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| Training and Development Funding |
| 2023-24 Program Guidelines |
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| Training and Development Funding  2023-24 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, 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 [2023-24 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](mailto:mailtovicworkforce@health.vic.gov.au?subject=Training%20and%20Development%20Funding:%202023-24%20Program%20Guidelines) <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, to assist 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.

## 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 and 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 practise as a health professional for the following disciplines or professions:
* Art Therapy
* Biomedical Science
* Dietetics and Nutrition
* Exercise Physiology
* Medical Laboratory Science
* Medical Physics (including Diagnostic Imaging Medical Physics and Radiation Oncology Medical Physics)
* Medicine
* Midwifery
* Music Therapy
* Nuclear Medicine
* Nursing (Registered)
* Occupational Therapy
* Optometry
* Orthoptics
* Paramedicine
* Pharmacy
* Physiotherapy
* Podiatry
* Prosthetics and Orthotics
* Psychology
* Radiation Therapy
* Radiography (including Diagnostic Imaging)
* Social Work
* 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 based on activity associated with all eligible professional-entry courses, including placements undertaken by non-Victorian and international full-fee paying students.

### 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:

* plan and report clinical placement activity through Placeright biannually (or, via the HealthCollect portal annually for agreed medical placement activity not yet managed via Placeright); and,
* 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> for [2023](https://www.health.vic.gov.au/sites/default/files/2022-07/standardised-schedule-of-fees-for-clinical-placements-for-2023.pdf) <https://www.health.vic.gov.au/sites/default/files/2022-07/standardised-schedule-of-fees-for-clinical-placements-for-2023.pdf> (for Semester 1, 2023) and [2024](https://www.health.vic.gov.au/sites/default/files/2023-08/standardised-schedule-of-fees-for-clinical-placements-for-2024.docx) <https://www.health.vic.gov.au/sites/default/files/2023-08/standardised-schedule-of-fees-for-clinical-placements-for-2024.docx> (for Semester 2, 2023).

### 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.

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 collection

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 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. Minimum efficient pathways are currently being reviewed by the department to ensure they are consistent with the expectations and standards of the public health sector. When this review is complete, a list of minimum efficient pathways and current course pathways for education providers will be available at: [Training and Development Funding](https://www.health.vic.gov.au/education-and-training/training-and-development-funding) <https://www.health.vic.gov.au/education-and-training/training-and-development-funding>.

#### 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; and,
* 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/education-and-training/standardised-student-induction-protocol) <https://www.health.vic.gov.au/education-and-training/standardised-student-induction-protocol>

# 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 and offer graduates formal education time (including study days), supernumerary time, and clinical support.

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 are attempted to be 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, with any remaining unmatched positions in the quota then able to be filled through other means and remain eligible.
* 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; and,
* 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).

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 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 arrangements are in place, a lead public health service must be nominated as the fund holder and identified in nomination of quotas to PMCV and reporting of relevant activity. The fund holder will be paid any funding awarded through the *Transition to Practice – Graduate Nurses and Midwives* program and is expected to disburse the funds to any other settings as per agreement between the organisations.

### 2.1.2 Funding calculations

The methodology for calculating funding allocations for the *Transition to Practice – Graduate Nurses and Midwives* program comprises the following key elements:

* A single funding rate applicable for graduates employed between 0.6 and 1.0 FTE.
* 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 is guaranteed based on acquitted activity.
* Following application of these funding rules, 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 graduate nurse and midwifery program funding pool.

Funding allocations are based on the previous calendar year’s eligible activity. The level of funding per position is:

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

|  |  |  |
| --- | --- | --- |
| FTE | 2022-23 | 2023-24 |
| 0.8 – 1.0 | $19,858 | $20,329 |
| 0.6 – 0.8 | ***Not eligible*** | $20,329 |
| <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 advise PMCV of those decisions;
* confirm that final PMCV match quotas are accurate; and,
* ensure where possible that data submitted through HealthCollect fully reflects employment outcomes, including reporting activity under collaborative arrangements through the nominated fund holder’s dataset.

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.

## 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   + Audiology   + Biomedicine   + Dietetics and nutrition   + Exercise physiology   + Medical laboratory science   + Medical physics | * + Music therapy   + Nuclear medicine   + Occupational therapy   + Prosthetics and orthotics   + Optometry   + Physiotherapy   + Podiatry | * + Psychology   + Radiography (including Diagnostic imaging)   + Orthoptics   + Radiation therapy   + Social work   + 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; and,
  + counselling for career pathways.

### 2.2.2 Funding calculations

The methodology for the *Transition to Practice – Allied Health New Graduates* program comprises the following key elements:

* Allocations are calculated based on acquitted activity (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.

Funding allocations are based on the previous calendar year’s eligible activity. The level of funding per position is:

Table 3: Transition to Practice – Allied Health New Graduates program funding per FTE

|  |  |  |
| --- | --- | --- |
| Region | 2022-23 | 2023-24 |
| Metropolitan | $9,979 pro rata | $10,215 pro rata |
| Rural/Regional | $11,734 pro rata | $12,012 pro rata |

## 2.3 Hospital Pharmacy Interns program

### 2.3.1 Program eligibility

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

### 2.3.2 Funding calculations

The methodology for the *Transition to Practice – Hospital Pharmacy Interns* program comprises the following key elements:

* Allocations are calculated based on acquitted activity (collected and reported by the Society of Hospital Pharmacists of Australia (SHPA)).
* Funding is limited to 100 department-funded hospital pharmacy intern positions allocated across Victorian public health services.

Funding allocations are based on the previous calendar year’s eligible activity. The level of funding per position is:

Table 4: Transition to Practice – Hospital Pharmacy Interns program funding per FTE

|  |  |
| --- | --- |
| 2022-23 | 2023-24 |
| $33,389 | $34,180 |

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

### 2.4.1 Program eligibility

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

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

### 2.4.2 Funding calculations

The methodology for the *Transition to Practice – Medical Officers Year 1 (PGY1) and Year 2 (PGY2)* program comprises the following key elements:

* Allocations are calculated based on acquitted activity (reported via HealthCollect).
* Previous year funding level for PGY1 activity is guaranteed if historical allocation is lower than acquitted activity.
* Rural and regional health services are allocated funding for acquitted PGY2 activity up to their PGY1 activity allocation, to enable implementation of two-year contracts.
* Following application of these funding rules, the remaining funding pool is proportionally allocated based on remaining acquitted activity, for PGY1 activity followed by PGY2 activity.
* There is no limit to the number of positions a health service may offer; however, funding is limited by the total medical officer years 1 and 2 funding pool.

Funding allocations are based on the previous calendar year’s 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 | 2022-23 | 2023-24 |
| PGY1 | $40,184 | $41,136 |
| PGY2 | $43,581 | $44,614 |

# Postgraduate programs

The Postgraduate funding stream includes five programs:

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

## 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.

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

|  |  |
| --- | --- |
| * Midwifery * Aged Care * Intensive Care * Emergency | * Perioperative * Oncology * Paediatrics |

#### 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; and,
* has a 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; 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; and,
* 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](mailto:vicworkforce@health.vic.gov.au?subject=T&D%20-%20Postgraduate%20Nursing%20and%20Midwifery%20program%20-%20Health%20service-based%20post%20registration%20course%20funding) <vicworkforce@health.vic.gov.au>.

### 3.1.2 Funding calculation

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 these funding rules, 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.

Funding allocations are based on the previous calendar year’s eligible activity. The level of funding per position is:

Table 6: Postgraduate – Nurses and Midwives program funding levels

|  |  |  |
| --- | --- | --- |
| FTE | 2022-23 | 2023-24 |
| 0.6 – 1.0 | $19,858 | $20,329 |
| <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 Victorian Medical Specialist Training (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; and,
* 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. In May 2023, health services were invited to apply for 2024 and 2025 funding via an EOI process.

