People in Health
Developing Victoria’s health workforce
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Foreword

Since 2010, the Victorian Government has invested more than $500 million in developing Victoria’s health workforce. This significant investment has increased the number of doctors, nurses and allied health professionals in our hospitals and health services, helping to better manage the increasing pressures on our health system and deliver better healthcare to Victorians.

A skilled and competent health workforce means high-quality healthcare services. To continue to support and foster the health workforce to care for our ageing and growing population, the Victorian Government has provided record funding of $238.3 million in the 2013–14 State Budget, including:

- **$193.8 million** for undergraduate nursing, midwifery, medical and allied health placements – this translates to an increase of 45 per cent in funding and delivers an extra 200,000 training days for health students over four years
- **$41.5 million** to enable an additional 496 intern and second-year training positions for doctors, 600 additional graduate nurse positions and 154 additional medical radiation internships over four years
- **$3 million** for an additional 24 rural generalist positions over four years. This includes GPs in specialist areas such as obstetrics, anaesthetics, emergency medicine and surgery, increasing their skills to practise in country hospitals.

The newly created People in Health initiative will ensure ongoing and integrated investment to develop a sustainable Victorian health workforce through strong leadership and partnerships across government, health services, the education sector and professional bodies.

Training is a critical part of our workforce development investment. People in Health supports health professionals training as inter-professional teams and in a range of high-quality environments, not just the public hospital system. Simulation-based education and training is also critical to ensure clinical training in Victoria continues to be at the forefront of best practice and innovation.

Victoria’s investment spans the training continuum, from students to specialists in their field. Through People in Health, the government funds clinical placements for professional-entry students, invests in postgraduate and specialist training, develops workforce capability and adaptability, and enables innovation and reform in the way we train and deliver services to support our health workforce to work to their full scope-of-practice.

Importantly, People in Health targets geographical areas that require our greatest support. Government funding will enable more workforce development opportunities to take place in rural and regional settings and in growth areas of Melbourne. The benefits are far-reaching. People in Health will help recruit and retain local health professionals, enable better distribution of the health workforce and improve access to health services across Victoria.

I invite you to join me in supporting the People in Health initiative as we work together to ensure Victoria’s health professionals are equipped with the best clinical skills, education and practice to deliver high-quality patient care for all Victorians.

Hon. David Davis MP
Minister for Health
Foreword

We know that a skilled, effective workforce is critical to the delivery of high quality services.

_people in Health_ recognises the importance of supporting workforce development at every stage of a person’s career, from the completion of their initial training through to supporting their work within services. It identifies both the major investments this government is making in training health professionals, as well as the clear actions to support and develop specific workforces, such as those within the mental health and alcohol and drugs sectors.

Building the skills, capacity and capability of the alcohol and drug and mental health workforces is critical as these workers play an integral role in supporting some of our most vulnerable community members. As such, the Victorian Government committed to the development of a comprehensive community sector workforce development strategy.

We have acted on this commitment. In 2012, a ten-year Alcohol and Drug Workforce Development Framework was released and a framework for the specialist mental health workforce is being developed.

Through Services Connect and reforms to the mental health community support services program and Alcohol and Drug treatment services, the Victorian Government is transforming how services are delivered and coordinated. These reforms will result in a more integrated service system that has a stronger focus on client-directed, recovery-oriented and family-inclusive practice.

_people in Health_ commits to ongoing workforce development. For the alcohol and drug and mental health sectors this is reflected in an investment of over $28 million per year. This funding provides for specific learning and development programs, as well as actions to develop sector leadership, enhance access to clinical supervision, and attract and retain a skilled workforce.

Over the next three years, a new learning and development platform will deliver coordinated and integrated competency-based education and training across alcohol and drug and mental health programs. This platform will ensure these workforces have the requisite skills and attributes to drive reform and deliver the best possible service to Victorians with substance use and mental health issues.

I am pleased to support _people in Health_, which I know will deliver real benefits to people using health services across the State.

Hon. Mary Wooldridge MP  
Minister for Mental Health
Introduction

Two-thirds of Victoria’s health spending is on its workforce. The Victorian health system employs more than 130,000 people, with approximately 77,000 individuals employed in the Victorian public health system.

Our health workforce is ageing – 4.6 per cent of the workforce will be aged over 65 years by 2022. This means that over the next decade Victoria will lose many of its experienced practitioners to retirement.

Victoria’s health workforce is also growing. Victorian health services accommodate up to 10,000 new graduates into the workforce each year. These new graduates are essential to the longevity of our health workforce.

In 2012 the government released the Victorian Health Priorities Framework 2012–2022 (the framework). The framework will guide Victoria’s investment in healthcare, with the aim to create an equitable and sustainable health system with people at its heart. The framework seeks to ensure the Victorian health system is future-ready. A critical aspect of the framework is to ‘expand service, workforce and system capacity’.

Victoria’s investment in its health workforce development is underpinned by best practice principles. This includes:

★ **Capacity** – This is to ensure workforce development, including clinical education and training, is delivered across a range of settings throughout metropolitan, rural and regional locations and across the public hospital system, the private health system, primary care organisations such as general practices and the community health sector.

★ **Quality** – The Victorian Government investment provides oversight and quality assurance for clinical education and training. It ensures that education and training supports patient care and meets health service delivery needs, and optimises the use of both statewide and health service education and training resources.

★ **Innovation** – Victoria’s training system recognises that future generations absorb information and skills from a range of sources. The use of technology to deliver clinical education and training enables Victoria to continue to provide high-quality programs across the state while enabling the best use of training infrastructure and staff time.

★ **Effective governance** – Our investment brings together our partners to plan and resource workforce development activity to deliver the best outcomes.

For the first time Victoria’s investment in health workforce development is being brought together under a new integrated initiative called People in Health.

*People in Health* is designed to support the delivery of the Victorian Health Priorities Framework 2012–2022 by strengthening the way we support workforce development at all stages of health careers.

The framework tasks us with providing a safe, competent and innovative health workforce, and ensuring that we have the right number of health practitioners in the right locations. Adequate supply and an optimum distribution of a highly capable and adaptable health workforce underpins *People in Health*. This requires us to make best use of our workforce through supporting clinicians to innovate and introduce ways to improve the way we deliver patient care and support the best use of our highly trained clinicians. It also requires us to
develop the capability and capacity of our workforce and work collaboratively in identifying and addressing challenges to ensure a sustainable health system. Victoria’s continued investment in People in Health is vital to ensuring our health services continue to offer the best care to the people of Victoria.

