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| Training and Development Funding |
| 2024-25 Program Guidelines |
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| Training and Development Funding2024-25 Program Guidelines |
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# Overview

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

All public hospitals, metropolitan health services and multi-purpose services identified in schedules 1, 2, 3, 4 and 5 of the *Health Services Act* *1988* are eligible for funding. 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. This includes:

* **Professional Entry programs** to support the delivery of clinical education in medicine, nursing (registered and enrolled), midwifery and allied health (including allied health assistant)
* **Transition to Practice (graduate) programs** 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 programs** 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** which aim to address current workforce challenges and strategic priorities.

These guidelines provide details about the eligibility criteria, funding 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 requirements.

These guidelines should be read in conjunction with the [2024-25 Department of Health Policy and Funding Guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

Any queries regarding these Guidelines, or further information on Training and Development Funding should be directed via email to the Vic Workforce team <vicworkforce@health.vic.gov.au>.

# Professional Entry programs

## Definitions

### Student placement

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

The placement is usually associated with patient/client interaction but may also involve clinical skills acquired 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.

### Information for health services conducting clinical placement activity

Health services are encouraged to:

* Establish a Student Placement Agreement with all education provider partners, including uploading to Placeright, where the system is used to manage eligible funded activity
* Adhere to the Standard Student Induction Protocol to ensure conformity of practices across the sector.

Templates provided by the department have been updated by a sector-led working group, and now reflect industry expectations for clinical placements in health services. The following resources are available:

* [Standardised Schedule of Fees for Clinical Placement in Victorian Public Health Services](https://www.health.vic.gov.au/education-and-training/fee-schedule-for-clinical-placement-in-public-health-services) <https://www.health.vic.gov.au/education-and-training/fee-schedule-for-clinical-placement-in-public-health-services>
* [Placeright](https://www.health.vic.gov.au/education-and-training/placeright) <https://www.health.vic.gov.au/education-and-training/placeright>
* [Student Placement Agreement](https://www.health.vic.gov.au/education-and-training/student-placement-agreement) <https://www.health.vic.gov.au/education-and-training/student-placement-agreement>
* [Standardised Student Induction Protocol](https://www.health.vic.gov.au/publications/standardised-student-induction-protocol) <https://www.health.vic.gov.au/education-and-training/standardised-student-induction-protocol>

## 1.1 Student Clinical Placement Days

### 1.1.1 Eligible disciplines and courses

Professional-entry courses can include:

* Certificate III
* Certificate IV
* Diploma
* Undergraduate
* Graduate-entry
* Postgraduate courses, where the course is required for initial entry into practice or initial registration in Australia.

*Professional Entry – Student Clinical Placement Days* program funding is allocated for students enrolled in:

* Higher education courses of study leading to initial registration, or qualification, to practice as a health professional for the following disciplines or professions:
	+ Art Therapy
	+ Optometry
	+ Biomedical Science
	+ Orthoptics
	+ Dietetics and Nutrition
	+ Paramedicine
	+ Exercise Physiology
	+ Pharmacy
	+ Medical Laboratory Science
	+ Physiotherapy
	+ Medical Physics (including Diagnostic Imaging and Radiation Oncology)
	+ Podiatry
	+ Medicine
	+ Prosthetics and Orthotics
	+ Midwifery
	+ Psychology
	+ Music Therapy
	+ Radiation Therapy
	+ Nuclear Medicine
	+ Radiography (including Diagnostic Imaging)
	+ Nursing (Registered)
	+ Social Work
	+ Occupational Therapy
	+ Speech Pathology
* Other higher education courses for the following disciplines or professions:
* 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.

### 1.1.2 Eligible activity

Clinical placement activity must be associated with a public health service facility to be eligible for *Professional Entry – Student Clinical Placement Days* program funding.

Professional clinical placements, allied health internships, and industry-based learning positions supported by the department through other funding streams are excluded. This includes:

* Hospital pharmacy internships, which are funded through the Transition to Practice funding stream.
* Employment model midwifery positions, which are funded through the Postgraduate funding stream (unpaid clinical midwifery placements are not excluded).

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

To access *Professional Entry – Student Clinical Placement Days* program funding, health services must adhere to [the Standardised Schedule of Fees for Clinical Placement in Victorian Public Health Services](https://www.health.vic.gov.au/education-and-training/fee-schedule-for-clinical-placement-in-public-health-services) <https://www.health.vic.gov.au/education-and-training/fee-schedule-for-clinical-placement-in-public-health-services>

### 1.1.3 Funding calculations

*Professional Entry – Student Clinical Placement Days* program funding is calculated as a proportion of (weighted) clinical placement activity multiplied by the total funding amount. Funding allocations are based on the previous calendar year’s reported clinical placement activity.

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

There is no limit to the level of clinical placement activity that a health service may offer however, funding available to a health service is limited by the total clinical placement activity funding pool.

## Clinical placement activity data reporting

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

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

**Note:** All clinical placement activity types except medical that are eligible for funding must be reported through Placeright. Medical clinical placement activity may be reported through Placeright or HealthCollect (ensuring the same activity is not reported across both platforms).

## Weighted placement activity

The major driver of the cost of clinical placements is human resources, including the cost of supervision. Supervision costs vary by discipline according to the remuneration of supervisors.

Allied health clinical placements also receive an increased weighting 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.