### 3.2.1 Program criteria

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:

1. current accreditation status;
2. current application to attain accreditation; or,
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.

### 3.2.2 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

1. **Funding Stream:** The application must demonstrate how the proposal contributes the objectives of one of the Funding Streams identified below.
2. 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 |

1. 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.
2. 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.
3. **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 Victorian Basic Paediatric Training Consortium (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. 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 Victorian Paediatric Training Program (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 Victorian Rural Generalist Program (VRGP) provides annual funding to support a state-wide end-to-end training program for the rural generalist workforce to train, work and live in rural and regional Victoria.

The VRGP supports regional and rural medical practitioners to gain advanced skills as part of supported pathways of general practice training, to gain either the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) or Fellowship of the Royal Australian College of General Practitioners (RACGP) Rural Generalist Fellowship (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 general practice 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-procedural 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 in the specialties of obstetrics, anaesthetics, emergency medicine, and paediatrics, to mentor and support trainees. In addition, five Regional Coordinators based in health services across five rural regions support the development of the program. The VRGP is governed by the *Victorian Rural Generalist Program management framework*, which includes 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 (PGY3+) in a training post or rotation that provides training as part of a priority regional rural generalist pathway. The post or rotation must provide a linkage between the trainee and their identified community with the workforce and health care need.
* **Stream 2:** Support funding for trainee course enrolment, wage or other expense associated with attending training and/or alternative places of work that would otherwise be an out-of-pocket cost to the trainee.

# Other targeted workforce training and development programs

## 4.1 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.

### 4.1.1 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.
* 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.

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/no lift, violence/aggression, emergency and disaster management).
* Core hospital competency requirements such as basic life support, 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 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).

### 4.1.2 Funding calculations

The methodology for the CNME program comprises the following key elements:

* Forty per cent of total funding is allocated to the rural sector (in recognition of increased costs associated with providing education in rural areas).
* Funding is allocated proportionally across health services based on total nursing and midwifery FTE staffing (as at 30 June 2023).

The department will confirm health services’ funding allocations early in the financial year and will require health services to report on relevant activities delivered at the end of the financial year.

# Reporting and funding requirements

## 5.1 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 Best Practice Clinical Learning Environment (BPCLE) Framework and the BPCLE collection mechanism (when confirmed) to report BPCLE mandatory indicators for all disciplines.

#### Transition to Practice – all programs

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.

Health Services are to report activity through the [HealthCollect Portal](https://www.health.vic.gov.au/data-reporting/healthcollect) <https://www.health.vic.gov.au/data-reporting/healthcollect>. To gain access to HealthCollect please complete a [HealthCollect Portal User Request](https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKIQCYRhq7MNNvvjya8xeYoZUNzE3UEZWTlpPNlc0WUhaMERaMEw1SjRDSS4u) <https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKIQCYRhq7MNNvvjya8xeYoZUNzE3UEZWTlpPNlc0WUhaMERaMEw1SjRDSS4u>.

#### 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.

Health Services are to report activity through the [HealthCollect Portal](https://www.health.vic.gov.au/data-reporting/healthcollect) <https://www.health.vic.gov.au/data-reporting/healthcollect>. To gain access to HealthCollect please complete a [HealthCollect Portal User Request](https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKIQCYRhq7MNNvvjya8xeYoZUNzE3UEZWTlpPNlc0WUhaMERaMEw1SjRDSS4u) <https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKIQCYRhq7MNNvvjya8xeYoZUNzE3UEZWTlpPNlc0WUhaMERaMEw1SjRDSS4u>.

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

Funding for the Victorian Medical Specialist Training program, Victorian Rural Generalist Program, Victorian Basic Paediatric Training Consortium 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 2024.

Health services must provide:

* type of activity;
* relevant clinical area;
* target audience and attendant data (discipline, location of employment, headcount);
* review and evaluation processes (e.g.: clinical audit, patient survey, observation);
* outcomes achieved; and,
* possibility of replicating and sharing education program with other organisations.

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

## 5.2 Reporting timeframes

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

Table 7: Summary of reporting timelines for 2023-24

| Program | Reporting required by health services | Due date |
| --- | --- | --- |
| All | Annual reporting against six externally reportable BPCLE Framework indicators through the BPCLE tool | 5 February 2024 |
| 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 | 21 July 2023 (Placeright for activity January–June 2023)  5 February 2024 (HealthCollect for activity January – December 2023 and Placeright for activity July–December 2023) |
| Transition to Practice – all except Pharmacy Interns | Report on headcount and FTE of 2023 graduate activity, and projected headcount and FTE of 2024 graduates | 5 February 2024 |
| Postgraduate – Nurses and Midwives | Report on headcount and FTE of staff who undertook postgraduate study during 2023, and projected headcount and FTE of staff undertaking postgraduate study for 2024 | 5 February 2024 |
| Victorian Medical Specialist Training | Acquittal of posts and positions in 2023  Speciality posts filled for 2024 | February 2023  February 2024 |
| Victorian Basic Paediatric Training Consortium and Basic Physician Training Consortia | Speciality post filled for 2023  Acquittal of posts and positions in 2023 | Mid December 2023  17 February 2024 |
| Continuing Nursing and Midwifery Education | Report on education activities undertaken in 2023-24 financial year | 19 July 2024 |
| Victorian Rural Generalist Program | Annual activity work plan  State-wide Reference committee quarterly reports  Regional co-ordinator annual report  Confirmation of training post filled for 2024  Annual performance report against Commonwealth approved activity work plans  VRGP Clinical Leads annual report | August 2023  1 July 2024,  24 August 2023,  23 November 2023, 23 February 2024, 23 June 2024  September 2023  July 2023  15 March 2024  2 May 2024 |

## 5.3 Funding arrangements

Funding is disbursed through the department’s Modelling and Payment System (MAPS). Funding for recurrent programs will initially be cash-flowed to health services based on planned activity (or, where not available, previous year activity), and then adjusted according to health services reports of actual or acquitted activity. Table 11 shows the grant descriptions of funding distributed through Training and Development Funding in 2023-24.

Table 8: Training and Development Funding grant descriptions for 2023-24

| 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 2** describes the key roles and responsibilities of consortia members). Consortia must nominate a single fund holder (refer to **Appendix 1** for details of 2023-24 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  Djerriwarrh FTE is now calculated under Western Health. |
| 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 Continuing Nursing and Midwifery Education program also supports the Grampians Highway Model, an e-learning project managed by East Grampians Health Service.

CNME rural consortia roles and responsibilities

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.

The roles and responsibilities of the consortia members include:

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

consider the role of other consortia, especially regarding highly specialised or hard to access training.

# Appendix 2: Making it Free to Study Nursing and Midwifery Program Funding Guidelines

Victoria’s healthcare workforce faces long-standing pressures that have been exacerbated by the coronavirus pandemic. Amid increased demand for care, ongoing action is needed to address issues regarding the supply and distribution of the healthcare workforce.

The Department of Health is implementing a range of initiatives to support Victoria’s healthcare workforce, including subsidised university and specialist training for thousands of nurses and midwives.

Increased Training and Development Funding is available for 2023-24 through the *Making It Free to Study Nursing and Midwifery* initiative (and, for some programs, subsequent years). This includes funding for additional:

* positions in nursing and midwifery transition to practice (graduate) programs
* positions in nursing and midwifery postgraduate programs
* scholarships for postgraduate studies in nursing and midwifery.

The funding for postgraduate scholarships will increase both the number and value of scholarships provided to nurses and midwives undertaking postgraduate studies. This will contribute to building capability in the nursing and midwifery workforce, particularly in intensive care, emergency, oncology, midwifery and other areas of high need. Given the boost in funding for postgraduate scholarships, funding allocations and reporting requirements have been updated for 2023-24 (see section 4.2 for details).