The Victorian Government’s investment to develop our health workforce equates to over $200 million each year. This investment is provided across the workforce continuum (Figure 1) from students to experienced practitioners and specialists in their field. Our efforts to develop the workforce are focused on four main areas across the career continuum:

★ students from the university and vocational education and training (VET) sectors
★ entry-to-work including internships and graduate programs
★ postgraduate and specialist training
★ upskilling and continuing professional education.

Figure 1: The career continuum

<table>
<thead>
<tr>
<th>Entry qualification</th>
<th>Employment</th>
<th>Ongoing education, competency-based learning / career opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree in medicine</td>
<td>Doctors with general registration</td>
<td>Postgraduate training, specialisation in advanced scopes of practice, e.g.:</td>
</tr>
<tr>
<td>Degree in Nursing</td>
<td>Registered nurse</td>
<td>• GP and specialist areas</td>
</tr>
<tr>
<td>Degree in midwifery</td>
<td>Registered midwife</td>
<td>• Specialist areas in nursing, e.g. research, education, clinical practice</td>
</tr>
<tr>
<td>Degree in an oral health discipline</td>
<td>Registered dental practitioner</td>
<td>• Specialist areas in oral health</td>
</tr>
<tr>
<td>Degree in allied health: therapy or science discipline</td>
<td>Practising allied health professional (registered or self-regulating)</td>
<td>• Specialist areas in midwifery</td>
</tr>
<tr>
<td>Internships that meet registration requirements (where applicable)</td>
<td>Diplomas in specialist areas of nursing e.g. mental health, acute care</td>
<td>• Clinical specialty areas in allied health, e.g. podiatric surgery</td>
</tr>
</tbody>
</table>

| Year 12 with specified entry score | Diploma of Nursing | Enrolled Nurse |
| Certificate IV | Health Assistant qualifications | Practising Allied Health Assistant |
| Mature age entry | Certificate IV in Alcohol and Other Drugs | Community Support Worker |
| Diploma | Diploma in Community Services (Alcohol and Drugs and Mental Health) | Mental Health Support Worker |
| Postgraduate entry | | Drug and Alcohol Worker |
| Other disciplines | | Assistant in Nursing |

| Year 12, e.g. VETiS, VCE | Diploma in Alcohol and Other Drugs | Diplomas in specialist areas of nursing e.g. mental health, acute care |
| Certificate II, III | | Experiential learning |
| Mature age entry | | |
| Other disciplines | | |
Victoria’s health workforce arrangements are complex and interdependent. The Victorian Government works in partnership with the Commonwealth Government, Health Workforce Australia, universities, registered training organisations, health services, specialist colleges, professional associations and health practitioners themselves. These stakeholders all play a role in shaping the health workforce and in ensuring that Victoria’s health workforce is sustainable and has the skills, capabilities and competencies – now and in the future. In doing so, the Victorian Government works with the Commonwealth Government and Health Workforce Australia to make the best use of public funds.

The Victorian Government has also announced a $61.7 million investment from 2013–14 to 2016–17 (a 30 per cent increase from the previous investment) in the health and wellbeing of Aboriginal Victorians. Nearly $8 million of this funding is targeted towards supporting a better-skilled Aboriginal health workforce.

Funding will be provided to train increased numbers of Aboriginal people in nursing, midwifery, allied health and management. There is also provision for new opportunities in health careers through increased investment in traineeships and cadetships.

Section 1: Supporting health students to complete their placements

People in Health supports more than 3,800 medical students, 18,500 nursing and midwifery students and 12,500 allied health students to undertake clinical placements annually in Victorian health services.

These clinical placements take place across approximately 2,000 health facilities throughout the public, private, not-for-profit and community sectors.

Students arrive at these facilities from over 50 education providers based in Victoria, interstate or overseas. Clinical placements support the graduation of up to 10,000 new health workers every year.

Introduction and context

Clinical placements play a critical role in preparing professional-entry (or entry-to-practice) healthcare students for their part in the future health workforce (Figure 2).

Figure 2: Clinical placement activity, by broad discipline category

* Note: Figures for 2013 are projections.

People in Health supports the Victorian Government’s commitment to ensuring a sustainable supply of health workers. In doing so, People in Health invests in initiatives designed to expand Victoria’s capacity to train students, as well as those that target improvements in the quality of professional-entry health education. This investment comprises the following:

In 2013–14, $41.2 million will be allocated via the **Training and Development Grant** across all 88 public health services for professional-entry student placements (Figure 3).

**Figure 3: Training and Development Grant and associated funded clinical placement activity**

- In addition to the Training and Development Grant:
  - funding of up to $3.5 million is distributed to support the clinical training of dental clinicians in designated Public Hospitals and Community Health Centres
  - funding of $5.15 million is distributed to designated rural Public Hospitals through the Rural Clinical Academic (RCA) program to support rural medical student clinical training.

- The **Victorian Clinical Training Council (VCTC)**, previously the Victorian Clinical Placements Council, provides statewide leadership and strategic advice on professional-entry clinical training issues. The VCTC now works across an expanded remit to integrate clinical training along the continuum of the training pathway, inclusive of professional-entry, postgraduate, prevocational and specialist training. From January 2014, Victoria’s nine stakeholder-led **Clinical Training Networks** (formerly clinical placement networks) will complement the work of the VCTC by providing a platform for local partnership-building and collaboration across all streams of clinical training.

- Consistent with an agreed emphasis on whole-of-system and inter-professional approaches, the VCTC includes representation from education providers, Medicare Locals, public health services, aged care and the private and not-for-profit sectors. The VCTC structure includes four discipline-focused education planning groups (medicine, allied health–science, allied health-therapy, and nursing and midwifery). The Medical Education Planning Group, established to advise on options to address capacity and quality issues at the different stages of the medical training pipeline, will also act as the Victorian conduit to the National Medical Training Advisory Network.

* Note: Figures for 2014–15 to 2016–17 are projections.
The VCTC and the CTNs have been instrumental in leading work to grow the capacity for, and ensure the sustainability of, the Victorian system for clinical placements. The work includes:

- developing and managing 146 projects worth $34 million (co-funded with Health Workforce Australia) that have been invested in expanded settings, rural accommodation and infrastructure, small capital and equipment, clinical supervision and simulated learning environments
- facilitating statewide coordination and planning of clinical placements for nursing and midwifery and a number of allied health disciplines in order to align supply and demand more efficiently and foster productive partnerships
- focusing on expanding placements in non-traditional sites, including in community health, general practice, mental health, aged care, alcohol and drug, Aboriginal-controlled health, and private and not-for-profit settings. This includes creation of a mental health clinical training alliance in rural Victoria, and a mental health inter-professional clinical education program in metropolitan Melbourne
- supporting rural stakeholders through five dedicated rural-based networks
- standardising fees charged for clinical placements across a range of health professions.

