Victorian medical specialist training programs

Victorian medical specialist training (VMST), Victorian rural generalist program (VRGP), Victorian basic paediatric training consortium and basic physician training consortia funding is based, and conditional, on health services providing the following data per calendar year, and intentions for the next year:

- number of trainees
- year of training
- specialty
- commencement date
- parent site
- accreditation status of rotation.

Continuing nursing and midwifery education

The department requires the reconciliation of CNME activity that occurred for the 2020/21 financial year. The following must be included:

- type of activity
- relevant clinical area
- attendant data (discipline, location of employment, headcount)
- review and evaluation processes
- outcomes achieved
- possibility of replicating and sharing with other organisations.

6.2 Reporting timeframes

Reporting requirements for all funding streams, including due dates, are summarised in the following table.

Table 8: Summary of reporting timelines for 2021-22

Funding stream	Reporting required by health services	Due date
All streams	Annual reporting against six externally reportable BPCLE Framework indicators through the BPCLE tool	18 February 2022
Professional-entry student placements (including additional acute clinical placements for Diploma of Nursing students and Boosting our Healthcare Workforce initiative)	Automated biannual reporting of clinical placement activity from Placeright (or the HealthCollect platform for medicine) 18 February 2022 (for activity July–December 2021)	18 February 2022 (for activity July–December 2021) 22 July 2022 (for activity January–June 2022)
Transition to practice (graduate)	Report on headcount and FTE of 2021 graduate activity, and projected headcount and FTE of 2022 graduates (excluding Allied Health graduates)	18 February 2022
Postgraduate nursing and midwifery education	Report on headcount and FTE of staff who undertook postgraduate study during 2021, and projected headcount and FTE of staff undertaking postgraduate study for 2022.	18 February 2022
Victorian medical specialist training program	Speciality post filled for 2022 Acquittal of posts and positions in 2021 Confirm training intentions for 2023	10 December 2021 18 February 2022 14 May 2022
Victorian basic paediatric training and basic physician training consortia	Speciality post filled for 2022 Acquittal of posts and positions in 2021	Mid December 2021 18 February 2022
Continuing nursing & midwifery education	Report on education activities undertaken in 2021-22 financial year	22 July 2022
Postgraduate Nursing and Midwifery Scholarships	Completed reconciliation template from health service or regional fundholder returned to department	1 April 2022
Victorian rural generalist program	Confirmation of training post filled for 2022	December 2021 July 2022

6.3 Funding arrangements

Funding is disbursed through the departments modelling and payment system. Funding for recurrent streams of funding will initially be cash-flowed to health services based on previous activity levels, and then adjusted according to health services reports of actual or acquitted activity. Table 9 shows the grant descriptions of funding distributed through training and development funding in 2021-22.

Table 9: Training and Development funding grant descriptions for 2021-22

Grant Description	Funding Stream
Professional Entry - T&D Student Placement	Professional-entry student placements
Allied Health – transition from internships to placements	Professional-entry student placements
Free TAFE - Enrolled Nurse Clinical Placement Growth Fund	Professional-entry student placements
Boosting our Healthcare workforce	Professional-entry student placements
Transition to practice - Allied health graduate	Transition to practice (graduate)
Transition to practice - Hospital pharmacy interns	Transition to practice (graduate)
Transition to practice - Medical graduate year 1 PGY1	Transition to practice (graduate)
Transition to practice - Medical graduate year 2 PGY2	Transition to practice (graduate)
Transition to practice - Nursing and midwifery graduate	Transition to practice (graduate)
Postgraduate - Nursing and Midwifery	Postgraduate education
Workforce development fund - RN graduates	Postgraduate education
Workforce development fund - EN graduates	Postgraduate education
Postgraduate - Victorian medical specialist training	Postgraduate education
Postgraduate - Victorian paediatric training program	Postgraduate education
Postgraduate - Basic physician training consortia	Postgraduate education
Postgraduate – Victorian rural generalist program	Postgraduate education
Nursing & Midwifery Workforce – T&D – Continuing education	Continuing education
Nursing & Midwifery Workforce- Postgraduate Scholarships	Postgraduate education
Workforce development fund - Postgraduate scholarships	Postgraduate education
Workforce development fund - Postgraduate nursing	Postgraduate education
Workforce development fund - Refresher programs	Postgraduate education

Health services are required to maintain records of expenditure and provide evidence of funds reconciliation, if requested by the department.