Based on this and the average hourly earnings for the three broad professions of medicine, nursing/midwifery, and allied health, the following weighting applies:

**Table 1: Professional Entry – Student Clinical Placement Days discipline weights**

| 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 minimum efficient pathway standards. A discount weighting is applied to activity associated with courses that have clinical placement requirements above the minimum efficient pathway. The application of this efficient pathway approach supports the equitable and sustainable allocation of Training and Development Funding.

A list of minimum efficient pathways and current course pathways for education providers is provided in [**Appendix 2**](#_Appendix_1:_Continuing).

# Transition to Practice (graduate) programs

## Definition

Transition to Practice programs are defined as formalised education and 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 professional. Transition to Practice programs go beyond normal orientation and induction by providing formal education time (including study days), supernumerary time, and clinical support to graduates.

The Transition to Practice (graduate) funding stream includes four programs:

* Graduate Nurses and Midwives
* Allied Health Graduates
* Hospital Pharmacy Interns
* Medical Officers Year 1 (PGY1) and Year 2 (PGY2).

To access Transition to Practice funding, the following criteria must be met:

* Transition to Practice (graduate) positions must be filled through participation in the Postgraduate Medical Council of Victoria (PMCV) state-wide match process or via another process approved by the department
* Health services must allocate adequate training and supervision to each position
* Health services 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 (graduate) programs.

## 2.1 Graduate Nurses and Midwives program

### 2.1.1 Program eligibility

Funding is available to health services that provide 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).

The following positions are excluded because they are supported through other funding streams:

* 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 Clinical Placement Days* program.

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 graduate arrangements are in place, only the nominated lead public health service should count those graduate positions in their PMCV quota and report the resultant employment activity via HealthCollect. The department will allocate funding for these graduates to lead health service, to be utilised in line with collaborative agreements they enter with their partners. Partnering Health Services are jointly responsible for ensuring a consistent training experience across each rotation.

Transition to practice (graduate) nursing and midwifery funding can be used to support Registered Undergraduate Student of Nursing/Midwifery (RUSON/M) programs in health services. Funding will be calculated on the basis of nursing and midwifery graduate numbers as per the methodology outlined below but may also be utilised by health services to support RUSON/M workforce models.

### 2.1.2 Funding calculations

Funding allocations are based on eligible planned calendar year activity. The methodology for calculating funding allocations for the *Transition to Practice – Graduate Nurses and Midwives* program comprises the following key elements:

* Eligible activity is defined as the lower of final number of positions entered into the PMCV match process and the quantity of acquitted activity reported via HealthCollect
* Approximately 30 per cent of the total funding pool is quarantined for rural health services
* Funding for up to 15 positions per health service is guaranteed based on eligible activity
* Following application of these funding rules, the remaining funding pool is proportionally allocated based on remaining eligible activity
* 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.

The level of funding per position is:

**Table 2: Transition to Practice – Graduate Nurses and Midwives program funding levels**

|  |  |  |
| --- | --- | --- |
| FTE | 2023-24 | 2024-25 |
| 0.6 – 1.0 | $20,329 | $20,837 |
| <0.6 | ***Not eligible*** | ***Not eligible*** |

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

*Transition to Practice – Graduate Nurses and Midwives* program funding allocations are calculated based on a validation of acquitted activity against PMCV position quotas.

The department undertakes the following steps to determine the number of graduates for which each health service is eligible to receive funding:

1. PMCV quota nominated by the health service identified (including any collaborative graduates for which the health service is the nominated fund holder)
2. Acquitted activity identified – this is the final number of graduates that have been employed at 0.6 FTE or above (as reported through HealthCollect)
3. Eligible positions identified – this is the lower of the PMCV quota and acquitted activity.

To optimise funding outcomes, health services are encouraged to:

* Provide quotas to PMCV that reflect the maximum intended/approved graduate positions to be employed
* Discuss where funding should be sent for eligible collaborative arrangements and arrange PMCV position quotas accordingly
* Confirm that final PMCV match quotas are accurate
* Ensure where possible that data submitted through HealthCollect fully reflects employment outcomes, including reporting activity under collaborative arrangements in the nominated fund holder’s data submission.

Health services should ensure that all program areas comply with the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 <https://www.health.vic.gov.au/nursing-and-midwifery/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.

## 2.2 Allied Health New Graduates program

### 2.2.1 Program eligibility

Funding is available to health services that employ new graduates in the following professions:

* + Art therapy
	+ Optometry
	+ Audiology
	+ Orthoptics
	+ Biomedicine
	+ Physiotherapy
	+ Dietetics and nutrition
	+ Podiatry
	+ Exercise physiology
	+ Prosthetics and orthotics
	+ Medical laboratory science
	+ Psychology
	+ Medical physics
	+ Radiation therapy
	+ Music therapy
	+ Radiography (including Diagnostic imaging)
	+ Nuclear medicine
	+ Social work
	+ Occupational therapy
	+ 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 three-month contract position and is then employed on an ongoing contract is then only eligible for nine months of *Transition to Practice – Allied Health New Graduates* program 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 or rural locality
	+ In-house professional development
	+ Participation in formal clinical supervision
	+ Structured clinical rotations within the 12 months of practice
	+ Counselling for career pathways.

### 2.2.2 Funding calculations

Funding allocations are based on planned calendar year eligible activity. The methodology for the *Transition to Practice – Allied Health New Graduates* program comprises the following key elements:

* Allocations are calculated based on acquitted activity (FTE reported via HealthCollect)
* 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 3: Transition to Practice – Allied Health New Graduates program funding per FTE**

|  |  |  |
| --- | --- | --- |
| Region | 2023-24 | 2024-25 |
| Metropolitan | $10,215 pro rata | $10,470 pro rata |
| Rural/Regional | $12,012 pro rata | $12,312 pro rata |

## 2.3 Victorian Hospital Pharmacy Intern program

### 2.3.1 Program eligibility

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

Applicants are grouped into 3 different groups as listed below.