The Best Practice Clinical Learning Environment (BPCLE) Framework is a world-first inter-professional resource to assist health services in developing and maintaining supportive high-quality learning environments for health students and new entrants to the workforce. The 2013–14 Budget includes an investment of $6.3 million over four years to support the implementation of the BPCLE Framework (Figure 4) and to develop quality learning environments in health services.

Figure 4: Best Practice Clinical Learning Environment Framework
Simulation-based education and training enhances outcomes for all learners through applying simulated learning technologies to clinical training. In 2011, the Victorian strategy for the development of simulation-based education and training 2012–2015 was developed as a framework for ensuring the utilisation of simulation to enhance the range of clinical experiences that all learners receive in preparation for their role within Victoria’s health workforce.

To enable more efficient administration and planning of clinical placements and to share valuable information, the following suite of products has been developed:

- viCPlace – a web-based information management system for health services and other clinical placement providers to use with their partnered education providers
- viCPortal – a repository of clinical training resources for download and application
- viCProfile – provides key data on health services and regional information on placement activity and workforce characteristics
The Victorian Government provides support to Aboriginal students to pursue health careers. This support is provided through training grants and cadetships. Victoria’s investment has enabled more than 110 training opportunities for nursing, midwifery and allied health Aboriginal students. The range of qualifications supported as part of this process include Certificate III and IV in Allied Health Assistance, Certificate III and IV in Dental Health, Graduate Certificate in Diabetes Education, Certificate IV in Alcohol and Other Drugs, Certificate III and IV in Fitness, Bachelor of Nursing and Midwifery and enrolled nurse programs. In 2012, the Victorian Government launched the Aboriginal Nursing and Midwifery Cadetship program at St Vincent’s Health and The Royal Women’s Hospital. These cadetships provide a valuable link between study and employment for the Aboriginal student and the health service involved.

In addition to supporting our clinical workforces, investment under People in Health also recognises the importance of supporting other roles within health services. The health information workforce is seen as being of vital importance in this context because it underpins the effective recording, payment, reporting and analysis of clinical care within health services. As such, People in Health is also supporting the following:

**Development and implementation of a clinical coding capability framework** – This aims to align the education program with the work requirements of entry-level clinical coders. The objective is that future clinical coding graduates (from both the VET and higher education sectors) will be work ready and thus reduce the need for extensive on-the-job training.

**Clinical coder educator training** – Entry-level clinical coding staff currently require 12–18 months of on-the-job training to be work-ready. This is provided by senior coding staff within health services. People in Health has invested in developing the teaching and training skills of these senior staff to assist them to effectively train junior coding staff by funding 30 senior clinical coders in 2013 to undertake a Certificate IV in Training and Assessment through registered training organisations.

**Transition to work for clinical coders** – There are shortages of clinical coding staff in Victorian health services. However, health services are constrained in their capacity to recruit additional coders due to current training and supervisory requirements. People in Health has supported 20 graduates through two 10-week programs to gain practical coding experience.

**Further initiatives to address the disciplines of health informatics, clinical costing, health finance and health information management** are being developed in consultation with the sector to ensure Victoria has a sustainable and skilled health information workforce.

Together, these initiatives are enabling innovative approaches to professional-entry training that embed growth in capacity alongside ongoing improvements to the quality of the learning experience. By investing in these programs, the Government, through People in Health, is securing a locally-trained workforce for Victoria’s future.
Where to from here?

The government has allocated $193.8 million under People in Health over the next four years to strengthen the capacity of public health services to provide quality clinical training environments for professional-entry health students and to create 200,000 additional clinical placement days. The total investment represents a 45 per cent increase in funding compared with the previous four years.

This additional funding will help ensure Victoria continues to meet the clinical training needs of its 35,000 health students each year. These graduates, from 23 professions, will be well placed and well prepared to enter the health workforce and contribute productively to the Victorian health system. The Victorian Government will also expand the number of cadetship, traineeship and training opportunities for Aboriginal people so more can pursue careers in health.

Under People in Health, the Victorian Government will continue to build on its significant progress in coordinating, promoting, innovating in and funding clinical training.

The new investment by the Victorian Government will also facilitate rollout of the Best Practice Clinical Learning Environment Framework to all 88 public health services in Victoria and any private or not-for-profit health services that wish to improve their learning environments.

The Victorian Government continues to support health and ageing qualifications from TAFE institutes and VET providers. The Government’s strengthening of its investment has included the introduction of a subsidy for clinical placements in public health services for enrolled nursing and allied health assistance students, at parity with registered nursing and allied health students respectively.

The Victorian Government is also committed to leading national reform on funding for clinical placements. The government’s vision is for a coordinated and consistent national system of funding for clinical placements that would apply universally to all placement activity irrespective of where it occurs. This streamlined, whole-of-system clinical training funding model would ‘follow the student’ and, for the first time, incentivise efficient training activity in public, private and not-for-profit services on an equal basis. The Victorian Government’s reform model underwrites training activity while also extending support to a range of non-traditional and community-based settings that are growing in their importance to future health service provision.

The Victorian Government is discussing new funding arrangements with the Commonwealth that seek to bring together disparate funding streams into a single pool. This proposed restructuring of clinical training funding will support more efficient use of resources via a reduction in administrative duplication and the realignment (and expansion) of training capacity with future workforce requirements. In the interim, the Victorian Government will be undertaking reforms to streamline state-based funding programs for clinical training including better integration of dental clinical training and RCA program funding with the Training and Development Grant.