While funding for nursing and midwifery graduate and postgraduate placements has increased, the eligibility criteria, funding allocations and reporting requirements remain similar 2023-24.

## Background

The *Making it Free to Study Nursing and Midwifery* initiatives aim to boost the healthy system by recruiting and training more than 17,000 nurses and midwives – building a home-grown workforce to care for Victorians.

## Funding Guidelines Purpose

These funding guidelines detail the funding principles, eligibility criteria (for health services to apply for funding and individuals to apply for scholarships), key dates and reporting requirements, funding conditions and information for scholarship recipients.

The overarching eligibility criteria and tax information applies to all the programs outlined in these guidelines unless otherwise specified.

## Overarching eligibility criteria

#### Health service eligibility

To be eligible for funding provided through the *Making it Free to Study Nursing and Midwifery* initiatives, health services must be a Victorian public health service (a public health service listed in Schedule 1 – 5 (inclusive) in the Health Services Act 1988).

Services that do not meet the above-mentioned requirement *are not eligible*.

#### Program participant eligibility

With the exception of the refresher program scholarships, to be eligible for scholarships provided through the *Making it Free to Study Nursing and Midwifery* initiatives, prospective candidates must be:

* An Australian citizen, a New Zealand citizen (or dual citizenship holders of either Australia or New Zealand), an Australian permanent resident or an Australian permanent humanitarian visa holder
* reside in Victoria or an eligible border community (see Appendix 1) for the duration of the scholarship.

Individuals applying for refresher program scholarships are not required to be Australian or New Zealand citizens, Australian permanent residents or Australian permanent humanitarian visa holders but must ensure the conditions of their visa do not impede them from undertaking the refresher program.

Initiative candidates are responsible for applying for, enrolling in, and completing the appropriate program by appropriate due dates and for any costs incurred beyond the value of the scholarship.

## Tax information

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

* they may be liable to pay tax on their scholarship. For more information refer recipients to the calculator on the Australian Taxation Office website <https://www.ato.gov.au/Calculators-and-tools/Is-my-scholarship-taxable/>
* they may be entitled to claim a tax deduction for self-education expenses – for more information please refer recipients to the Australian Taxation Office site at the following link <<https://www.ato.gov.au/individuals/income-and-deductions/deductions-you-can-claim/self-education-expenses>>
* it is recommended recipients obtain relevant professional advice on the impact scholarship payments may have on any other benefits paid under an Australian Government scheme, such as Austudy, Abstudy, aged, disability or carer allowances, pensions or the like.

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

## Funding conditions

Moves between public health services will be assessed by the Department of Health on a case-by-case basis.

Funding guidelines for each program under the *Making it Free* initiative are detailed below.

## 1. Nurse Practitioners & Candidates 2023-24

### 1.1 Overview

The Department of Health is committed to improving healthcare access in Victoria by supporting development of the Nurse Practitioner (NP) role through the *Making it Free to study Nursing and Midwifery* initiative.

Funding is available for health services to support Nurse Practitioner candidates in 2023-24 through scholarships and candidate support packages that will support all education, training, and supervisory requirements in preparation for endorsement.

In addition, funding is available for 2023-24 only (i.e., not ongoing) to support the growth or establishing a NP model through providing 50 salary support packages for services to employ an NP.

This program aims to help health services establish NP roles within key areas of healthcare demand and will enable public health services to grow the number of NPs in Victoria and improve the utilisation of NPs in public health services.

A summary of key dates for the application process for funding for **candidate packages including scholarships** is provided below.

A summary of key dates for the application process for salary support is provided below.

### 1.2 Funding principles

1. Fifty candidate packages will be offered in 2023-24 for health services to support new NP candidates. This includes:
2. Health service support for NP candidates – $30,000 per candidate to contribute to health service costs relating to:

* providing the NP student/candidate a minimum of 300 paid hours of supernumerary practice (\*course requirement). It is recommended that these hours are paid at CAPR4.1 (EBA recommended rate for a “candidate”)
* clinical supervision and professional support
* training and development consistent with the specialty area, the model of care and the candidate’s scope of practice.
* conferences, skills acquisition, visiting similar services etc.
* recruitment and appointment of candidates. This cannot exceed 5% of candidate support if utilised.

1. Scholarship support for NP candidates – $12,000 per candidate to support education costs associated with completing the qualification.
2. Fifty newly created NP roles (not existing vacancies) will be offered salary support for 2023-24. This includes $32,150 to support implementation of the NP role and assist in embedding the NP model of care within the organisation.

### 1.3 Eligibility criteria

Health services and program participants must meet the overarching eligibility requirements.

#### Health service eligibility

All Victorian public health services can apply for NP candidate support packages, noting that health services must be able to provide appropriate clinical supervision, professional support and specific training and development associated with the NP candidate’s scope of practice.

Health services must submit one application which includes all its campuses including Community Hospitals and Public Sector Residential Aged Care Services.

Independent Public Residential Aged Care Services are eligible.

Independent Community Health Services are not eligible.

If the program is oversubscribed, priority will be given to rural and regional areas, Urgent Care Centres, and Women’s Health and Community Hospitals.

#### Nurse Practitioner candidate eligibility

Prospective candidates must:

* be a registered nurse with a current general registration with the Nursing and Midwifery Board of Australia
* be considered a ‘domestic’ student for university application purposes, that is:
  + an Australian citizen;
  + a New Zealand citizen (or dual citizenship holders of either Australia or New Zealand);
  + an Australian permanent resident; or
  + an Australian permanent humanitarian visa holder.
* be directly employed by an eligible Victorian public health service during the period of the candidate support package
* successfully apply for an appropriate Nurse practitioner program of study
* enrol in Semester 2 2023 or in Semester 1 2024 in an eligible Nurse Practitioner program that leads to a tertiary qualification that enables endorsement as a Nurse Practitioner
* not already hold a NP endorsement
* only use the scholarship funds for any costs relating to academic, skills or capability development that leads to endorsement as an NP. For example:
  + Postgraduate study courses
  + Clinical skills courses
  + Professional conferences

Eligible applicants must agree to complete the course and then work in as a NP in the Victorian public health sector for a period of two years at a minimum of 0.6 EFT, or pro-rata equivalent, following completion of the postgraduate course.

Applicants are responsible for any study costs incurred beyond the value of the scholarship.

Students that study part-time will be eligible to receive the $12,000 scholarship.

#### Course requirements

Eligible NP candidates must be enrolled in a course that:

* leads to a qualification (Master’s program or other appropriate units/modules at Master level) that enables endorsement as a NP in Australia on successful completion – please see the Nursing and Midwifery Board of Australia’s list of approved programs of study via this [website](https://www.nursingmidwiferyboard.gov.au/Accreditation/Approved-programs-of-study.aspx)
* is delivered by a university or an accredited higher education provider (please note, courses provided by Victorian education providers will be prioritised for scholarships)
* can include clinical nursing practice related to area of study.

### 1.4 Application process 2023-24

#### NP candidate support package

Health services are responsible for managing the funding associated with the NP candidate support package, including the scholarship to NP candidates. To receive funding, health services are required to:

* determine the level of interest from their existing registered nurse workforce to undertake a program of study to become a NP
* complete an application form provided by the department to apply for the candidate support package, including the scholarships. Health services will be required to submit a single application which encompasses all its campuses including Community Hospitals and Public Sector Residential Aged Care Services
* health services must indicate the area or practice or specialty that the NP will work in (e.g. Emergency/UCC, aged care etc)
* individuals are responsible for applying and enrolling in an appropriate program of study and the application will require confirmation of course acceptance from prospective candidates
* following departmental assessment of all applications, each health service will receive confirmation of their number of candidate support packages and associated funding allocation for 2023-24. Health services will receive this confirmation in February 2024.
* health services will be responsible for determining allocation of scholarships to employees where demand exceeds available supply
* following the academic year census date in Semester 1, health services will confirm the number of students continuing studies and will then receive funding for those students up to the agreed funding commitment.
* health services are required to provide paid 300 supernumerary hours to candidates as required by the university program.
* Health services can collaborate with each other to develop innovative training and development consistent with the model of care and the candidate’s scope of practice.