Applicants from Group 1 or Group 2 who hold provisional registration with the Pharmacy Board of Australia are eligible for these intern positions. Group 3 applicants may still apply for non-funded (i.e. hospital-funded) positions:

* Group 1 – Australian and New Zealand citizens, and Australian permanent residents who have completed, or are expected to complete within the calendar year, a Pharmacy Board of Australia approved pharmacy education program in Victoria
* Group 2 – Australian and New Zealand citizens and Australian permanent residents who have completed, or are expected to complete within the calendar year, a Pharmacy Board of Australia approved pharmacy education program outside Victoria
* Group 3 – Applicants who are not Australian or New Zealand citizens, or Australian permanent residents who have completed, or are expected to complete within the calendar year, a Pharmacy Board of Australia approved pharmacy education program outside Victoria.

### 2.3.2 Funding calculations

Funding allocations are based on planned calendar year eligible activity. The methodology for the *Transition to Practice – Victorian Hospital Pharmacy Intern* program comprises the following key elements:

* Matching of Group 1 and Group 2 applicants to department-funded positions across Victorian public health services, facilitated by Advanced Pharmacy Australia (AdPha; formerly Society of Hospital Pharmacists of Australia)
* Funding allocation calculated based on acquitted activity (collected and reported to the department by AdPha)
* Funding is limited to 100 department-funded hospital pharmacy intern positions allocated across Victorian public health services.

The level of funding per position is:

Table 4: Transition to Practice – Victorian Hospital Pharmacy Intern Program funding per FTE

|  |  |
| --- | --- |
| 2023-24 | 2024-25 |
| $34,180 | $35,035 |

## 2.4 Medical Officers Year 1 (PGY1) and Year 2 (PGY2) program

### 2.4.1 Program eligibility

Funding is available to health services for accredited Postgraduate Year 1 (PGY1) and Postgraduate Year 2 (PGY2) positions filled by a PGY1 or PGY2 doctor respectively.

Health services must be compliant with the National Framework for Prevocational (PGY1 and PGY2) Medical Training and all national prevocational recruitment dates throughout the funded activity period.

To be eligible for funding, health services must recruit trainees through one of the rounds of the match process, or via an approved process after the conclusion of the final matching round. Health services must notify PMCV of all recruitment activity.

All candidates matched to a health service through a department-approved match process (e.g. PMCV) must be offered a position in the Transition to Practice program.

Rural and regional health services are expected to offer two-year prevocational training contracts to PGY1 doctors who undertake a 12-month internship.

The department will allocate funding for each PGY1 and PGY2 trainee to the parent health service that employs them. Where a PGY1 or PGY2 will complete their training program via rotations across multiple health services, only the parent health service should include these graduate positions as part of their PMCV quota and report subsequent employment activity via HealthCollect. Collaborating health services are jointly responsible for putting fund-sharing agreements in place to ensure a consistent training experience across each rotation.

## Transition to Practice – Medical Officers Year 1 (PGY1)

Funding allocations are based on planned calendar year eligible activity.

* Eligible activity is defined as the lower of final number of positions entered into the PMCV match process and acquitted activity reported via HealthCollect
* Funding for up to 15 positions per health service is guaranteed based on eligible activity
* Following application of this guaranteed allocation, the remaining funding pool is proportionally allocated based on remaining eligible activity
* There is no limit to the number of positions a health service may offer; however, funding is limited by the total funding pool.

## Transition to Practice – Medical Officers Year 2 (PGY2)

Funding allocations are based on planned calendar year eligible activity.

* Eligible activity for Metropolitan health services is defined as the lower of final number of positions entered into the PMCV match process and acquitted activity reported via HealthCollect
* Eligible activity for regional and rural health services is a combination of:
	+ the number of PGY2s continuing two-year contracts at the health service (e.g. PGY2s retained following recruitment through the previous year PGY1 match process)
	+ the lower of the final number of positions entered into the PGY2 PMCV match process and acquitted activity reported via HealthCollect (PGY2s newly recruited to the health service).
* Funding is guaranteed for rural and regional health services for PGY2s reported through HealthCollect that are completing the two-year PGY1 contract at the same health service
* Following application of this guaranteed allocation, the remaining funding pool is proportionally allocated based on remaining eligible activity
* There is no limit to the number of positions a health service may offer; however, funding is limited by the total funding pool.

Funding allocations are based on planned calendar year eligible activity. The level of funding per position is:

**Table 5: Transition to Practice – Medical Officers Year 1 (PGY1) and Year 2 (PGY2) program funding per FTE**

|  |  |  |
| --- | --- | --- |
| Position type | 2023-24 | 2024-25 |
| PGY1 | $41,136 | $42,164 |
| PGY2 | $44,614 | $45,729 |

# Postgraduate programs

The Postgraduate funding stream includes five programs:

* Postgraduate Nurses and Midwives
* Victorian Medical Specialist Training (VMST)
* Victorian Basic Paediatric Training Consortium (VBPTC, previously Victorian Paediatric Training Program)
* Basic Physician Training Consortia
* Victorian Rural Generalist Program (VGRP).