As part of the National Health Reform Agreement, the Independent Hospital Pricing Authority is developing an efficient national price for teaching, training and research. This is expected to be implemented by 2018 and will further inform Victorian Government investment through People in Health.
Alice Grigg, Paramedic student

Alice Grigg is a second year student in the BHSc (Paramedic) course at Victoria University, St Albans campus. Alice considers her clinical placements as the highlight of her course as they create opportunities for her to experience, observe and be involved in paramedic services in both metropolitan and rural Victoria. On completion of her degree Alice plans to seek employment with Ambulance Victoria to complete her one-year graduate program and become a qualified Paramedic.
Section 2: Supporting successful transition to employment

Each year from 2014, People in Health will support a successful transition to employment for more than:

- ★ 700 medical graduates into internship positions
- ★ 1,455 nursing and midwifery graduates into entry-into-practice programs
- ★ 430 allied health practitioners (physiotherapy, social work, occupational therapy, podiatry, clinical psychology, orthotics and prosthetics, exercise physiology orthoptics, audiology, speech therapy, optometry) into transition-to-practice programs
- ★ 330 allied health practitioners (medical laboratory science graduates, biomedical science graduates, hospital pharmacists, medical imaging technicians, radiation therapists and nuclear medicine technologists) into pre-registration or intern programs.

Introduction and context

People in Health supports initial supervised practice for our doctors and transition-to-practice programs for nurses, midwives and allied health: (science) practitioners to become effective, independent health professionals. Since 2010, 2,548 new medical interns, 2,131 second-year doctors, 5,376 graduates in nursing and midwifery and 1,035 allied health interns have been supported in their first year of practice through formal investment in initial training and supervision across more than 70 public health services and in every region of Victoria (Figure 5).

Figure 5: Map of Victorian health service locations where People in Health initiatives are delivered
Developing Victoria’s health workforce
Medical intern and postgraduate year 2 programs

Training and Development Grants are provided to support growth in intern and postgraduate year 2 positions and assist health services with the cost of supervision and on-the-job training in the first two years after graduation. These grants support hospitals to provide education and training for medical graduates to meet the Medical Board of Australia’s registration requirements. The Victorian government also funds programs such as the Prevocational Medical Education and Training program, aimed at enhancing patient safety and quality in Victorian health services by improving the assessment, supervision, support, performance and professional development of medical graduates, second-year prevocational doctors and international medical graduates.

Murray to Mountains (M2M)

The M2M program commenced in 2012 with five interns recruited into small rural community-based training. The program was then expanded by a further five interns in 2013, bringing the total number of interns participating in the program to 10.

The interns are based in five separate small rural communities, with core rotations into regional health services. This reverses the traditional rotation out from a regional or larger centre. Each intern position has a 20-week general practice rotation, with the core eight-to-10-week rotations of surgery, medical and emergency undertaken in two regional health services. In 2014, the M2M program will be expanded to 10 interns per year.

The M2M program is the first of the Rural community intern training (RCIT) programs that will be implemented over the next two years. The RCIT programs are part of a broader Rural Training Strategy, which the department is currently developing as a component of the work plan of the Medical Education and Planning Group. This work will enable an integrated approach to medical education and training capacity and aims to address the issue of an increasing requirement for intern places and to influence the retention of medical graduates in rural areas. Up to 10 new RCIT interns will commence their training in 2014.

Graduate nursing and midwifery programs

The Victorian Government provides support to new nursing and midwifery graduates by subsidising formal education and support programs delivered by health services to new graduates in their first year of practice. These programs are workplace-based and designed to consolidate the knowledge, skills and competence of new graduates. They aim to help graduates make the transition to practise as safe, confident and accountable professionals.

Graduate programs go beyond normal orientation and induction and offer graduates formal education time (including study days), supernumerary time and clinical support, including preceptorship. Although a formal graduate program is not mandatory, these programs offer new graduates a structured and supported approach to their first year of practice.

A recent initiative in 2012–13 provided additional funding to support collaborative graduate programs specifically targeting mental health service areas both within public health services and in the community.
Developing Victoria’s health workforce
Alexandra Carey, Nuclear Medicine Technologist intern

After finishing a Bachelor of Science at Melbourne University, Alexandra considered a career in medical imaging, with Nuclear Medicine appealing to her. Following completion of her three-year degree at RMIT, Alexandra joined the new nuclear medicine technologist cluster model program as an intern. The program, funded by the Victorian Government, has allowed Alexandra to train in Ballarat Base Hospital, at the Peter MacCallum Cancer Centre and at the Royal Melbourne Hospital. The ability to work across metropolitan, regional and specialist service settings has allowed her to gain exposure to these different settings and opened up a range of career options.
People in Health also supports the development and implementation of strategies to increase the recruitment and retention of Aboriginal health workers in nursing and midwifery. The department has commissioned St Vincent's Hospital to evaluate its current early graduate program, and determine the requirements for a targeted Aboriginal and Torres Strait Islander graduate nurse program. This report will guide health services when establishing new graduate programs for Aboriginal and Torres Strait Islander nurses.

Allied health interns (medical radiation, science and pharmacy disciplines)

Each year, the Victorian Government funds allied health intern placements in health services across Victoria to support graduates to fulfil their accreditation requirements for registration. People in Health will continue to support interns across the medical imaging, radiation therapy, nuclear medicine, biomedical science, medical laboratory science and hospital pharmacy disciplines.

An intern training cluster model has been successfully established in nuclear medicine as the best method for providing increased clinical training capacity, ensuring diverse training opportunities and improving workforce distribution. Each cluster, comprising a large public teaching hospital, a regional site and a smaller outer metropolitan site, is accredited as a training entity, enabling a larger number of workplaces to participate in providing intern training.

Consultations with medical imaging partners to develop a similar training cluster model are being progressed. Training clusters are being designed to include a greater number of rural and private radiography services, thus expanding intern placement capacity and locations.

Graduate allied health programs

People in Health also supports health services to offer structured and interdisciplinary transition-to-practice programs to allied health graduates in ‘therapy’ disciplines. These programs seek to ensure a positive workforce entry experience for a broad group of core allied health (therapy) disciplines.

Disciplines supported through the allied health graduate support program are: physiotherapy, occupational therapy, speech therapy, podiatry, social work, optometry, orthotics and prosthetics, dietetics, orthoptics, clinical psychology and audiology.

In 2012–13, 456 allied health ‘therapy’ graduates (405 FTE) across Victorian public health services were provided with a range of transition supports to assist them to effectively transition from students to professionals.
Where to from here?

The 2013–14 State Budget allocates new funding to support growth in graduate-entry and internship programs in public hospitals as well as in smaller community settings. Funding has also been allocated to expand the M2M intern model. The new funding also supports additional capacity in graduate nursing and midwifery, which will allow for new training opportunities and partnerships in areas of shortage such as mental health and aged care.