#### Salary support for new NP roles

Health services are invited to apply for salary support for NP roles at their organisation by completing the relevant application template.

Health services must demonstrate that the employment opportunity is a **new position (can be in existing services/model)** and not an existing vacancy. Health services will also need to indicate a commitment to the sustainability of the role, beyond the salary support.

**Note:** there is no direct link between the candidate support package and the salary support package. Health services can apply for one or both packages.

### 1.5 Prioritisation of applications

Where state-wide demand for candidate support packages and salary support exceeds the number available, priority will be given to health service applications that demonstrate criteria such as:

* Rurality and or Community Hospitals
* Focus on Women’s Health
* state-wide service delivery gaps/need and suitability for a NP role over other workforce
* NP candidate enrolment in a Victorian education provider
* how the program will address local workforce shortfalls and/or other workforce needs
* the impact and benefits of the NPC and NP role to the health service
* ability to provide a structured program of clinical and professional support designed to assist in meeting the appointed candidate’s endorsement and course requirements
* support of executive management and a commitment to sustainability of the NP role at the organisation.

Equitable distribution of funds will be considered where relevant.

### 1.6 Indicative dates and reporting requirement 2023-24

| **Action** | **Indicative Date** |
| --- | --- |
| **Candidate support packages** |  |
| Health services seek expressions of interest from their employed registered nurses | 18 September 2023 |
| Health services submit application to Department | 8 Dec 2023 |
| Department confirms funding to health services | 23 February 2024 |
| Health services report/confirm actual enrolments following the Semester 1 2024 census date | 12 April 2024 |
| Department provides funding to health services for candidate support packages | May/June 2024 |
| Health services finalise funding activity, budget acquittal and outcomes reporting to department | August/September 2025 |
| **Salary support for new NP roles** |  |
| Health services determine opportunities for new NP roles at their organisation | 18 September 2023 |
| Health services submit funding application form | 8 Dec 2023 |
| Department confirms funding to health services | 23 February 2024 |
| Health services confirm employment of new NP | By 12 April 2024 |
| Department provides funding to health services for salary support | May/June 2024 |
| Health services finalise funding activity, budget acquittal and outcomes reporting to department | August/September 2025 |

### 1.7 Funding conditions 2023-24

Funding will be provided for registered nurses commencing their studies in 2023 or 2024. Any activity prior, or deferral, to 2023 enrolments will not be funded.

Health services must report student numbers and enrolment activity to the department to confirm funding allocations. A departmental reporting template will be provided.

Funding may be adjusted or recalled if planned activity identified through the application submission process did not occur.

For successful applicants, health services will manage the funding and departmental funds will be disbursed through the department’s budget payment system, in line with current finance arrangements and policy.

By accepting this funding, a health service agrees to:

* use the funding as outlined in these funding guidelines and the health service’s application submission/s
* maintain corporate knowledge and record-keeping of program details, including appropriate handover should coordinating staff leave
* verify (sight and record) NP candidate enrolment documentation
* adhere to reporting timelines and respond to departmental requests for reporting accurately and in a timely manner
* adhere to the latest Department of Health Policy and Funding Guidelines – see this website for details [Policy and funding guidelines for health services | health.vic.gov.au](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services).
* immediately notify and discuss with the department any issues that may impact the implementation or achievement of planned 2023-24 nurse practitioner candidate support and/or salary support
* if any of the Funds are unspent as at the end of the financial year (30 June 2024) in which the Funds were transferred, the Fund Holder may be required to return the unspent Funds to the department upon receipt of a request in writing from the department.

### 1.8 Information for recipients of the NP candidate scholarships

Recipients are responsible for applying, enrolling, and completing the qualification by the appropriate due dates and for any costs incurred beyond the value of the scholarship.

To meet the timelines for the 2023 or 2024 academic year, it is advised that any employees who are interested in undertaking study to become a Nurse Practitioner should comply with the application process specified by an appropriate education provider to meet the specified timelines.

If the recipient needs to defer or withdraw from their studies, they must notify the employer within one week of the change in study arrangements. If the recipient plans to recommence study in the same year, they do not need to return the funds. If the scholarship recipient does not return to study in the same year, the funds will be recalled.

## 2. Refresher Program

### 2.1 Overview

As part of the *Making it Free to Study Nursing and Midwifery* initiative the department is offering scholarships and support for nurses and midwives to return to practice in public health services through a structured refresher program.

Refresher programs provide a supported program of education, clinical teaching and ward-based learning for nurses and midwives who are registered but have had a break from work in a hospital setting and want to refresh their skills or upskill in a particular clinical setting.

Scholarships and support are available for 225 nurses and midwives per annum from 2022-23 to 2025-26 to undertake refresher training. The support provided will enable candidates to cover the costs of program participation, such as living expenses while completing clinical placements.

A summary of indicative dates for the application process for funding for scholarships for refresher programs is provided below.

### 2.2 Funding principles

Funding is available for Victorian health services to offer refresher programs to eligible nurses and midwives. For each place in a refresher program, health services will receive a total of $15,000, including:

* $5,000 to cover the costs incurred by health service in running the program (e.g., clinical supervision and training, administration, etc)
* $10,000 to provide a scholarship to each candidate participating in the refresher program.

A portion of the funding will be reserved for regional and rural health services in line with the training and development funding guidelines.

### 2.3 Eligibility criteria

Health services and program participants must meet the overarching eligibility requirements.

#### Health service eligibility

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

* complete the application process for refresher programs
* nominate a lead agency that will receive and manage funding, if health services choose to enter into partnerships to implement refresher programs (noting that all parties must be signatories to the application or an appropriate attachment)
* commence the refresher program within 2023-24 financial year.

Health services are encouraged to submit one application which includes all campuses and service streams (where applicable).

#### Program participant eligibility

To be eligible for the scholarship component, participants in funded refresher programs must:

* be a currently registered nurse or midwife with the Nursing and Midwifery Board of Australia
* have not previously received a department scholarship to complete a nursing and midwifery refresher program
* not be currently employed as a nurse or midwife at the public health service offering the refresher program.

In addition, eligible applicants must agree to complete the course and seek employment in the targeted clinical area of practice (for which the scholarship was awarded) in the Victorian public health sector following completion of the refresher program.

### 2.4 Application process 2023-24

Victorian public health services are invited through an application process to identify their expected refresher program activity for 2023-24.

### 2.5 Prioritisation of applications

Where demand exceeds more than 225 refresher program places state-wide, priority will be given to health service applications that demonstrate criteria such as:

* how the program/s will address local workforce shortfalls and/or other workforce needs
* provision of career pathways for program participants within the health service or region including any discussions with the applicant regarding ongoing employment in a public health service post completion of the refresher program.
* how the program/s will contribute to meeting the requirements of the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* and other government priorities
* evidence of capacity to deliver the program e.g., availability of staff
* an overview of the methodology of how the funding will be used and how outcomes will be monitored e.g., retention of participants upon completion of the program.
* health services who have not previously received funding for refresher programs.

Equitable distribution of funds will be considered where relevant.

### 2.6 Indicative dates and reporting requirement 2023-24

|  |  |
| --- | --- |
| **Action** | **Indicative Date** |
| Refresher funding applications open | **18 September 2023** |
| Refresher funding applications close | **8 December 2023** |
| Department notifies health services of outcomes of funding applications and advises of allocation | **23 February 2024** |
| Funding distributed to health services | **March 2024** |
| Health services report on completion of refresher programs | **July 2024** |

### 2.7 Funding conditions

Health services must commit to commence all refresher programs in 2023-24. Refresher programs conducted prior to allocation of this initiative will not be funded under this initiative.