## 3.1 Postgraduate Nurses and Midwives program

### 3.1.1 Program eligibility

Funding is available to health services supporting registered nurses and midwives undertaking postgraduate study in areas of clinical practice where there is an identified workforce need.

#### Postgraduate nursing education

To be eligible for funding, a registered nurse employed by a health service will be enrolled in a course that:

* Is delivered by a university or an accredited higher education provider
* Leads to an award qualification at postgraduate level, including Graduate Certificate, Graduate Diploma or Master(s)
* Has a structured clinical component (within the speciality area and as evidenced through the course curriculum) of at least an average of 24 hours a week
* Has a dedicated clinical educator and/or clinical support staff employed by the health service.

Please note the following course types are ineligible for funding:

* Online only courses in any nursing specialty that do not have a mandatory clinical training requirement completed in a public health service
* Courses that lead to a specialty that is not clinical in nature (e.g. Leadership, eHealth)
* Courses for clinical streams where funding is already provided in another program (e.g. student clinical placements, nurse practitioner, midwifery (see section below)).

Priority clinical nursing areas that have been identified by the department and eligible for funding under this stream include:

* Aged Care
* Intensive Care
* Emergency
* Mental Health
* Perioperative
* Oncology
* Paediatrics

#### 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; and
* 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.

#### 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 email to the VicWorkforce team <vicworkforce@health.vic.gov.au>.

#### Aboriginal Nursing and Midwifery Postgraduate Scholarship Program

Additional postgraduate study opportunities are available for Aboriginal nurses and midwives to gain specialty skills while employed within a Victorian Public health service. Further information is available at [Aboriginal healthcare workers](https://www.health.vic.gov.au/health-workforce/aboriginal-healthcare-workers) <https://www.health.vic.gov.au/health-workforce/aboriginal-healthcare-workers>.

##  Funding calculation

Funding allocations are based on planned calendar year eligible activity. The methodology for the *Postgraduate – Nurses and Midwives* program comprises the following key elements:

* A single funding rate is applicable for registered nurses employed between 0.6 and 1.0 FTE
* Funding will only be provided for the first 12 months of a course
* Approximately 30 per cent of the total funding pool is quarantined for rural health services
* Funding for up to 10 positions per health service is guaranteed based on acquitted activity
* Following application of guaranteed activity, the remaining funding pool is proportionally allocated based on remaining 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 6: Postgraduate – Nurses and Midwives program funding levels**

|  |  |  |
| --- | --- | --- |
| FTE | 2023-24 | 2024-25 |
| 0.6 – 1.0 | $20,329 | $20,837 |
| <0.6 | ***Not eligible*** | ***Not eligible*** |

Health services should ensure that all program areas comply with the [*Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*](https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015) <https://www.health.vic.gov.au/nursing-and-midwifery/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.

## 3.2 Victorian Medical Specialist Training program

The VMST program provides funding to health services to expand high-quality medical specialist training opportunities in priority locations and disciplines.

The objectives of the VMST program are to:

* Improve the distribution of specialists through targeted investment in training aligned with identified workforce needs
* Support the health system to address changing patterns of service demand, by enabling access to a skilled medical specialist workforce in priority locations and disciplines to assist health services to increase the number of medical specialist training positions.

The department uses an Expression of Interest (EOI) process to allocate funding to health services under this program.

### 3.2.1 Program eligibility

The department invites Victorian public health services to submit applications to support non-GP specialist training positions and flexible approaches that improve specialist training capability and/or capacity in regional and rural locations and support end-to-end training pathways.

#### Mandatory inclusion criteria

Applications must demonstrate that the training positions are newly created positions. A newly created position is defined as leading to an additional position in 2024 training year from 2023 training year. Applicants must provide written evidence to confirm one of the following:

1. Current accreditation status
2. Current application to attain accreditation
3. Planning for an application to attain accreditation.

#### Exclusion criteria

The following are not eligible for VMST program funding:

1. General Practitioner/Rural Generalist training
2. Training positions supporting doctors who have already obtained a Fellowship with a Specialist Medical College
3. Training positions exclusively based at private health services
4. Positions commencing in 2024 and 2025 that have been awarded funding as part of previous grant rounds in 2021 and 2022.

##  Funding

Specialist training position (Streams A and B): Salary subsidy of $90,000 annually per FTE position for 2024 and 2025 calendar years (seed funding for two years). An additional $20,000 rural loading per year for training positions in regional, rural and remote areas on a pro-rata basis. The salary subsidy and rural loading are available for new applications only and will not be applied to positions that were awarded funding in previous rounds.

Innovation fund (Stream C): The VMST program will provide seed funding of up to two years towards flexible approaches that improve specialist training capability and/or capacity in regional and rural locations and support end-to-end training pathways.

## 3.2.3 Assessment criteria

### a. Funding Stream:

The application must demonstrate how the proposal contributes the objectives of one of the Funding Streams identified below.