The Victorian Government will continue to invest and expand initiatives as part of People in Health. This includes:

★ additional training places for priority occupations such as intern places for medical radiation scientists
★ continued investment to expand training across metropolitan, outer metropolitan, regional and rural areas for all graduate programs
★ support for enduring partnerships between public health services, community health organisations and the private health sector to harness the capability of non-government and private sector partners in education and training activities
★ ongoing engagement with the Commonwealth Department of Health on education and training initiatives including opportunities to maximise the use of public (federal and state) funds to enable optimum training outcomes for Victoria’s health workforce
★ implementation of a new Aboriginal early graduate nursing and midwifery program
★ ongoing and accelerated support for mainstream public and Aboriginal health services that targets increases to the recruitment, retention and career pathway opportunities for Aboriginal health workers.
Section 3: Strengthening and deepening knowledge and skills

*People in Health* has supported more than 200 general practitioners since 2010 to undertake advanced skills training in areas such as anaesthetics, obstetrics, emergency medicine, paediatrics, adolescent health, palliative care, surgery and geriatrics. It has further supported the training of more than 87 nurse practitioners in areas such as mental health, aged care, palliative care and oncology and has also provided opportunity for more than 832 nurses and midwives to pursue postgraduate training each year.

Introduction and context

Support for professionals to extend and broaden their skills is an integral part of *People in Health*. This support is provided to doctors, nurses, midwives and allied health practitioners.

Expanded training opportunities for GPs

*People in Health* provides funding to support rural GPs to expand their skills to better meet the patient care needs of their communities (Table 1). The Rural Extended and Advanced Procedural Skills (REAPS) program provides training opportunities to rural GPs so that specialised care can be provided in a patient’s own community. By providing training opportunities for rural GPs, *People in Health* enables patients to access care at their local hospitals rather than having to travel to access care in larger regional or metropolitan centres.

These training opportunities are accredited by professional medical specialist colleges. Training programs focus on clinical areas of greatest health need and ensure medical practitioners are skilled and able to maintain their skills. The REAPS program is instrumental in recruiting and retaining rural GPs. Without these GPs, and the skills that they bring, many local health services would not be able to continue to provide medical and procedural services to their community.

Table 1: Victoria’s investment in GP training

<table>
<thead>
<tr>
<th>Procedural skills posts*</th>
<th>Extended skills posts</th>
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<tbody>
<tr>
<td>Anaesthetics</td>
<td>17</td>
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<tr>
<td>Obstetrics</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>37</strong></td>
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</tbody>
</table>

*Includes 6 month and 12 month posts*
Aboriginal health workforce

*People in Health* builds on the *Closing the Health Gap* Aboriginal health worker training grant program, which has provided funding to more than 350 Aboriginal health workers to upskill through primary healthcare qualifications, skills set development and accredited short courses during 2009–2013. Funding has supported Aboriginal health workers in pursuing extended skills in primary care, community services, women’s health, infant health, nutrition and hospital liaison. Funding was also provided to support the integration of new roles into service delivery models.

*People in Health* also supports traineeships for nursing, management, allied health, dental, mental health and drug and alcohol qualifications. These training grants are part of the *Koolin Balit* initiative, which will support a further 120 people over the next four years.

*People in Health* supports culturally appropriate clinical supervision for Aboriginal health workers in Victoria. The aim of this project is to support effective supervision for the Aboriginal health workforce by providing culturally appropriate peer supervision training for Aboriginal workers and training non-Aboriginal clinical/practice supervisors in the use of culturally appropriate models of supervision. Engaging Aboriginal mental health and alcohol and drug workers is an important component of this project, as well as the wider health workforce responsible for mental health and drug and alcohol programs.

Nursing and midwifery

*People in Health* builds workforce capability by supporting nurses and midwives seeking to move to another service area or extending their role through the provision of postgraduate nursing and midwifery studies. These studies lead to the attainment of either a graduate certificate, graduate diploma or master’s degree. Each year *People in Health* supports 832 places for postgraduate nursing and midwifery education.

Postgraduate specialty nursing and midwifery education supports the clinical training component of postgraduate education programs where a supervised or supported clinical training component is required for program completion. This includes post-registration programs for nursing and midwifery and pre-registration courses for midwifery that are conducted collaboratively between health services and the tertiary sector.

Under the *People in Health* program, the Victorian Government supports annual scholarships for Victorian registered nurses to undertake and complete a master’s program (or other appropriate units/modules at master’s level) that leads to endorsement as a nurse practitioner. The department administers the nurse practitioner scholarship program as part of the Victorian Nurse Practitioner Project (VNPP).

VNPP funding supports nurse practitioner model development, providing $45,000 per service to support the establishment of a nurse practitioner model for the service, including role implementation activities and the recruitment and appointment of at least one nurse practitioner candidate. Additional nurse practitioner candidate support packages up to $10,000 may be funded on request for second or subsequent nurse practitioner candidates in the same targeted area of practice.
Tim Druce and Ellie McLennan, graduates of the Aboriginal Nursing, Midwifery and Allied Health Cadetship Program

Tim Druce and Ellie McLennan are both graduates of the Aboriginal Nursing, Midwifery and Allied Health Cadetship Program at Monash Health.

Funded by the Victorian Government, the program seeks to increase the number of fully-qualified Aboriginal professionals in the workforce, offering the opportunity for Aboriginal nursing, midwifery and allied health undergraduate students to work within metropolitan and regional/rural health services as they complete their tertiary studies.

Tim is an Aboriginal Australian from the Wiradjuri people and is proud of his heritage. He grew up in the City of Maribyrnong in Melbourne’s west, maintaining links with the Aboriginal community through his mother’s family and through the Aboriginal Gathering Place in Maribyrnong.

Tim has completed a Bachelor of Nursing/Paramedicine at Australian Catholic University (Ballarat) and entered into the Graduate Nurse Program at Monash Health in 2014.

Ellie is a Yorta Yorta woman from the Shepparton area. She has completed a Bachelor of Nursing at Deakin (Institute of Koori Education) and commenced with Monash Health’s Graduate Nurse Program in early 2014. Ellie has strong connections with her Aboriginal heritage and is closely linked with Rumbalara Aboriginal Co-operative in Shepparton.
Since 2010 the Victorian Government has provided 87 nurse practitioner scholarships and supported the development of corresponding models in:

- emergency departments
- renal and stroke services
- mental health and drug and alcohol services
- oncology
- palliative care
- neonatal and paediatric services (Figure 6).

**Figure 6: Areas of practice supported by the Victorian Nurse Practitioner Program**

The Victorian Government also provides scholarships to mental health nurses employed by public health services to support postgraduate study at a tertiary institution. These scholarships contribute towards the cost of undertaking postgraduate studies. Since 2010 there have been 351 mental health nurse scholarships funded by the Victorian Government.