Health services must report expenditure, program completion and workforce retention/intention statistics. A departmental reporting template will be provided.

Health services will be responsible for delivering their planned programs as per their application form. This includes meeting any accreditation, governance, quality and safety standards, management of funding, human resources processes and any other necessary recruitment or education requirements.

By accepting this funding, a health service agrees to:

* adhere to reporting timelines and respond to departmental requests for reporting in a timely manner
* adhere to the latest Department of Health Policy and Funding Guidelines – see this website for details [Policy and funding guidelines for health services | health.vic.gov.au](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services).
* immediately notify and discuss with the department any issues that may impact the implementation or achievement of planned refresher program activity.

Funds will be disbursed through the department’s budget payment system, in line with current finance arrangements and policy. Funding may be adjusted or recalled if planned activity identified through the application submission process does not occur.

As the scholarship is intended to offset any loss of income, recipients should not also be paid a salary by their health service. However, recipients may receive an income from an employer other than the health service in which they are completing the refresher program. To avoid having to recall funding should a recipient not complete or withdraw from the program, health services are encouraged to pay the $10,000 scholarship payment in milestone instalments.

Health services have flexibility to determine how they engage nurses and midwives undertaking refresher programs (i.e. whether as employees, students or volunteers).

### 2.8 Information for recipients of refresher program scholarships

Recipients are responsible for applying and completing the appropriate program by the due date and for any study costs incurred beyond the value of the scholarship.

Where a recipient takes leave while undertaking the refresher program, if the health service considers the amount of leave longer than reasonable in light of the duration of the refresher program, the health service may ask the recipient to make up the time missed after their leave has concluded or recall the funding.

If the recipient needs to defer or withdraw from their studies, they must notify the employer within one week of the change in study arrangements. If the recipient plans to recommence study in the same year, they do not need to return the funds. If the scholarship recipient does not return to study in the same year, the funds will be recalled.

## 3. Enrolled Nurse (EN) to Registered Nurse (RN) transition scholarships 2023-24

### **3.1 Overview**

As part of the *Making it Free to Study Nursing and Midwifery* initiative, the department is offering EN to RN transition scholarships in 2023 and 2024 to eligible enrolled nurses currently employed in Victorian public health services. The scholarships support enrolled nurses to complete a 2-year transition course from diploma to degree such as a Bachelor of Nursing (Enrolled Nurse) that leads to registration as a Registered Nurse.

In 2024, scholarships are available to ENs who are commencing their transition course in Semester 1, 2024.

Health services are responsible for applying to the department for scholarship funding on behalf of their interested ENs to complete a designated EN transition to RN program.

A summary of indicative key dates for the application process for funding for the scholarships is provided below.

### **3.3 Funding principles**

The full scholarship of $11,000 will be provided to candidates over four years:

* $2,500 per annum for two years of study
* $3,000 per annum for two years of employment following completion of study while employed in a public health service (minimum 0.6 EFT or equivalent pro rata).

2,000 scholarships will be available across 2023 and 2024 for enrolled nurses who commence studies in 2023 and 2024.

Public health services will administer the funding to their employees.

A portion of the funding will be reserved for regional and rural health services in line with the Training and Development funding guidelines.

### **3.4 Eligibility criteria**

Health services and program participants must meet the overarching eligibility requirements.

#### Health service eligibility

All Victorian public health services can apply for scholarships for their employed EN staff to undertake a ‘diploma to degree’ conversion course.

Health services must submit one application which includes all campuses including Public Sector Residential Aged Care Services.

#### Candidate eligibility

Eligible scholarship applicants must:

* be an Enrolled Nurse, holding current registration with the Nursing and Midwifery Board of Australia
* be considered a ‘domestic’ student for university application purposes, that is:
  + an Australian citizen;
  + a New Zealand citizen (or dual citizenship holders of either Australia or New Zealand);
  + an Australian permanent resident; or
  + an Australian permanent humanitarian visa holder.
* be and remain employed in an eligible Victorian public health service as specified by the conditions of the scholarship
* successfully apply for a conversion/transition course through VTAC or directly to an appropriate education provider
* have enrolled in Semester 1 in 2024 in a transition/conversion ‘diploma to degree’ program of study that leads to a tertiary qualification that enables general registration as a Registered Nurse
* not already qualify for registration as a registered nurse
* only use the scholarship funds for the purpose of completing their nursing studies
* not have previously received a department scholarship to complete an EN-RN transition program and not currently be in receipt of other scholarships under the Making it Free to Study Nursing and Midwifery initiative.

Eligible applicants must agree to complete the course and then work as a registered nurse in a Victorian public health service for a period of two years at a minimum 0.6 EFT or pro rata equivalent, following completion of the diploma to degree conversion course. If the newly graduated RN does not maintain consecutive employment at 0.6 FTE or pro rata equivalent for two years with their employing public health service any or all the $3,000 payments may be recalled.

Students that study part-time will be eligible to receive $2,500 each year for two years of study to a maximum of $5,000. If the applicant does not obtain employment in a public health service within 12 months of study completion, they will not be eligible for the remaining $3,000 payments.

#### Course requirements

Enrolled Nurses must apply and enrol in a course that:

* is a diploma-to-degree conversion course delivered by a university or an accredited higher education provider. Priority will be given to courses provided by an education provider with a campus located in Victoria or a border community (e.g. Albury/Wodonga).
* is either face-to-face or online delivery
* will award a qualification that, subject to Ahpra approval, leads to general registration as a registered nurse on successful completion
* includes clinical nursing practice related to area of study.

### **3.5 Application process 2023-24**

Funding for eligible Enrolled Nurses will be managed via their current employer, a Victorian public health service. To receive funding, health services are required to:

* Determine the level of interest from their existing EN workforce to undertake a transition/conversion program of study to become a registered nurse.
* Complete a template provided by the department to apply for scholarships. Health services will be required to submit a single application which encompasses all its campuses including Public Sector Residential Aged Care Services.
* Following departmental assessment all applications, each health service will receive confirmation of their number of scholarships and associated funding allocation for 2023-24. Health Services will receive this confirmation in February 2024.
* Health services will be responsible for determining allocation of scholarships to employees where demand exceeds available supply.
* Following the academic year census date in Semester 1, health services will confirm the number of students continuing studies and will then receive funding for those students up to the agreed funding commitment.

### **3.6 Prioritisation of applications**

Where state-wide demand for scholarships exceeds the number available, priority will be given to health service applications that demonstrate criteria such as:

* how the program will address local workforce shortfalls and/or other workforce needs
* whether the course selected by the candidate is an education provider with a campus located in Victoria or a border community (e.g. Albury/Wodonga)
* ability of the health service to support the applicants career progression including employment following completion of study
* possible strategies to reduce the risk of attrition in the program
* how the program will contribute to meeting the requirements of the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* and other government priorities

Equitable distribution of funds will be considered where relevant.

