

HealthWorkforce
AUSTRALIA

National health workforce reform agenda

Supporting student growth through
expanding clinical training capacity

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National health workforce reform agenda

COAG and health workforce reform 2008

- National Partnership Agreement (NPA) provides \$1.6B for
 - Expanded clinical training capacity (subsidies, supervisors)
 - Expanded clinical training through SLEs and infrastructure
 - Consolidating and facilitating international recruitment
 - Workforce redesign strategies and programs
 - National health leadership program
 - Additional specialist training posts
 - Research and planning capacity
- The NPA provides a focus for developing partnerships between the health, higher education and Government and non government sectors

Health Workforce Australia

- Legislation enacted July 2009 - Cwlth statutory authority
- Board – jurisdictions (9), independent Chair (Hon Jim McGinty) and 3 other directors
- Reports to Australian Health Ministers Conference (AHMC)
- Headquarters in Adelaide - CEO commenced 27 Jan 2010
- Progress the NPA national agenda focussed on
 - Innovation and reform
 - Research and workforce planning
 - Clinical education and training
 - International recruitment
- Transition of National Health Workforce Taskforce (NHWT) work program to HWA

Clinical education and training

- The NPA allocated over \$1.2 billion over four years to
 - Maximise capacity of the health and education systems to provide sufficient trained graduates to meet demand
 - Ensure education and training is appropriate, responsive and relevant to changing health system needs and supports innovation and reform
- A focus on
 - Partnership between the health and education sectors
 - Training in settings more appropriate to health system and consumer needs
 - Inter-professional learning and placements
 - Competency based, not solely time based learning

Clinical supervisor support

- \$28m Cwlth funding is provided for improving clinical supervision capacity and competence in clinical training
- Quality of supervision is the key influence on the quality of the clinical placement
- Build up and support clinical supervisors
- National framework under development focussing on supervisor competency, quality, vertical integration of training and expanding supervisor capacity

Simulated learning environments

- \$96.5m committed by the CwIth
 - Capital works – development of new centres and/or re-development/expansion of existing centres
 - Mobile programs
 - Recurrent funding for equipment & staffing
- Will encompass both high and low fidelity training needs
- Focus on
 - Improving clinical training capacity
 - Improving accessibility (particularly for rural locations)
- A national strategy will be developed to clarify learning value, integration with curriculum and providing recurrent business models for SLE viability

Clinical training funding

- The NPA
 - Recognises increased clinical training demand on the health and aged care systems due to growth in students
 - Provides, growth in clinical training capacity across public and non-government health and aged care settings to support more students in these settings
- On 22nd April 2010 the AHMC agreed a Request for Proposal (RFP) process would be undertaken by HWA
- The primary objective of the RFP is to support growth
- State and Territory Health Ministers have committed to the maintenance of current funding and effort in clinical training to support current student numbers

Clinical training funding

- The RFP is seeking proposals to support student growth by growing clinical training capacity
- The aim is to increase the overall capacity for quality clinical training, with incentives and support for clinical training in non-traditional and underserved settings
- Funding provided will
 - Support growth of students and clinical training placements
 - Address clinical training across eligible disciplines, settings and locations with particular focus on underserved or priority need placement types
 - Allow once-off capital purchases, initiatives and works to increase training capacity

Clinical training funding

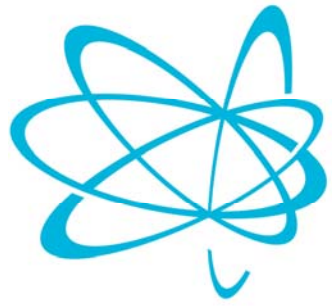
- Total Cwlth funding available is up to \$145m annually for 2010/11 to 2012/2013 FYs (supporting student growth and clinical training capacity in the 2011 to 2013 academic years)
- In the first year funding structured in two components
 - Core Funding Pool of \$139m for growth in clinical student places and clinical training on top of the agreed 2010 baseline
 - A one off additional \$70M Incentive Pool to support growth in under serviced areas

Clinical training funding

- All clinical training settings will be covered, however, priority and additional support will be given to creating and growing “under serviced” or high need areas
 - Rural and remote
 - Primary care
 - Community care
 - Dental
 - Mental health
 - Aged care
 - Private/non-government settings
- Proposals to support settings where clinical training placements have been reported as being difficult to establish may also be considered

Clinical training funding-implementation

- RFP release 15/5/10 with response date of 15/6/10
- Decision on successful proposals and funding envelope in July 2010 (anticipated) and successful respondents notified for the purposes of entering negotiations
- Service Level Agreements will need to be finalised in time for the commencement of 2011 academic year covering funding allocations, agreed student numbers and clinical training places
- National clinical training performance indicators and reporting will be developed by HWA



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