The Victorian Government support for the development of nurse practitioner models has evolved from establishing nurse practitioner models in emergency departments to expanding these roles into mental health, rural and regional settings, renal, stroke, oncology and palliative care. Over the past 5 years there has been continued growth in these areas of practice with health services adapting previously funded models to address their own identified service gaps. This is particularly evident in emergency and in mental health where niche roles, such as Victoria’s first Eating Disorders Nurse Practitioner, have been created.

Over the past 18 months, funding to support the development of nurse practitioner roles in aged care and chronic disease management has led to the establishment of nurse practitioner roles across a number of clinical settings.

VNPP funding of nurse practitioner candidate support packages contribute to the costs of providing clinical and professional supervision, while the VNPP scholarship program assists candidates with the expenses related to completing a master-level course to train as a nurse practitioner.
Jo Kelly, Nurse Practitioner

Jo Kelly’s interest in pursuing a nurse practitioner qualification arose from a desire to support her palliative and aged care clients to stay at home for longer. Jo received a scholarship in 2010, which helped fund the Master of Nursing Practice (Nurse Practitioner) course at Deakin University. Additional funding from the Victorian Government allowed Jo to access clinical mentors including a Palliative Care Medicine Specialist, GP, Nurse Practitioner and a Pharmacist.

Jo was endorsed as a Nurse Practitioner in February 2013. Jo has received awards for her services as a nurse practitioner including the Rotary Club of Phillip Island and San Remo Community Services Award for the provision of health services to the Bass Coast community and the inaugural Nurses Memorial Centre ‘Award of Recognition’ for the highest academic-achieving student in the Master of Nursing Practice (Nurse Practitioner) at Deakin University.
VNPP-funded communities-of-practice ensure there are collaborative networks to assist funded sites and candidates to develop and implement nurse practitioner models of care and provide peer support to individuals. Publication grants also support health services to produce papers for publication in peer-reviewed industry and professional journals or to present at professional or industry conferences.

VNPP funding has provided the industry with the capacity to move towards self-sustainability, allowing more targeted funding to areas of need.

Most recently, in alignment with the *Victorian Health Priorities Framework 2012–2022, People in Health* has increased its focus on supporting models that enhance the management of elderly patients and clients with chronic diseases (including but not limited to chronic obstructive pulmonary disease, cardiovascular disease, diabetes mellitus, musculoskeletal conditions and stroke). Although support is being provided across the care continuum, particular emphasis is on non-acute care.

**Fostering a culturally sensitive workforce**

The Victorian Government is investing in a number of learning and development opportunities to foster a culturally sensitive, client-centred workforce. Included within this program of activity is the implementation of a cultural competency program to equip the workforce to provide culturally sensitive and safe mental health and drug treatment for Aboriginal people, and people from a culturally and linguistically diverse background.

**The consumer and carer workforce**

The consumer, carer and peer workforces play a critical part in the delivery of client-centred practice within the alcohol and drug and mental health sectors. In order to better support and develop this workforce, a program of activity has been identified to strengthen skills, capabilities and capacity as well as identify strategies to ensure greater integration and recognition within service delivery.

**Workforce innovation in nursing (advanced practice training)**

Advanced practice nursing defines a level of nursing practice that utilises extended and expanded skills. The basis of advanced practice is the high degree of knowledge, skill and experience that is applied within the nurse–patient relationship to achieve optimal outcomes through critical analysis, problem-solving and evidence-based decision making. A nurse working in this context is able to demonstrate effective integration of theory, practice and experience along with an increasing degree of autonomy in judgement and interventions.

Contemporary nursing practice encourages and is designed to enable registered nurses to extend their skills in decision-making, managing the care of individuals and groups, and engaging in collaborative practices with the patient to achieve the best possible outcomes for patients and their families.

In the past two years, *People in Health* has also supported three specific extended training pathways for nurses and midwives:

- ★ nurse cystoscopy
- ★ nurse endoscopy
- ★ nurse X-ray in small rural health services.
The Victorian Government also provides scholarships to mental health nurses employed by health services to support postgraduate study at a tertiary institution. These scholarships contribute towards the cost of undertaking postgraduate studies, including tuition fees, student contributions, study loans, books and equipment, travel required to attend lectures and clinical placements, child care and other related study costs.

**Continuing professional education**

For all health professionals, continuing education is critical to maintaining high practice standards and keeping up-to-date with contemporary research and evidence. In areas such as mental health and alcohol and drugs, funding is provided annually through a combination of local, catchment-based and state-wide training and education activities.

Online approaches to professional development (Mental Health Professional Online Development) have also been actively supported to help ensure health professionals working in mental health are provided with the information and knowledge necessary to ensure they comply with the National Mental Health Practice Standards (2002) within their first two years of practice.

The Victorian Government has funded clinical coding educators to undertake qualifications in training and assessment to support their ongoing professional development and improve the training they provide to clinical coders. The Victorian Government is also supporting new clinical coding graduates by providing transition-to-work courses to improve their work readiness.

The Transition to General Registration (TGR) program (Figure 7) is designed to improve the retention of international medical graduates by facilitating access to core hospital rotations, to upskill graduates and enable them to meet the Medical Board of Australia’s standard for general registration, and retain them within the workforce.

**Figure 7: 2012–13 TGR funding distribution, by health service**

<table>
<thead>
<tr>
<th>Health Service</th>
<th>Funding Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latrobe Regional Health Service</td>
<td>33%</td>
</tr>
<tr>
<td>West Gippsland Health Service</td>
<td>26%</td>
</tr>
<tr>
<td>Bass Coast Regional Health</td>
<td>12%</td>
</tr>
<tr>
<td>Northeast Health Wangaratta</td>
<td>8%</td>
</tr>
<tr>
<td>Mildura Base Hospital</td>
<td>5%</td>
</tr>
<tr>
<td>Ballarat Health Services</td>
<td>16%</td>
</tr>
</tbody>
</table>

**Where to from here?**

Through *People in Health*, the Victorian Government will continue to invest in developing Victoria’s health workforce through education and training programs, and capacity-building initiatives that support Victoria’s health professionals in expanding their clinical skills to better meet the health needs of Victorians into the future. *People in Health* will build on the current programs to upskill our health practitioners through new investment committed as part of the 2013–14 State Budget.
The 2013–14 State Budget has provided funding of up to $2 million over four years to establish a state nurse endoscopy training centre based at Austin Health. The State Training Centre will provide training for nurse endoscopists and medical registrars. The 12-month nurse endoscopist training program includes simulation and skills training and clinical practice under the supervision of trained medical specialists. As a result of this funding, trainees will no longer have to travel to Queensland for parts of their training.