### **3.7 Indicative dates and reporting requirements – Cohort 3, 2023-24**

*Note: Cohort 3 comprises individuals who receive an EN-RN transition scholarship as part of the 2023-24 funding round and who commence the EN-RN transition program in Semester 1 2024. See below for key dates and reporting requirements for Cohorts 1 and 2*

| **Action** | **Indicative Date** |
| --- | --- |
| **Health services** seek expressions of interest from their employed Enrolled Nurses | **October 2023** |
| **Health services** submit application to Department – cohort 3 | **8 December 2023** |
| Department confirms funding to health services | **23 February 2024** |
| **Health services** report/confirm actual enrolments semester 1 2024 | **12 April 2024** |
| Department provides funding to health services for cohort 3, year 1 scholarships | **June 2024** |
| **Health services** report/confirm actual enrolments semester 2, 2024 | **September 2024** |
| **Health services** report/confirm actual enrolments semester 1, 2025 | **April 2025** |
| Department provides funding to health services for cohort 3, year 2 scholarships | **May 2025** |
| **Health services** report actual study completion data and 2026 employment activity to department | **April 2026** |
| Department provides funding to health services for cohort 3, year 3 scholarships | **May 2026** |
| **Health services** report actual 2027 employment activity to department | **April 2027** |
| Department provides funding to health services for cohort 3, year 4 scholarships | **May 2027** |

### **3.8 Cohorts 1 and 2 – indicative dates and reporting requirements**

Cohort 1 comprises individuals who received an EN-RN transition scholarship as part of the initial, 2022-23 funding round or the 2022-23 additional, mid-year funding round and who commenced their EN-RN transition program in Semester 1, 2023.   
  
Cohort 2 comprises individuals who received an EN-RN transition scholarship as part of the 2022-23 additional, mid-year funding round and who commenced their EN-RN transition program as part of a mid-year intake in 2023.

As health services may also have enrolled nurses in Cohorts 1 and/or 2, the indicative dates and reporting requirements for these cohorts are outlined at **Attachment 1.**

### **3.9 Funding conditions**

Funding will be provided for Enrolled Nurses commencing their studies in Semester 1, 2024. Any activity prior, or deferral, to 2024 enrolments will not be funded.

Health services must report student numbers and enrolment activity to the department to confirm funding allocations. A departmental reporting template will be provided.

Funds will be disbursed to health services through the department’s budget payment system, in line with current finance arrangements and policy.  Health services should refrain from distributing funding to recipients until they have sighted evidence of enrolment for all recipients.

By accepting this funding, a health service agrees to:

* maintain corporate knowledge and record-keeping of program details, including appropriate handover should coordinating staff leave.
* adhere to reporting timelines and respond to departmental requests for reporting accurately and in a timely manner.
* adhere to the latest Department of Health Policy and Funding Guidelines – see this website for details [Policy and funding guidelines for health services | health.vic.gov.au](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services).

While studying, it is suggested that ENs are employed at a minimum of 0.2 FTE and a maximum of 0.6 FTE or pro rata equivalent.

### **3.10 Information for recipients of the EN to RN transition scholarships**

Recipients are responsible for applying, enrolling, and completing the qualification by the appropriate due dates and for any costs incurred beyond the value of the scholarship.

To meet the timelines for the 2024 academic year, it is advised that any individuals who are interested in undertaking study to transition to a RN should apply directly through the VTAC process or to an appropriate education provider (as required) to meet the specified timelines.

If the recipient needs to defer or withdraw from their studies, they must notify the employer within one week of the change in study arrangements. If the recipient plans to recommence study in the same year, they do not need to return the funds. If the scholarship recipient does not return to study in the same year, the funds will be recalled.

**Attachment 1**

**Indicative dates and reporting requirements – Cohort 1, 2022-23**

*This cohort comprises ENs who commenced their transition course in Semester 1, 2023 – and who received their scholarships as part of the initial 2022-23 funding round or the 2022-23 additional, mid-year funding round.*

| Action | Indicative Date |
| --- | --- |
| **Health services** seek expressions of interest from their employed enrolled nurses *(Completed)* | **October 2022** |
| **Health services** submit application to Department *(Completed)* | **2 December 2022** |
| Department confirms funding to health services *(Completed)* | **11 January 2022** |
| **Health services** report/confirm actual enrolments semester 1 2023 *(Completed)* | **April 2023** |
| Department provides funding to health services for cohort 1, year 1 scholarships *(Completed)* | **May 2023** |
| **Health services** report/confirm actual enrolments semester 1 2024 | **April 2024** |
| Department provides funding to health services for cohort 1, year 2 scholarships | **May 2024** |
| **Health services** report actual study completion data and 2025 employment activity to department | **April 2025** |
| Department provides funding to health services for cohort 1, year 3 scholarships | **May 2025** |
| **Health services** report actual 2026 employment activity to department | **April 2026** |
| Department provides funding to health services for cohort 1, year 4 scholarships | **May 2026** |

**Indicative dates and reporting requirements – Cohort 2, 2022-23**

*This cohort comprises ENs who commenced their transition course as part of a mid-year intake in 2023 and who received their scholarships as part of the 2022-23 additional, mid-year funding round.*

| Action | Indicative Date |
| --- | --- |
| **Health services** seek expressions of interest from their employed enrolled nurses *(Completed)* | **June 2023** |
| **Health services** submit applications to Department *(Completed)* | **4 August 2023** |
| Department provides funding to health services for cohort 2, year 1 scholarships | **September 2023** |
| **Health services** report/confirm actual enrolments in semester 2, year 1 of EN-RN transition program | **April 2024** |
| **Health services** report/confirm actual enrolments semester 1, year 2 | **September 2024** |
| **Department** provides funding to health services for cohort 2, year 2 scholarships | **October 2024** |
| **Health services** report actual study completion data and 2025 employment activity to department | **November 2025** |
| **Department** provides funding to health services for cohort 2, year 3 scholarships | **December 2025** |
| **Health services** report actual 2026 employment activity to department | **September 2026** |
| **Department** provides funding to health services for cohort 2, year 4 scholarships | **October 2026** |

## 4. Postgraduate Midwifery (Employment Model) Incentive Program

### 4.1 Overview

The Postgraduate Midwifery Incentive Program aims to encourage the growth of the Victorian midwifery workforce with a principal focus on addressing challenges in rural and regional areas. The Program will continue to be supported through the ‘Making It Free to Study Nursing and Midwifery’ initiative (the initiative) which will support 150 places over three years to 2025-26.  
The Program complements, and is in addition to, the Department of Health’s existing Postgraduate Nursing and Midwifery Education Training and Development Funding.   
  
4.2 Funding purpose

The program provides Registered Nurses with an opportunity to undertake postgraduate studies in midwifery and meet clinical experience/supervision requirements while being employed by a health service. The model offers employment for nurses during their studies and is a valuable approach to increase local midwife supply.

The program continues the initiative from the Nursing and Midwifery Workforce Development Fund and provides health services with $60,000 per position to support 150 registered nurses over three years to embark on postgraduate midwifery studies through an employment model.

### 4.3 Funding principles

Health services have indicated that financial support is a significant barrier to undertaking a midwifery qualification for many students. One pathway is through a postgraduate midwifery employment model where registered nurses undertake the midwifery qualification while being employed in a health service. This provides income support and access to supervised practice while receiving an income.

The program aims to incentivise growth in the midwifery workforce and support delivery of clinical midwifery services. As there are a limited number of places available each year, the principles underpinning the allocation of program funding include:

* prioritising midwifery workforce growth in rural and regional areas
* supporting growth in the number of nurses undertaking a postgraduate midwifery program through an employment model over 2022-23 baseline activity (i.e. baseline activity for a health services is the average number of their reported 2022 and 2023 Postgraduate Midwifery Employment Model students). NB: the baseline has been updated from the previous baseline used under the Nursing and Midwifery Workforce Development Fund.
* consideration of maternity and newborn workforce vacancies as reported through the Nursing and Midwifery Vacancy dashboard
* consideration of yearly birthing rates as reported through the Victorian Admitted Episodes Dataset.

Health services must also administer the program in line with Nurse and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2022-2024.

### 4.4 Application process 2023-24

Health services must report indicative 2024 student commencement numbers in October 2023. This information will be used to tentatively allocate the available places according to the funding principles listed at 4.3. Health services will be informed of indicative funding allocations. Health services are then required to report actual student commencements through HealthCollect in February-March 2024.