1. Funding Stream A (metropolitan): Expansion of training capacity in specialities that are considered in limited supply in metropolitan Melbourne. Proposals for other specialties may also be considered where sufficient evidence (e.g., relevant workforce data, letter of support from relevant Specialist Medical College, etc.) is provided to support there being a workforce shortage within the speciality. The following key specialties are prioritised for the 2024 funding round:
	* Addiction Medicine
	* Occupational and Environmental Medicine
	* Physician – Gastroenterology and Hepatology
	* Physician – General Medicine
	* Physician – Immunology and Allergy
	* Paediatric Medicine – all sub-specialties except Internal Care, Neonatology, Emergency Medicine and Surgery
	* Physician – Rheumatology
	* Psychiatry
	* Surgery – Orthopaedic
	* Surgery – Vascular
2. Funding Stream B (regional and rural): Improvement and growth of any specialist training capacity and capability in regional and rural health services. Eligibility for this funding stream involves training positions where at least 50 per cent of training occurs in a regional or rural setting, including positions that are part of a training network.
3. Funding Stream C (innovation): Flexible and innovative approaches that assists in the growth of specialist training capability and/or capacity in regional Victoria and support end-to-end training pathways. Successful applicants under this stream may have the opportunity to apply for funding for another two years in the next VMST program funding round (maximum four years). Such applications will be assessed based on the progress with achieving the KPIs and positive outcomes that align with the VMST program’s objectives.
4. Funding criteria:

The following assessment criteria will be used to assess the suitability of the application to receive VMST program funding:

Criterion 1: Trainee support and wellbeing

The department will consider the initiatives proposed by the applicant to ensure that the training experience of trainees in the proposed training program or network is of high standard and contributes to overall organisational culture and safety.

Criterion 2: Sustainability

The department will examine the information provided in the application under this criterion to ensure that the VMST program funding results in sustainable benefits to the trainee program into the future, noting that VMST funding is for a defined period.

Criterion 3: Governance

The department will consider the governance structure under which the proposed training activity will be delivered. The description of the governance structure should include key stakeholder relationships, including participating health services and Specialist Medical Colleges, required to undertake the training activity, and training network governance and management structure (where relevant).

Criterion 4: Risk management

The application should describe the approach to risk management for the proposed training activities including information on risk governance and management strategies. The Program Lead/Governance Committee will be responsible for ensuring risks are actively identified, analysed, and managed throughout the life of the training position or program.

Criterion 5: Evaluation

The application should describe the methods of evaluation that will be used to assess progress of the proposed initiative, including details of data collection activities that will be undertaken to monitor progress and support the evaluation.

#### Reporting and recruitment requirements

Health services are expected to submit regular reports as part of the terms and conditions of VMST program funding. The department will provide standardised reporting templates.

## 3.3 Victorian Basic Paediatric Training Consortium program

The VBPTC aims to support equitable access to specialist paediatric training opportunities across Victoria and deliver high-quality paediatric care aligned with community need. This includes improving the supply of rural and outer metropolitan paediatricians through developing end-to-end training pathways.

All hospitals that are accredited for basic paediatric training in Victoria are members of the VBPTC which has replaced the former Victorian Paediatric Training Program (VPTP). Under the VBPTC program, the department provides funding for the governance of the consortium and annual funding for 30 training positions across 16 sites.

The VBPTC’s formal governance arrangements provide oversight and management of the VPTP.

The VBPTC has established the Extended Rural Stream (ERS) to provide a pathway for trainees to complete at least half of their basic paediatric training in rural and regional sites. This will promote better recruitment and retention of paediatricians in regional and rural areas. The ERS pilot commenced in 2022 with four trainees who are undertaking 18 months of their basic training in regional and rural locations. ERS positions are increasing to six in 2024.

## 3.4 Basic Physician Training Consortia program

The Basic Physician Training Consortia program supports the distribution and management of basic physician trainees, addresses workforce shortages, and improves the quality of education and training in regional and rural Victoria. Under the program, the department provides annual funding to five consortia that include all Victorian hospitals with accredited physician training positions.

Positions are made available through this program via a matching process undertaken annually by PMCV.

## 3.5 Victorian Rural Generalist Program

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

The VRGP supports regional and rural medical practitioners to gain advanced skills as part of supported pathways of rural generalist training progressing to either the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) or Fellowship of the Royal Australian College of General Practitioners - Rural Generalist (RACGP-RG). This includes training positions in areas such as obstetrics, anaesthetics, emergency medicine, paediatrics, Aboriginal health, and mental health. This helps ensure Victorian rural generalists are well-equipped to work across rural primary care and hospital settings.

The program supports specific rural generalist positions across the training pathway, including:

* Rural Generalist Year 1 (intern year)
* Rural Generalist Year 2 (PGY2 year)
* Rural Generalist Advanced (PGY3+ year, providing 12 months’ training in skills such as emergency medicine, obstetrics, and anaesthetics)
* Rural Generalist Consolidation (post advanced skills year, supporting trainees to further consolidate their advanced skills, increase confidence levels and transition to rural practice).

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

The VRGP is supported by a Statewide Clinical Lead and four Clinical Leads across the advanced skills disciplines, and five Regional Coordinators based in each of the five rural regions to case manage, support and mentor trainees on the program. The VRGP is governed by the *Victorian Rural Generalist Program Management Framework*, which outlines the contribution of Regional Networks and the Statewide Reference Committee (SRC).

Health services can also access rural generalist training and education grants (RGTEG) to assist in the training of rural generalists with professional commitment to rural and remote practice. There are two separate funding streams available:

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

## 3.6 Continuing Nursing and Midwifery Education program

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.

### 3.6.1 Program eligibility

Health services can use Continuing Nursing and Midwifery Education (CNME) program funding to offset the costs associated with the following:

* Staff education needs analysis
* Review of clinical risks across the organisation
* Education program scoping and development (inclusive of E-Learning programs)
* Program delivery, including a maximum of 20 per cent of total annual allocation for training equipment. The backfill of staff to attend training is excluded for health services classified as level 3 to 6. Health services classified as level 1 – 2 may use funding to contribute to backfill for staff to attend training.
* Training and development programs designed to assist health services to maintain or achieve national accreditation requirements – excluding all administration costs which must not be charged for these activities
* Evaluation, monitoring and reporting of outcomes.