A number of program-specific learning and development opportunities have also been identified to support the alcohol and drug and mental health workforces to implement the program of reform currently underway within these sectors. Opportunities for skills and capacity-building in the areas of trauma-informed care, client-centred practice, risk management and the implementation of individualised care packages will be established.

Included within this investment is an Aboriginal Workforce Development program across the alcohol and drug and mental health sectors. The program will increase access to mentoring, support, learning and development, and communities-of-practice for the Aboriginal workforce.

*People in Health* is further strengthening specialist medical services and patient care through increasing the use of allied health professionals in advanced and expanded roles and new models of care. These include roles in advanced musculoskeletal physiotherapy and eye health.

A competency-based approach to learning and development

The Victorian Government is developing a competency-based framework for the alcohol and drug and specialist mental health sectors. The framework will identify the necessary knowledge, attitudes, values and skills required to support the delivery of recovery-oriented, best-practice care that is shared across these workforces, whilst also recognising specialist service delivery requirements.

Once developed, the framework will inform role design and clarity, identify skills development and inform future workforce planning. A range of tools will be developed to support recruitment to, and promotion of, the mental health and alcohol and drug sector.

Competency-based advanced training pathways are also under development for the wider health workforce including through partnerships with Health Workforce Australia. Further work is underway to identify other ways in which health practitioners may be supported in advanced training in the future.

State-wide Coordinated Learning and Development

The government has also committed to the development of a co-ordinated learning and development platform for Victoria’s mental health and alcohol and drug workforce. The platform builds on existing relationships with local and state-wide education and training providers to improve the brokerage, coordination and delivery of learning and development opportunities across the sectors. The platform will provide the foundation for a more strategic, efficient and effective learning and development program that strongly aligns with service delivery requirements and improves the workforce’s access to learning and development programs.
Peter Schulz, Advanced Musculoskeletal Physiotherapist

Peter Schulz is an advanced musculoskeletal physiotherapist working in a primary contact emergency department (ED) role at The Alfred and Sandringham Hospitals. Peter completed a Master of Musculoskeletal Physiotherapy through La Trobe University and has over ten years’ experience in musculoskeletal physiotherapy. He has worked as an advanced musculoskeletal physiotherapist in the ED since 2011. Peter’s role as the clinical lead of the Sandringham ED physiotherapy service was made possible through service implementation funding by the Victorian Government. The service commenced in February 2013.
Dr Raymond (Ray) Mariasoosai, Medical Specialist trainee

Dr Ray Mariasoosai is a senior registrar undertaking advanced physician training in General Medicine at the Maroondah Hospital. Ray intends to practice in General Medicine with an interest in respiratory medicine. Prior to joining Maroondah Hospital, Ray was a trainee at Latrobe Regional Hospital in Traralgon.

“I have chosen General Medicine as it offers a diverse patient load with undifferentiated and multi organ problems in patients.”
– Dr Ray Mariasoosai.
Section 4: Our specialist workforce

Since 2010, People in Health has directly funded 407 medical specialist training positions across 33 priority specialities. In 2013, People in Health also supported 12 training positions as part of the General Practitioner – Rural Generalist Training program. This investment builds on the overall funding provided to health services to establish medical specialist training positions to support their patient care requirements. Victorian health services provide training opportunities for nearly 4,000 medical specialist trainees each year.

Introduction and context

Since 2010, the Victorian Government has allocated over $27 million to support 407 medical specialist posts in 33 specialty areas to assist health services to increase their number of specialist training positions. People in Health aims to support incremental growth in training capacity in the public health system in preparation for the increased numbers of medical trainees seeking specialist training positions from 2014 onwards.

Funding has been directed to support growth in specialist training positions in specialties where there are identified shortages. The specialty areas of general medicine, general surgery, geriatric medicine, paediatric medicine, psychiatry, and obstetrics and gynaecology, which have been deemed to be in shortage (particularly in rural and regional Victoria), have received strong support under this program (229 training posts) (Figure 8).

Figure 8: Medical specialist training posts, 2010–2013
Since 2010, the biggest focus of investment to support medical specialist training has been in regional and rural areas. Almost $19.2 million (68 per cent of overall funding; see Figure 9) has been expended to support 278 posts in regional and rural Victoria.

**Figure 9: Geographic allocation of investment to support medical specialist training posts**

Rural generalists

As the medical workforce ages, many rural GPs in Victoria are retiring or reducing their workload. This has resulted in reduced access to medical care in some rural communities.

Attracting new GPs to rural areas has been difficult. A key factor in the challenge of attracting new medical graduates to rural GP careers is the lack of a streamlined training program that supports medical graduates through the postgraduate training pathway to rural general practice. *People in Health* will support the General Practitioner – Rural Generalist (GP-RG) Program, which now provides a seamless training pathway for medical graduates to progress through postgraduate GP training to rural general practice.

The 2013–14 State Budget committed an additional $3 million over four years for the GP-RG program. The program is a five-year training pathway that integrates primary care and speciality training from internship to postgraduate year five. This program will support future rural GPs and the hospital medical workforce. The first intake of the program occurred in 2013 with 12 procedural posts across six GP-RG partnerships.

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**Dr Simon Dunn, Rural Generalist trainee**

Dr Simon Dunn is a trainee in the Rural Generalist program. He is currently in his second postgraduate year of training (PGY2) in Wangaratta. Dr Dunn intends to pursue procedural training in obstetrics in Wangaratta. Pending successful completion of his procedural training, Dr Dunn will proceed to general practice training for two years before progressing to Fellowship of the Royal Australian College of General Practitioners (FRACGP).
Alcohol and Drug specialists

Victorian public health services experience difficulty employing sufficient numbers of Addiction Medicine Physicians, despite the critical role they play in supporting complex clients with addiction problems.

In an effort to enhance access to the limited number of addiction medicine physicians, the Victorian Government will invest over $600,000 over the next three years to increase the state-wide availability of psychiatric advice to dual diagnosis teams.

International medical graduates

*People in Health* also supports the progression of international medical graduates in Victoria to achieve Australian medical specialist college fellowship and specialist registration. This support is provided through the Specialist Registration for International Graduates (SpRInG) program, which was introduced in 2012.