### 4.5 Prioritisation of applications

The funding will be allocated across two stages:

1. The first stage will prioritise funding for rural and regional health services. Should indicative student numbers, as reported in October 2023, exceed the funding pool, the number of funded places will be allocated with consideration given to the funding principles listed at 4.3 i.e., equitable distribution, maternity and newborn workforce vacancies and the reported birth rates at the local health service over previous years.
2. Stage two will allocate any remaining funding to support students across metropolitan health services with consideration given to similar principles as for rural and regional health services.

Note: if stage one exhausts all funding, stage two will not be required.

### 4.6 Indicative dates and reporting requirement 2023-24

|  |  |
| --- | --- |
| **Action** | **Indicative Date** |
| **Health services** report indicative 2024 student commencement numbers via the online form at Jotform | **October 2023** |
| The Department of Health notifies all health services of indicative funding allocation for 2023-24 (financial year) | **November - December 2023** |
| **Health services** report through HealthCollect all postgraduate program activity, including the actual number of nurses undertaking postgraduate studies in midwifery through a Postgraduate Midwifery Employment Model | **February – March 2024** |
| **Health services** are notified of Postgraduate Midwifery Incentive Program funding allocation | **April – May 2024** |
| **Health services** report Postgraduate Midwifery Incentive Program outcomes | **February – March 2025** |

### 4.7 Eligibility criteria

Health services and program participants must meet the overarching eligibility requirements.

#### Health service eligibility

To be eligible for program funding, health services must:

* Commence the employment model program within 2023-24 financial year
* submit one form with indicative 2024 numbers that includes all campuses (where applicable)
* report maternity and newborn vacant EFT through the Nursing and Midwifery workforce dataset and birth rates/activity through the Victorian Admitted Episodes Dataset.

Health services are encouraged to consider and implement partnership models where students can obtain relevant experience and supervision across multiple health services; thus, expanding the opportunities that enable a student midwife to complete their course requirements and to utilise a postgraduate midwifery employment model.   
  
To receive funding, public health services must meet the department’s Training and Development Funding Program Guidelines eligibility criteria specific to Postgraduate nursing and midwifery education - Postgraduate midwifery education (employment model only). Program guidelines are available at: <https://www2.health.vic.gov.au/health-workforce/education-and-training/training-development-grant>

### 4.8 Funding conditions

To receive funding, health services are expected to commence all Postgraduate Midwifery (Employment Model) Incentive Program in the 2023-24 financial year. Health service activity commenced prior to then will not be funded. Funding may be adjusted or recalled if planned activity does not occur.

Health services must report as stipulated to the department, ensuring accurate reporting through HealthCollect.

By accepting this funding, a health service agrees to:

* maintain corporate knowledge and record-keeping of program details, including appropriate handover should coordinating staff leave
* adhere to reporting timelines and respond to departmental requests for reporting accurately an in a timely manner
* adhere to the latest Department of Health Policy and Funding Guidelines – see this website for details [Policy and funding guidelines for health services | health.vic.gov.au](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services).

### 4.9 Reporting requirements

In accepting Postgraduate Midwifery Incentive Program 2024 funding, health services agree to report additional program information beyond current requirements on request from the department. This may include, but is not limited to, the number of students employed in the health service on completion of the program.

## 5. Nursing & Midwifery Postgraduate Scholarships

### 5.1 Overview

As part of the *Making it Free to Study Nursing and Midwifery* initiative the Department of Health is offering scholarships 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.

This initiative aims to build workforce capability through upskilling and developing the next generation of nurses and midwives.

Funding is available for registered nurses and midwives commencing postgraduate studies in Semester 2, 2023 and Semester 1, 2024. Funding for these scholarships will be processed and allocated to health services in April 2024.

In addition, targeted funding (for 15 scholarships) is available to support registered nurses to undertake postgraduate midwifery studies in rural public health services, which provide maternity services. These are managed by five regional consortia fundholders.

Please note that recurrent funding (based on nursing and midwifery FTE) is being paid to metropolitan health services and regional consortia fund holders under the nursing and midwifery postgraduate scholarship funding stream. This funding will be adjusted once health services report details of their eligible postgraduate students to the department.

A summary of indicative dates for the program in 2023-24 is provided below.

### 5.2 Program eligibility

Eligible applicants must fulfill all of the following requirements:

* be a currently registered nurse or midwife with the Nursing and Midwifery Board of Australia
* be an Australian citizen, a New Zealand citizen (or dual citizenship holders of either Australia or New Zealand), an Australian permanent resident or an Australian permanent humanitarian visa holder
* be employed in a Victorian public health service
* be enrolled in Semester 2, 2023 or Semester 1, 2024 in an eligible postgraduate program that leads to a tertiary qualification in one of the clinical practice areas identified by the health service or department
* not already hold an award qualification in the practice area for which the scholarship is sought
* have not previously received a scholarship (from government, private and not-for-profit organisations) to study in the practice area for which the scholarship is sought.

In addition, applicants must:

* agree to complete the course at 0.6 EFT or above and then work in the target area of practice in the Victorian public health service that awarded the scholarship for a period of one year at a minimum of 0.6 EFT, or pro-rata equivalent, following completion of the postgraduate course.
* 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.

For any change in circumstance (including course withdrawal, deferral and unit failures), the scholarship recipient must notify their employer within 1 week of the change in study arrangements. If planning to recommence study in the same year, funds do not need to be returned. If the scholarship recipient does not return to study in the same year, the scholarship funds will be recalled.

Please note, **the value of the scholarship will cover the out-of-pocket course fees incurred for the first twelve months of the postgraduate course only.**

**Health service requirements:**

* Dissemination of information regarding scholarships, managing the application process, disbursing funds and monitoring outcomes of the scholarship program
* Submit details about eligible students, their areas of study and out-of-pocket course fees to the department. The department will use this information to allocate funding to each health service, and funding adjustments (including additional funding, where required) will be made via MAPS payments in April /May 2024
* Health services are accountable for determining the areas of practice in which they wish to provide scholarships

### 5.3 Determining local priorities for 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.

The following priority clinical areas for 2023-24 have been identified by the department:

* Midwifery
* Aged Care
* Intensive care
* Emergency
* Oncology
* Paediatrics

### 5.4 Course requirements

Scholarship applicants must be enrolled in a course that:

* is delivered by a university or an accredited higher education provider (please note, courses provided by Victorian education providers will be prioritised for scholarships)
* lead to an award qualification at postgraduate level, including Graduate Certificate, Graduate Diploma or Master(s)
* have 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.
* have a dedicated clinical educator and/or clinical support staff, employed by the health service.
* include clinical nursing practice related to the area of study.

Rural and Isolated Practice Endorsed Registered Nurse (RIPERN) course applicants will be eligible for postgraduate scholarships, despite RIPERN being excluded from other postgraduate training and development funding.

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;
* Nurse Practitioners, as funding is available for health services to support nurse practitioner candidates through scholarships and candidate support packages.

### 5.4 Targeted Regional and Rural Midwifery Scholarships

Funding will also be provided to the five rural health consortia to provide three targeted rural midwifery scholarships for each region. The fund holder in each region will be responsible for coordinating the application and selection process of the three targeted midwifery scholarships for their region. The department will fund any out-of-pocket course costs and will also fund an additional $3,500 per candidate for additional educational expenses (such as travel costs).

The regional consortia fund holders be responsible for managing the scholarship allocation process fairly and transparently, and reporting to the department. The fundholders for each consortia are:

* **Barwon region:** Barwon Health
* **Loddon Mallee Region:** Bendigo Health
* **Gippsland Region:** Latrobe Regional Hospital
* **Grampians Region:** East Grampians Health Service
* **Hume Region:** North East Wangaratta

**All health services will manage their own nursing and midwifery postgraduate scholarship processes, including applications, allocations and reporting with the exception of the targeted regional midwifery scholarships** (as detailed below).

