

# Training and Development Funding

2020-21 Program Guidelines



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

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# 1. Overview

The Department of Health and Human Services (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) and health information management.
- **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 2020-21, 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 three 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 2020-21 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@dhhs.vic.gov.au](mailto:vicworkforce@dhhs.vic.gov.au).

## 2. Professional-entry student placements

### 2.1 Definition

#### **Student placement**

A student placement (also known as a fieldwork placement, clinical practicum or clinical practice) 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:
  - health information management
  - Art therapy, audiology, biomedical science, dietetics and nutrition, exercise physiology, medical laboratory science, medicine, midwifery, music therapy, nursing (registered), nuclear medicine, occupational therapy, optometry, orthoptics, orthotics and prosthetics, paramedicine, pharmacy, physiotherapy, podiatry, psychology, radiography, 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, medical radiations (radiography, nuclear medicine and radiation therapy), medical biophysics and medical laboratory science 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 (2020-21)**

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 will 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 2020-21 for Victorian public health services to build education and training capacity and increase clinical placements in 2021 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> outlining the expected additional activity commitment for 2021 and return via email to [vicworkforce@dhhs.vic.gov.au](mailto:vicworkforce@dhhs.vic.gov.au) by **31 August 2020**.

Subject to meeting eligibility criteria, health services will be notified of the outcome of their application, including the indicative funding.

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, by **30 November 2020**.

The department will advise health services of the final funding to be distributed, based on confirmed placements in Placeright by **18 December 2020**. Funding will be distributed to health services by February/March 2021.

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.

## Eligibility criteria

To be eligible for funding provided through this application process, health services must:

- be an eligible health service already receiving funding through the Training and Development – Professional-entry student placement funding stream
- proactively work with one or more Victorian TAFE institutes or dual-sector universities as defined under the *Education and Training Reform Act 2006* (Refer Appendix 1), to plan to increase clinical placements for Diploma of Nursing students in 2021, above 2018 baseline activity, while maintaining or increasing existing student clinical placement activity levels for professional-entry clinical placements (inclusive of all nursing and midwifery placement activity funded through the Training and Development – Professional-entry student placement funding stream)
- demonstrate evidence of robust clinical placement governance, coordination and supervision structures, including an overview of how the funding will be used to support additional clinical teaching staff and build high-quality Enrolled Nursing education and training capacity.

## Funding conditions

Subject to availability, funding for Diploma of Nursing clinical placement activity in 2021 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.

The Diploma of Nursing clinical placement activity funded through this growth funding is not eligible for *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 clinical placements for Diploma of Nursing students.

Where it can be demonstrated that there is an increase in planned 2021 Diploma of Nursing 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 planned clinical placement day**.

## 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)
- allied health 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.

**\*\*Note:** From 1 July 2021 allied health internships will no longer exist other than for hospital pharmacists. See section 3.4 for further information.

### 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).

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 (RUSON)***

In 2020-21, transition to practice (graduate) nursing and midwifery funding will be able to be used to support RUSON programs in health services. Funding may be utilised beyond graduate nurse and midwife programs to support RUSON workforce models, however funding will not exceed the funding methodology as described below that is specific to nursing and midwifery graduate numbers.

RUSONs are second and third/final year Bachelor of Nursing 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, a sense of belonging within the health service workforce and strengthened intention to return to rural/regional practice.

### ***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 (2020-21)**

FTE	Eligible funding per graduate
0.8 – 1.0	\$19,125
<0.8	Nil

### Enrolled Nurse Transition to Practice Programs

In 2020-21, 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 2020-21, the funding amount per funded graduate is \$19,125.

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, psychology, exercise physiology, dietetics and nutrition, music therapy, occupational therapy, optometry, orthoptics, orthotics and prosthetics, physiotherapy, podiatry, 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 (2020-21)**

Region	Funding Per FTE
Metropolitan	\$9,611 pro rata
Rural	\$11,301 pro rata

## **3.4 Allied health intern program**

### **Program eligibility**

This program is available to health services employing interns in the following professions: medical biophysics, medical laboratory science, medical radiations (radiography/medical imaging, nuclear medicine and radiation therapy) and hospital pharmacy.

### **Methodology**

The methodology for the allied health 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
- there is no limit to the number of positions a health service may offer, however, funding is limited by the total allied health intern program funding pool.

The level of funding per position is:

**Table 5: Allied health intern funding (2020-21)**

Intern type	Funding per FTE
Medical biophysics	\$19,002
Medical laboratory science	\$19,002
Medical radiations	\$30,693
Hospital pharmacy	\$32,156

### **Funding Model Changes**

From 1 July 2021, Allied Health Internships will cease to exist other than for hospital pharmacy interns. Disciplines listed below will transition to the Professional Entry-student placement funding stream for activity within the final year of their training program

- Medical biophysics
- Medical laboratory science

- medical radiations (diagnostic imaging, nuclear medicine and radiation therapy).

Further modelling will be undertaken to support the eligibility of medical biophysics, medical laboratory science and medical radiations for clinical placement and new graduate funding from 2021/22 onward, as well as associated funding allocations.

### 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 2020-21 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 in their health service from the start of the 2021 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
- 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 (2020-21)**

Position type	Funding per FTE
PGY1	\$38,370
PGY2	\$41,971

## 4. Postgraduate programs

### 4.1 Definition

Postgraduate education funding includes five funding streams:

- postgraduate nursing and midwifery education
- postgraduate nursing and midwifery scholarships
- Victorian medical specialist training education
- Victorian paediatric training program
- basic physician training consortia.

## 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@dhhs.vic.gov.au](mailto:vicworkforce@dhhs.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 15 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	\$ 19,125

Additional post graduate funding available in 2020-21 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

### 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 services 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 2021, 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.