Funding is provided to upskill and retain international medical graduates as part of statewide efforts to increase the number of vocationally-qualified practitioners, supervisors and trainers available across the state. The primary focus of the SpRInG program is in regional and rural locations. Since its establishment in 2012, SpRInG has supported more than 38 overseas-trained specialists in accessing training to achieve Australian medical specialist registration (Figure 10).

*Figure 10: SpRInG program by region 2012–13*

![Figure 10: SpRInG program by region 2012–13](image)

*People in Health* also supports International Health Professionals Victoria (IHPV). IHPV is a knowledge agency providing policy and programs to support employers and international health professionals working or seeking work in Victoria. These programs include recruitment support packages that provide financial support to attract, relocate, register, orientate and essential competency training to international health professionals to allow them to commence in their roles.
Where to from here?

*People in Health* will continue to focus medical specialist training investment to enable the improved distribution of medical specialists across Victoria. Over the past four years, these medical specialist programs have increased their focus on outer metropolitan, rural and regional areas. It is expected that, over time, *People in Health* will have an even greater focus on these areas to achieve better distribution of the medical specialist workforce and support growing communities to access specialist services.

*People in Health* will also target funding towards ‘general medical specialties’ such as general surgery and general medicine in line with workforce need. Investment will also seek to encourage greater innovation in the specialist training system through exploring new ways of working, increasing the use of technology and further developing inter-professional teams.

*People in Health* will continue to support regional programs such as the GP-RG training program. It will seek to capitalise on the increased number of medical graduates entering our workforce by supporting career choices in areas of clinical need and in priority geographical locations. *People in Health* aims to support streamlined and integrated training pathways that encourage medical graduates to work in areas of workforce need. This includes geographical locations such as outer metropolitan, regional and remote areas, as well as priority specialities such as rural general practice, psychiatry and general medicine.

Ten-year workforce frameworks for both alcohol and drug and specialist mental health will also focus on developing innovative approaches and local solutions to improve attraction, recruitment and retention outcomes in rural and regional Victoria, particularly in relation to psychiatry and addiction medicine specialists.

The Victorian Government has doubled its investment in pharmacotherapy and is delivering a program of reform that will strengthen the skills of both prescribers and dispensers in this area, and will build overall workforce capacity.
Section 5: Governance of training activity into the future

Introduction and context

In late 2010, the Victorian Government established the Victorian Clinical Placements Council and a system of clinical placement networks to build system capacity for professional-entry training. These entities were stakeholder-led and facilitated strategic planning, developed high-level policy advice and fostered tripartite collaboration between government, health services and education providers.

As mentioned in Section 1, in 2013 the Victorian Clinical Placements Council transitioned to the Victorian Clinical Training Council (VCTC) to support improved planning and coordination along the continuum of training and across the whole system. As such, the remit of the VCTC has expanded beyond professional-entry clinical training to include postgraduate and specialist training, and to be more representative of non-public and non-acute health service settings. From January 2014, clinical placement networks will transition accordingly to Clinical Training Networks (CTNs), with similar expanded remits for greater integration and coordination of clinical training. Education planning groups (EPGs) have also been established to assist the VCTC to align training needs with discipline-specific workforce requirements in the vertically-integrated model of clinical training governance. The four EPGs are medicine, nursing and midwifery, allied health-science and allied health-therapy.

The establishment of the VCTC, CTNs and EPGs marks the end of an era of informal and semi-formal partnerships in education and training for Victoria. Under these reformed governance arrangements, clinical training will move from a system of informal or semi-formal bilateral relationships to an increasingly coordinated approach for planning, partnership-building and capacity development. Similar arrangements have been adopted variously across Australia through the Integrated Regional Clinical Training Network program funded by Health Workforce Australia. In Victoria, this funding has been used to support the staffing and operational costs of the CTNs.

Where to from here?

There are a number of government and external agencies responsible for implementing Victoria’s investment in clinical education and training. In line with bringing together Victoria’s investment in clinical education and training under People in Health, the Government has identified an opportunity to streamline the overall governance of education and training programs in Victoria.

Governance arrangements for clinical education and training across Australia have evolved in recent years. A number of jurisdictions have sought to differentiate aspects of their strategic policy development and program delivery functions related to education and training by implementing different governance structures. There exist opportunities in Victoria to integrate disparate funded activities and provide for operational efficiencies in managing, delivering and providing quality assurance for clinical training programs across health professions, sectors and the training continuum.
The VCTC, with representation from the education sectors (university and VET), health sectors (public, private and not-for-profit) and peak bodies, will provide external stakeholder leadership for the clinical education and training initiatives under People in Health. The VCTC will be supported by the CTNs which will provide local-level leadership for the implementation of People in Health initiatives.

From 2014, the VCTC will be chaired by a leader drawn from the health and education sectors and appointed by the Minister for Health. Its revised terms of reference will enable it to provide strategic and impartial advice to the Government, including on the design, development and implementation of People in Health initiatives and priority reforms for improving the efficiency and effectiveness of clinical training.

The 2013–14 State Budget includes funding to support the development of improved governance structures to manage investment under People in Health. The Government will consult with the VCTC and other stakeholders on any additional structural reform necessary to support optimum governance structures for ensuring the Victorian health workforce remains well prepared to deliver high-quality patient care.

In addition to governance arrangements, the Government will be working with the Commonwealth and other jurisdictions to support a consistent national approach to the coordination, planning and funding of clinical training. This will include jointly leading, with the Commonwealth, the Standing Council on Health Streamlining Clinical Training Funding project, which aims to develop nationally-consistent approaches to the funding of clinical training (for both VET and higher education) across the public, not-for-profit and private health sectors.

Ministerial Advisory Committees

The Minister for Health has established Ministerial Advisory Committees on Allied Health and Nursing and Midwifery to provide advice, information and guidance on current and emerging issues that may impact on the quality of services and effective utilisation of the allied health and nursing and midwifery workforce.

The Ministerial Advisory Committees will guide the implementation of policies and strategies that arise from the Victorian Health Priorities Framework 2012–2022 and the associated Metropolitan Health Plan, Rural and Regional Health Plan, and the Health Capital and Resources Plan. This includes advice on innovative approaches and models of care.

Whilst the Ministerial Advisory Committees have a broader health workforce remit, their advice will inform the implementation of People in Health including future improvements to the design and delivery of workforce development activity in Victoria.

Members of the Advisory Committees include senior clinicians, senior hospital directors and representatives from education and training institutions, selected for their expertise in the fields of nursing and midwifery, and allied health.