In 2023-24, the following arrangements apply:

* Based on feedback from the Semester 1 intake, and to avoid duplication, **all regional and rural midwifery applicants will be recorded on the regional fundholder’s spreadsheet only**. This means that each heath service will need to send the details of all their midwifery applicants commencing postgraduate study in Semester 2, 2023 and Semester 1, 2024 to their respective fundholder, who will then in turn include these applicants for their region on their reporting spreadsheet.
* We suggest that each health service mark their eligible midwifery applicants on a separate spreadsheet and send through to their regional fundholder (together with application forms if required). Regional fundholders will then ‘cut and paste’ this information into their reporting spreadsheet.
* As per usual process, each of the five fundholders will review and select three midwifery scholarship applicants for their region and mark these clearly on their respective spreadsheets.
* All midwifery scholarship funding allocations will be sent directly to the individual health service.
* The fundholders are required to inform health services of the three successful targeted scholarship applicants for their region, as the department only collects de-identified information.
* The department will provide each health service with a spreadsheet detailing approved scholarship applicants (including funding allocations for each applicant).

The table below outlines the indicative timelines for the Nursing & Midwifery Postgraduate Scholarship Program.

|  |  |
| --- | --- |
| **Action** | **Indicative Date** |
| Email update sent to Health Service Executive Directors of Nursing/ Directors of Nursing on the Nursing & Midwifery Postgraduate Scholarship program in 2023-24 – this includes application templates and a reporting spreadsheet for scholarship recipients | **October 2023** |
| Health services promote the program and recruit eligible staff to their nursing and midwifery postgraduate programs.  Health services sight university invoices to confirm out-of-pocket course fees for each applicant. | **October 2023 – February 2024** |
| Health services submit details about eligible students, their areas of study and out-of-pocket course fees to the department. The department will use this information to allocate funding to each health service. | **3 March 2024** |
| Health service CEOs notified of funding outcomes via e-letter.  Funding adjustments (including additional funding, where required) will be made via MAPS payments in April/ May2024.  Health services to disburse funds to successful applicants no later than May 2024. | **April/ May 2024** |

## 6. Enrolled Nurse Transition to Practice Programs

This funding stream supports the coordination and delivery of graduate programs for newly registered enrolled nurses in their first year of practice. It provides an employment pathway for enrolled nurses completing a Diploma of Nurses. It supports newly registered Enrolled Nurse graduates to achieve consolidation of knowledge, skills, and competence, and transition to practice as safe, confident, and accountable professionals Additionally, it provides a strong pipeline of Enrolled Nurses who can transition to become registered nurses through the EN to RN scholarships.

Funding is available for Victorian public health services to design, implement and evaluate transition to practice program for Enrolled Nurses to grow their local workforce. In 2023-24, 85 places are available and will be targeted to rural and regional areas only. Seventeen places will be available to each of the **five rural health consortia**. The fund holder in each region will be responsible for coordinating the application and selection process of the seventeen places for their region.

Health services in rural and regional areas may apply for funding directly to their relevant rural health consortia through an expression of interest process and must address priority and eligibility criteria. Funding allocations are dependent upon demand and assessment of applications. The funding amount per funded graduate is provided in Table 4.

Enrolled nurse transition to practice funding: Eligible funding per graduate

| Funding type | 2021-22 | 2022-23 | 2023-24 |
| --- | --- | --- | --- |
| Per graduate | $19,412 | $19,858 | $20,329 |

Health services that receive funding are expected to deliver workplace-based programs that help new enrolled nurses to consolidate their knowledge and skills and transition 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* (](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.

#### Interchangeability of graduate funding

In the event that a health service is unable to secure a nursing midwifery transition to practice graduate the funding may be used employ an enrolled nurse in the enrolled nurse transition to practice program or vice versa.

## 7. Programs Funded Outside Health Services

## 7.1 Undergraduate (entry-to-practice) Nursing and Midwifery Scholarship Program 2023-24

### Background

The Undergraduate (entry-to-practice) Nursing and Midwifery Scholarships Program aims to train and upskill the next generation of registered nurses and midwives through scholarships which reduce financial disincentives associated with undertaking an undergraduate (entry-to-practice) nursing or midwifery degree, including the costs of clinical placements.

### Funding eligibility and allocation

Information regarding eligibility and application processes is provided on the department’s website. <https://www.health.vic.gov.au/nursing-and-midwifery/undergraduate-nursing-and-midwifery-scholarships>

Funding is provided by the Department of Health and delivered in partnership with the Department of Government Services (DGS) and the Department of Jobs, Skills, Industry and Regions. Applications should be submitted via the Business Victoria scholarship portal. Scholarship funds are administered by DGS and provided directly to the nominated bank account of eligible scholarship recipients.

### More information

Further information, including funding guidelines and FAQs can be found on the Business Victoria website <https://business.vic.gov.au/grants-and-programs/undergraduate-nursing-and-midwifery-scholarships-program>

For any queries regarding the Undergraduate (entry-to-practice) Nursing and Midwifery Scholarship Program please email the DGS team at nams@ecodev.vic.gov.au

## 7.2 Re-entry pathway scholarships for nurses and midwives 2023-24

### Background

The re-entry pathway supports those who have previously held registration as a registered nurse or midwife in Australia, but do not meet the current requirements of the [Nursing and Midwifery Board of Australia (NMBA)](https://www.nursingmidwiferyboard.gov.au/) to hold registration. The funding support will contribute to course costs and associated living expenses during study, including while completing clinical placements.

### Funding eligibility and allocation

Information regarding eligibility and application processes is provided on the department’s website: <https://www.health.vic.gov.au/nursing-and-midwifery/re-entry-pathway-scholarships-for-nurses-and-midwives>

### More information

For any queries regarding the re-entry pathway scholarships please email the department at [nmw@dhhs.vic.gov.au](mailto:nmw@dhhs.vic.gov.au)

## 7.3 Nursing and Midwifery Graduates Sign-on Bonus 2023-24

### Background

As part of the department’s commitment to strengthen Victoria’s nursing and midwifery workforce, a sign-on bonus of $5,000 is available to nursing and midwifery students who graduate between 2022 and 2024 and commence their careers with a Victorian public health service.

This funding will assist health services to attract and retain graduate nurses and midwives, and contribute to building the strength, capability and resilience of Victoria’s nursing and midwifery workforces.

### Funding eligibility and allocation

To be eligible, applicants must graduate in 2022, 2023 or 2024 and start their career in a Victorian public health service, working for at least 2 years.

Information regarding eligibility and application processes is provided on the department’s website. <https://www.health.vic.gov.au/nursing-and-midwifery/nursing-and-midwifery-graduate-sign-on-bonus>

Funding is provided by the Department of Health and delivered in partnership with the Department of Government Services (DGS) and the Department of Jobs, Skills, Industry and Regions. Applications should be submitted via the Business Victoria scholarship portal. Scholarship funds are administered by DGS and provided directly to the nominated bank account of eligible scholarship recipients.

### More information

For any queries regarding the sign-on bonus please email the department at [nmw@dhhs.vic.gov.au](mailto:nmw@dhhs.vic.gov.au)

## Appendix 2a: Eligible Local Government Area border communities:

Eligible Local Government Area border communities:

|  |  |
| --- | --- |
| New South Wales | **South Australia** |
| Balranald Shire  Bega Valley Shire  Berrigan Shire  City of Albury  City of Broken Hill  City of Wagga Wagga  Edward River Council  Federation Council  Greater Hume Shire  Hay Shire  Lockhart Shire  Murray River Council  Murrumbidgee Council  Snowy Monaro Regional Council  Snowy Valleys Council  Wentworth Shire | Berri Barmera Council  City of Mount Gambier  District Council of Grant  District Council of Loxton Waikerie  District Council of Robe  Kingston District Council  Naracoorte Lucindale Council  Renmark Paringa Council  Southern Mallee District Council  Tatiara District Council  Wattle Range Council |