Nursing and midwifery postgraduate scholarship funding is allocated annually to eligible public health services (or for rural health services, to fund holders within the five rural health regions) and calculated based on a nursing/midwifery full-time equivalent.

Fund holder arrangements

If health services conduct programs in partnership with other health services, the nominated fund holder is responsible for ensuring that participating services receive a portion of the funding equal to the length of the rotations or scholarship amount, and for maintaining documentation that demonstrates the arrangements and funds transfers. Disputes that cannot be resolved through the agreement process are to be referred to the department.

Regional collaborative models - CNME

Collaborative models between health services promote efficiencies in education provision and reduce duplication and cost. For CNME funding, collaboration is formalised through the establishment of consortia within regions (please refer to Appendix 2).

Agreement on fund holder and consortia structure within each region is the responsibility of all Directors of Nursing and Midwifery within the regions, in consultation with the department (Appendix 3 describes the key roles and responsibilities of consortia members). Consortia must nominate a single fund holder (refer to Appendix 2 for details of 2021-22 consortia). The department must be notified if the fundholder needs changing. Administration fees must not be charged for CNME activities. However, where an entire region is a single consortium with one fund holder model, that region may, by agreement, include a five per cent administrative fee (deducted from the total regional allocation) for the fund holder.

Funding adjustments

Professional-entry student placements

Adjustments to professional-entry student placement funding levels are made annually, to account for reconciled placement activity for the previous year. Depending on the level of actual placement activity, a health service may receive more or less of the professional-entry student placement subsidy in 2021-22 compared with 2020-21.

Funding adjustments will be made between March and April 2022 based on the July to December actual placement activity and January to June planned and approved activity for the following programs:

- Boosting our Healthcare Workforce initiative
- Acute clinical placements for Diploma of Nursing students

The outcome of the 2021-22 adjustment round will be communicated to the Chief Executive Officers of health services (copied to executives and other nominated representatives).

Funding allocations for previous financial years can be found on *Victoria's Health Workforce Knowledge Bank*: <http://www.vicknowledgebank.net.au/funding/training-and-development/>

Acute clinical placements for Diploma of Nursing students

Health services are expected to deliver all planned Diploma of Nursing student placements. Funding may be adjusted or recalled if planned student placements funded through the application process did not occur. There is no commitment to provide funding for activity above the planned level of activity; however, funding for additional activity may be considered through the reconciliation process depending upon availability.

Boosting our Healthcare Workforce

Health services are expected to deliver all planned additional clinical placement activity in excess of the 2020 Projected Baseline and as approved in the department's response to health service applications. Funding may be adjusted or recalled if planned student placements funded through the application process did not occur. There is no commitment to provide funding for activity above the planned level of activity; however, funding for additional activity may be considered through the reconciliation process depending upon availability.

Transition to practice (graduate)

Adjustments to transition to practice (graduate) funding are made annually to account for any unfilled positions, and for participants who did not complete the program during the previous calendar year, as well as any change in activity projected for the current year.

The outcome of the 2021-22 adjustment round will be communicated to the Chief Executive Officers of health services (copied to executives and other nominated representatives).

Appendix 1: Professional-entry student minimum efficient pathway

The minimum efficient pathway (MEP) reflects accreditation standards where they exist. Otherwise, the MEP reflects the hours that were adopted by Health Workforce Australia, based on the results of a national survey of professional-entry clinical placement requirements, moderated by a reference group.