### **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 2020-21 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 2020-21 [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 should be greater than \$2,000 and 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
- individual scholarships within a qualification group must be of the same value, for example all graduate certificates \$2,000 and all graduate diplomas \$4,000.
- 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.

### 4.3 Victorian medical specialist training program

The Victorian medical specialist training program (VMST) provides funding in targeted specialties to assist health services to increase the number of medical specialist training positions.

This program allocates funding through an Expression of Interest process, direct to Victorian health services.

From 2021, the criteria for the Victorian medical specialist program funding will be expanded to allow health services to propose innovative approaches to improve their specialist training capacity and capability. Funding will be considered to:

- expand training positions;
- improve supervisory capacity, to meet specialist college accreditation requirements;
- facilitate innovation in training and supervision models;
- support improvements to organisational culture and safety; and
- establish formal partnerships across training sites (rural, regional, outer-metropolitan and metropolitan) to offer end to end training pathways.

Funding proposals for the length of a training program (up to 5 years) will be considered. All applications will be assessed against one of the following 2 funding streams and are required to meet 2 key criteria:

1. improve organisation culture and safety, and
2. demonstrate cost effectiveness

Two funding streams have been proposed for VMST Funding:

- *Funding Stream A* - targeted towards expanding training capacity across Victoria in specialties that are considered in limited supply.
- *Funding Stream B* - targeted towards improving training capacity and capability in regional and rural health services.

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 paediatric training program

The Victorian paediatric training program provides subsidies to support a state-wide basic paediatric training program. Subsidies ensure that the distribution and rotation of paediatric trainees are aligned with the workforce requirements of outer metropolitan, regional and rural Victoria, and promote access to local paediatric services across the state. This program is under review and changes will be implemented in 2020-21 to support formal governance arrangements and rural training pathways.

## 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. In 2020-21, recruitment to training positions will be streamlined to enable the implementation of multi-year contracts.

# 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.

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 2020).

# 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 (with the exception of PGY1 and allied health intern data)
- 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 31<sup>st</sup> March 2021.

### **Victorian medical specialist training program**

Victorian medical specialist training (VMST), Victorian paediatric training and basic physician training consortia funding is based, and conditional, on health services participating in the centralised listing service and 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 2020-21**

Funding stream	Reporting required by health services	Due date
All streams	Annual reporting against six externally reportable <i>BPCLE</i> Framework indicators through the <i>BPCLE</i> tool	12 February 2021
Professional-entry student placements (including additional acute clinical placements for Diploma of Nursing students)	Automated biannual reporting of clinical placement activity from <i>Placeright</i> (or the HealthCollect platform for medicine)	12 February 2021 (for activity July–December 2020) 23 July 2021 (for activity January–June 2021)
Transition to practice (graduate)	Report on headcount and FTE of 2020 graduate activity, and projected headcount and FTE of 2021 graduates (excluding Allied Health graduates)	12 February 2021
Postgraduate nursing and midwifery education	Report on headcount and FTE of staff who undertook postgraduate study during 2020, and projected headcount and FTE of staff undertaking postgraduate study for 2021	12 February 2021
Victorian medical specialist training program	Speciality post filled for 2021 Confirm training intentions for 2022	10 December 2020 14 May 2021
Victorian paediatric training and basic physician training consortia	Speciality post filled for 2021	Mid December 2020
Continuing nursing & midwifery education	Report on education activities undertaken in 2020-21 financial year	23 July 2021
Postgraduate Nursing and Midwifery Scholarships	Completed reconciliation template from health service or regional fundholder returned to department	2 April 2021

## 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 2020-21.

**Table 9: Training and Development funding grant descriptions for 2020-21**

Grant Description	Funding Stream
Professional Entry - T&D Student Placement	Professional-entry student placements
Free TAFE - Enrolled Nurse Clinical Placement Growth Fund	Professional-entry student placements
Transition to practice - Allied health graduate	Transition to practice (graduate)
Transition to practice - Medical biophysics placements	Transition to practice (graduate)
Transition to practice - Medical laboratory science placements	Transition to practice (graduate)
Transition to practice - Medical radiation interns	Transition to practice (graduate)
Transition to practice - 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
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 20120-21 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 (between October and November), to account for reconciled placement activity for the previous financial 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 2020-21, compared with 2019-20.

The outcome of the 2020-21 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.

### **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 2020-21 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**

<i>Discipline</i>	<i>MEP (hours)</i>
Allied Health Assistance (Note: Cert III qualification)	80
Allied Health Assistance (Note: Cert IV qualification)	120
Art Therapy	750
Audiology	200
Biomedical Science	420
Dietetics and Nutrition	600
Exercise Physiology	500
Health Information Management	NA
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
Orthotics and Prosthetics	560
Paramedicine	200
Pharmacy	200
Physiotherapy	700
Podiatry	450
Psychology	1,000
Radiation Therapy	750
Radiography (Medical Imaging)	750
Social Work	1,000
Speech Pathology	535

## Appendix 2: Rural Continuing Nursing and Midwifery Education consortia

Fund holder	CNME Consortia members
<b>DHHS NORTH DIVISION</b>	
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 <b>E-learning</b>
<b>DHHS EAST DIVISION</b>	
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, Yarrawonga District Health Service, Yea and District Memorial Hospital, Upper Murray Health
<b>DHHS WEST DIVISION</b>	
Ballarat Health Services	Ballarat Health Services, Beaufort & Skipton Health Service, Djerriwarrh 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 <b>E-learning</b>
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
<b>DHHS SOUTH DIVISION</b>	
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 in regard to highly specialised or hard to access training.