Health services **cannot** use CNME program funding to support activities such as:

* Courses or programs designed to meet legislative compliance and/or mandatory training (including occupational health and safety requirements such as manual handling, occupational violence and aggression training, emergency and disaster management)
* Core hospital competency requirements such as basic life support student or staff orientation programs, and information technology or information technology upgrades
* Courses or programs designed for initial registration for registered or enrolled nurses and midwives
* Formal postgraduate education (Graduate Certificates, Graduate Diplomas or Masters, Doctorate programs), refresher or re-entry programs or pre-registration courses
* 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 ).

### 3.6.2 Funding allocation

* Allocation of funding will be prioritised to rural and regional health services
* The department will confirm health services funding allocations during the financial year and will require health services to report on relevant activities delivered at the end of the financial year.

### 3.6.3 Program delivery and responsibilities

Health services receiving CNME program funding are encouraged to:

 **Metropolitan Health Services**

* Foster collaborative relationships between major and smaller health services within their region. Major health services, providing specialty services, are encouraged to support, where possible, the sharing of education with regional and rural services, to strengthen knowledge sharing across Victoria’s health system.

**Regional and rural consortia's**

* A plan for education delivery to services across the region should be developed and approved by each consortia member
* Ensuring delivery on onsite training is available at rotating health services within regional consortia’s
* Prioritise capacity for participants to attend education sessions virtually or face-to-face, with a focus on the use of double staff time to deliver educational in-services
* The facilitation of effective communication between consortia fund holders and consortia members to enable the coordinated delivery of education programs to maximise attendance numbers.

## 3.7 Postgraduate Nursing and Midwifery Scholarship Program

### 3.7.1 Scholarships for Metropolitan and Regional Health Services

Scholarship funding is available to health services to distribute to nurses and midwives undertaking postgraduate study, in areas of clinical practice where there is an identified workforce need.

Priority clinical areas that have been identified by the department include:

* Midwifery
* Aged Care
* Intensive Care
* Emergency
* Perioperative
* Oncology
* Paediatrics
* Nurse Practitioner

To be eligible for funding, a registered nurse employed by a health service will be enrolled in a course that:

* Is delivered by a university or an accredited higher education provider
* Leads to an award qualification at postgraduate level, including Graduate Certificate, Graduate Diploma or Master(s)
* Has a structured clinical component (within the speciality area and as evidenced through the course curriculum) of at least an average of 24 hours a week

Please note the following course types are ineligible:

* Online only courses in any nursing specialty that do not have a mandatory clinical training requirement that is completed in a public health service
* Courses that lead to a specialty that is not clinical in nature (e.g. Leadership, eHealth)
* Courses for clinical streams where funding is already provided in another program (e.g. mental health nursing).

### 3.7.2 Scholarships for Rural health services (including small rural health services)

Funding is available for rural health services to support registered nurses and midwives undertaking study, where there is an identified local need. The course of study must contribute to building the local workforce and service capacity. Study must lead to a postgraduate qualification, credentialling, accreditation, licensing or advanced practice. For example, nurse practitioner, sexual and reproductive health, or medical imaging.

Individuals in receipt of a study/postgraduate scholarship/grant from the Victorian government are not eligible for a second or subsequent scholarship/grant. Individuals are eligible for one scholarship/grant from this fund and are not eligible to receive a scholarship/grant from another source.

# Reporting and funding arrangements

## 4.1 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](https://www.health.vic.gov.au/education-and-training/best-practice-clinical-learning-environment-bpcle-framework) <https://www.health.vic.gov.au/education-and-training/best-practice-clinical-learning-environment-bpcle-framework> measures. The department is currently consulting with nominated health service representatives to provide advice on the design and delivery of a mechanism to collect the BPCLE measures. Health services will be informed directly when this is available.

Additional reporting and eligibility requirements also apply to each program, as outlined below.

### Professional Entry – Student Clinical Placement Days

The methodology used to allocate *Professional Entry – Student Clinical Placements Days* program funding is based on auditable data captured by, and reported through, [Placeright](https://www.health.vic.gov.au/education-and-training/placeright) <https://www.health.vic.gov.au/education-and-training/placeright>.

To be eligible for funding, health services are required to do the following:

* Plan and report clinical placement activity through Placeright (or through the HealthCollect platform for medicine placement providers not yet using Placeright for this discipline)
* Ensure disciplines and qualifications are in-scope for Placeright use, as detailed in the [Placeright Student Placement Planning Guide](https://www.health.vic.gov.au/education-and-training/placeright-student-placement-planning) <https://www.health.vic.gov.au/education-and-training/placeright-student-placement-planning>
* Adhere to the [Standardised Schedule of Fees for Clinical Placements](https://www.health.vic.gov.au/education-and-training/fee-schedule-for-clinical-placement-in-public-health-services) <https://www.health.vic.gov.au/education-and-training/fee-schedule-for-clinical-placement-in-public-health-services> 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 BPCLE Framework and the BPCLE collection mechanism (when confirmed) to report BPCLE mandatory indicators for all disciplines.

### Transition to Practice – Graduate Nurses and Midwives, Allied Health Graduates and Medical Officers Year 1 (PGY1) and Year 2 (PGY2)

Transition to Practice program funding is based, and conditional, on health services providing the following data:

* Headcount and FTE of graduates for the calendar year
* Headcount and FTE of graduates, where there are funding agreements for collaborative rotating placements, and the health service is the nominated lead agency and fund holder.