Table A: Minimum efficient pathway required per student for each professional-entry health discipline and current training course pathways

Discipline	MEP (hours)
Allied Health Assistance <i>(Note: Cert III qualification)</i>	80
Allied Health Assistance <i>(Note: Cert IV qualification)</i>	120
Art Therapy	750
Audiology	200
Biomedical Science	420
Dietetics and Nutrition	600
Exercise Physiology	500
Medical Laboratory Science	420
Medicine	2,200
Midwifery	560
Music Therapy	640
Nuclear Medicine	750
Nursing (Enrolled)	400
Nursing (Registered)	800
Occupational Therapy	1,000
Optometry	500
Orthoptics	700
Paramedicine	200
Pharmacy	200
Physiotherapy	700
Podiatry	450
Prosthetics & Orthotics	580

Discipline	MEP (hours)
Psychology	1,000
Radiation Therapy	750
Radiography (Diagnostic Imaging)	750
Social Work	1,000
Speech Pathology	535

Appendix 2: Rural Continuing Nursing and Midwifery Education consortia

Fund holder	CNME Consortia members
DHHS NORTH DIVISION	
Bendigo Health Care Group	Bendigo Health, Swan Hill District Health Service, Boort District Health Service, Inglewood & District Health Service, Kerang District Health Service & Heathcote Health Service
Mildura	Mildura Base Hospital, Robinvale District Health Service, Mallee Track Health & Community Service
Echuca Regional Health	Echuca Regional Health, Cohuna District Hospital, Kyabram District Health Service, Rochester and Elmore District Health Service
Castlemaine Health Service	Maryborough District Health Service, Central Highlands Health, Castlemaine Health, Maldon District Health Service
DHHS EAST DIVISION	
Goulburn Valley Health	Goulburn Valley Health Service, Northeast Wangaratta Health, Albury Wodonga Health, Alexandra District Hospital, Alpine Health, Beechworth Health Service, Benalla and District Hospital, Kilmore & District Hospital, Mansfield District Hospital, NCN Health, Seymour District Memorial Hospital, Tallangatta Health Service, Yarrowonga District Health Service, Yea and District Memorial Hospital, Upper Murray Health
DHHS WEST DIVISION	
Ballarat Health Services	Ballarat Health Services, Beaufort & Skipton Health Service, Djerrivarrh Health Service, Dunmunkle Health Service, East Grampians Health Service, East Wimmera Health Service, Edenhope District Memorial Hospital, Hepburn Health Service, Rural Northwest Health, Stawell Regional Health, West Wimmera Health Service, Wimmera Health Care Group
East Grampians	Highway Model E-learning
Barwon Health	Barwon Health, Bellarine Community Health
Colac Area Health	Colac Area Health, Great Ocean Road Health, Hesse Rural Health Service

South West Health Care	South West Health Care, Moyne Health Service, Terang and Mortlake Health Service, Timboon and District Health Service
Western District Health Service	Western District Health Service, Portland District Health, Casterton Memorial Hospital, Heywood Rural Health
DHHS SOUTH DIVISION	
West Gippsland Healthcare Group	West Gippsland Health Care Group, Bass Coast, South Gippsland Hospital, Bairnsdale Regional Health Service, Orbost Health Service, Omeo Health Service, La Trobe Regional Health Service, Central Gippsland Health Service, Yarram and District Health

Appendix 3: Continuing Nursing and Midwifery Education Rural consortia roles & responsibilities

Consortia are co-operative groups that work together to identify and address issues of common concern for the region they represent.

There is an underlying assumption that the structures and relationships of the rural consortia are based on good communication and collaborative effort, to optimise access to education programs for nurses and midwives across the region, and to ensure efficient use of funding.

The roles and responsibilities of the consortia members include:

- convene a regional consortia committee at agreed times
- ensure a minimum of one representative from each health service within the consortium is represented on the consortium committee
- elect consortium chair
- nominate regional fundholder
- facilitate effective communication processes between all members of the consortium
- co-ordinate regional consortia needs analysis and education programs
- facilitate a collaborative CNME program that meets the needs of all health services and the regional consortia
- ensure agreement with all health service representatives for the use of CNME funding
- ensure timely communication with the department
- develop and implement a dispute resolution process
- consider the role of other consortia, especially regarding highly specialised or hard to access training.