Nominated health service representatives for each data collection form will report their acquitted activity through the [HealthCollect Portal](https://www.health.vic.gov.au/data-reporting/healthcollect) <https://www.health.vic.gov.au/data-reporting/healthcollect>.

### Transition to Practice – Hospital Pharmacy Interns

Reporting on Headcount and FTE for this program is provided to AdPha.

### Postgraduate – Nurses and Midwives

Postgraduate – Nurses and Midwives program funding is based, and conditional, on health services providing the following data:

* Headcount and FTE of staff who participated in 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 agency and fund holder.

Nominated health service representatives for each data collection form will report their acquitted activity through the [HealthCollect Portal](https://www.health.vic.gov.au/data-reporting/healthcollect) <https://www.health.vic.gov.au/data-reporting/healthcollect>.

### Victorian Medical Specialist Training, Victorian Rural Generalist, Victorian Basic Paediatric Training Consortium, and Basic Physician Training Consortia programs

Funding for the VMST program, VRGP, VBPTC program and Basic Physician Training Consortia program is based, and conditional, on health services providing information on the recruitment to training positions and/or data for actual activity in the current calendar/financial year and/or planned activity for the next calendar year. This includes:

* Number of trainees
* Year of training
* Specialty
* Commencement date
* Parent site; and
* Accreditation status of position.

The department will provide relevant health services with a reporting template to complete and return to the program coordinator within the department.

### Continuing Nursing and Midwifery Education (CNME) program

The department requires health services to provide information on the use of CNME funding for the previous financial year, to reconcile funding provided with completed activity. Health services and regional consortia are encouraged to collate this information throughout the year to provide data when required in June/July 2025.

Health services must provide:

* Type of activity
* Relevant clinical area (delivery method and topic)
* Target audience and participation data (discipline, participating health services headcount of staff, training delivery method)
* outcomes achieved
* Possibility of replicating and sharing the education program with other organisations.

The department will provide health services with a reporting template to complete and return.

## 4.2 Reporting timeframes

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

**Table 7: Summary of reporting timelines for 2024-25**

| Program | Reporting required by health services | Due date |
| --- | --- | --- |
| All | Annual reporting against six externally reportable BPCLE Framework indicators through the BPCLE tool | 28 February 2025 |
| Professional Entry – Student Clinical Placement Days | Biannual reporting of clinical placement activity from Placeright; and/or,Annual reporting of medical clinical placement activity reported through HealthCollect and not Placeright | 19 July 2024 (Placeright for activity January–June 2024)14 February 2025 (HealthCollect activity for January – December 2024 and Placeright activity for July–December 2024) |
| Transition to Practice – all except Pharmacy Interns | Report on headcount and FTE of 2024 graduate activity, and projected headcount and FTE of 2025 graduates | 14 February 2025 |
| Postgraduate – Nurses and Midwives | Report on headcount and FTE of staff who undertook postgraduate study during 2024, and projected headcount and FTE of staff undertaking postgraduate study for 2025 | 14 February 2025 |
| Victorian Medical Specialist Training | Speciality posts filled for 2025Acquittal of positions in 2025 | February 2025April 2025 |
| Victorian Basic Paediatric Training Consortium and Basic Physician Training Consortia | Speciality post filled for 2025Acquittal of positions in 2025 | January 2025February 2025 |
| Continuing Nursing and Midwifery Education | Report on education activities as they pertain to the CNME fund undertaken in 2024-25 financial year | 29 August 2025 |
| Victorian Rural Generalist Program | Annual report on funded positions and grants | March 2025 for previous year |

## 4.3 Funding arrangements

Funding is disbursed through the department’s Modelling and Payment System (MAPS). 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 or planned projected activity. Table 8 shows the grant descriptions of funding distributed through Training and Development Funding in 2024-25.

**Table 8: Training and Development Funding grant descriptions for 2024-25**

| Program | Grant Description |
| --- | --- |
| Professional Entry – Student Clinical Placement Days | T&D - Professional Entry - Student Clinical Placement Days |
| Transition to Practice – Graduate Nurses and Midwives | T&D - Transition to Practice - Graduate Nurses and Midwives |
| Transition to Practice – Allied Health New Graduates | T&D - Transition to Practice - Allied Health New Graduates |
| Transition to Practice – Hospital Pharmacy Interns | T&D - Transition to Practice Hospital Pharmacy Interns |
| Transition to Practice – Medical Officers Year 1 | T&D - Transition to Practice - Medical Officers Year 1 (PGY1) |
| Transition to Practice – Medical Officers Year 2 | T&D - Transition to Practice - Medical Officers Year 2 (PGY2) |
| Postgraduate – Nurses and Midwives | T&D - Postgraduate - Nurses and Midwives |
| Postgraduate – Victorian Medical Specialist Training | T&D - Postgraduate - Victorian Medical Specialist Training |
| Postgraduate – Victorian Basic Paediatric Training Consortium | T&D - Postgraduate - Victorian Basic Paediatric Training Consortium |
| Postgraduate – Basic Physician Training Consortia | T&D - Postgraduate - Basic Physician Training Consortia |
| Postgraduate – Victorian Rural Generalist Program | T&D - Postgraduate - Victorian Rural Generalist Program |
| Continuing Nursing and Midwifery Education | T&D - Continuing Nursing and Midwifery Education |

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

### 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 either relevant services or funding (for example, a portion of the funding equal to the length of the rotations or scholarship amount). The nominated fund holder is also responsible for maintaining documentation that demonstrates the arrangements and funds transfers.

#### Regional collaborative models – Continuing Nursing and Midwifery Education (CNME) program

Collaborative models between health services promote efficiencies in education provision and reduce duplication and cost. For CNME program funding, collaboration is formalised through the establishment of consortia within regions (see **Appendix 1** for more information).

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 1** describes the key governance structure of consortia members). Consortia’s must nominate a single fund holder (refer to **Appendix 1** for details of 2024-25 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, Transition to Practice and Postgraduate – Nurses and Midwives programs

Adjustments to Professional Entry, Transition to Practice and Postgraduate – Nurses and Midwives program funding levels are made annually, to account for reconciled activity for the previous calendar year. Depending on the level of actual activity, both for at a health service and sector level, a health service may receive more or less funding.

Funding adjustments will be made late FYQ3 or early FYQ4.

The outcome of adjustments will be communicated to the Chief Executive Officers of health services.

# Appendix 1: Continuing Nursing and Midwifery Education consortia

|  |  |
| --- | --- |
| Fund holder | CNME Consortia members |
| **DH NORTH DIVISION** |
| Bendigo Health | Bendigo Health, Boort District Health Service, Inglewood & District Health Service, Kerang District Health Service, Heathcote Health Service, and Swan Hill District Health Service |
| Mildura Base Public Hospital | Mallee Track Health & Community Service, Mildura Base Public Hospital, Robinvale District Health Service |
| Echuca Regional Health | Cohuna District Hospital, Echuca Regional Health, Kyabram District Health Service, Rochester and Elmore District Health Service |
| Dhelkaya Health | Dhelkaya Health and Maryborough District Health Service |
| **DH EAST DIVISION** |
| Goulburn Valley Health Service | Northeast Wangaratta Health, Albury Wodonga Health, Alexandra District Hospital, Alpine Health, Beechworth Health Service, Benalla and District Hospital, Corryong Health, Goulburn Valley Health Service, Mansfield District Hospital, NCN Health, Seymour District Memorial Hospital, Tallangatta Health Service, Yarrawonga District Health Service, Yea and District Memorial Hospital |
| **DH WEST DIVISION** |  |
| Grampians Health | Beaufort & Skipton Health Service, Central Highlands Rural Health, East Grampians Health Service, East Wimmera Health Service, Grampians Health, Rural Northwest Health, West Wimmera Health Service |
| Barwon Health | Barwon Health  |
| Colac Area Health | Colac Area Health, Great Ocean Road Health, Hesse Rural Health Service  |
| South West Health Care | Moyne Health Service, Terang and Mortlake Health Service, Timboon and District Health Service, South West Health Care |
| Western District Health Service | Casterton Memorial Hospital, Heywood Rural Health, Portland District Health, Western District Health Service |
| **DH SOUTH DIVISION** |  |
| Latrobe Regional Health | Bass Coast, Bairnsdale Regional Health Service, Central Gippsland Health Service, Gippsland Southern Health Service, Kooweerup Regional Health Service, Latrobe Regional Health, Omeo Health Service, Orbost Health Service, South Gippsland Hospital, West Gippsland Health Care Group, Yarram and District Health |

The CNME program also supports the e-learning component of the Grampians Highway Model of Education, a project managed by East Grampians Health Service.

## CNME regional and rural consortia governance structure

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

The structures and relationships of the rural consortia are based on good communication and collaborative effort. This will optimise access to education programs for nurses and midwives across the region and ensure efficient use of funding.

### Governance of consortia

* Convene a regional consortia committee at agreed times
* Ensure a minimum of one representative from each health service within the consortium is represented on the consortium committee
* Elect consortium chair
* Nominate regional fundholder
* Facilitate effective communication processes between all members of the consortium
* Co-ordinate regional consortia needs analysis and education programs
* Facilitate a collaborative CNME program that meets the needs of all health services and the regional consortia
* Ensure agreement with all health service representatives for the use of CNME funding
* Ensure timely communication with the department
* Develop and implement a dispute resolution process
* Consider the role of other consortia, especially regarding highly specialised or hard to access training.

# Appendix 2: Professional-entry student minimum efficient pathway (MEP)

|  |  |  |  |
| --- | --- | --- | --- |
| **Discipline** | **MEP (hours)** | **Discipline** | **MEP (hours)** |
| Allied Health Assistance *(Note: Cert III qualification)* | 80 | Occupational Therapy | 1,000 |
| Allied Health Assistance*(Note: Cert IV qualification)* | 120 | Optometry | 500 |
| Art Therapy | 750 | Orthoptics | 700 |
| Audiology | 200 | Paramedicine | 200 |
| Biomedical Science | 420 | Pharmacy | 200 |
| Dietetics and Nutrition | 600 | Physiotherapy | 700 |
| Exercise Physiology | 500 | Podiatry | 450 |
| Medical Laboratory Science | 420 | Prosthetics & Orthotics | 580 |
| Medicine | 2,200 | Psychology | 1,000 |
| Midwifery | 560 | Radiation Therapy | 750 |
| Music Therapy | 640 | Radiography (Diagnostic Imaging) | 750 |
| Nuclear Medicine | 750 | Social Work | 1,000 |
| Nursing (Enrolled) | 400 | Speech Pathology | 535 |
| Nursing (Registered) | 800 |  |  |

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