



Special Commission of Inquiry into Healthcare Funding

Submission Number: 168
Name: Health Education and Training Institute
Date Received: 17/11/2023



Submission to the Special Commission of Inquiry into healthcare funding

17 November 2023

Acknowledgement of Country

Health Education and Training Institute acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

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1 Introduction

Thank you for the invitation to provide a submission to The Special Commission of Inquiry into healthcare funding. As an organisation dedicated to advancing health education and training, we recognise the critical importance of the Commission's work in assessing and improving the funding mechanisms within the NSW Health system. We are committed to contributing our insights and experiences to assist in the Commission's understanding of the current state of health funding and its impact on education and training initiatives.

Health Education and Training Institute (HETI) has a fundamental role in shaping the future of healthcare through its focus on education, training, and workforce development. Our submission provides detail on the crucial work of HETI and addresses the terms of reference set forth by the Commission.

Within the current economic environment and budgetary pressures, there are opportunities to consolidate and rationalise education and training. HETI has undertaken significant quality activities to ensure high quality cost effective state-wide education and training. HETI would welcome a state-wide review of education and training to identify system-wide efficiencies and economies of scale

1.1 About HETI

The Health Education and Training Institute (HETI) is the leading provider of high-quality training and education to support more than 110,000 clinical and non-clinical staff, trainers, managers and leaders across the NSW Health system.

1.2 Functions of HETI

HETI works in collaboration and partnership with the Ministry of Health, Local Health Districts (LHDs) and Specialty Networks (SNs), health professionals, and a wide range of stakeholders in the design and delivery of quality evidence-based training. Importantly for equitable access and input. NSW Health established the District HETI Operational Model as a process to manage the collaborative work of identifying, designing, and delivering priority education and training for LHDs and SNs and the broader NSW Health. The Determination of HETI functions can be found at Appendix A.

HETI's work is diverse and includes, but is not limited to:

- eLearning modules delivered through **My Health Learning** (a digital platform dedicated to e-learning) on clinical care and pathways of learning, these clinically focused learning modules are developed to support best practice in healthcare delivery. For example, topics such as *Violence Prevention*, *Refugee Health*, through to *Clinical Care of People* for patients presenting with a diverse range of health care needs, including a focus on those who may be suicidal, are available on the site. This platform is also used for mandatory training and has an inbuilt recording mechanism to capture staff completions against their unique staff identifier within the NSW Health e-system.
- Workshops and programs of learning on topics such as managing health resources, leadership capability development, people management through to intensive programs of learning designed to develop NSW Health's future leaders.
- Management of scholarships and grants in areas of need to enable participation in educational opportunities.

- Managing and supporting Junior Medical Officer internships on behalf of the State and medical speciality training Networks.
 - Rural and remote education through mobile simulation centre and Rural Research Capacity Building program. State-wide educational programs that support medical professionals in rural and remote NSW.
 - TEQSA accredited postgraduate Certificate, Diploma, and Masters level courses in Mental Health.
 - A variety of improvement projects to impact recruitment, education and training and retention.
 - Undergraduate clinical placements for students from universities and TAFE through **Clinconnect** in support of the pipeline of training and education of the next generation of health work force.
 - Webinars on key topic areas and emerging new areas of clinical practice and health research findings relevant to education and training.
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1.3 History of HETI

The Health Education and Training Institute (HETI) was formed as a new Statutory Health Corporation on 2 April 2012 following a Ministerial Review of Future Governance for NSW Health.

In 2008 the Garling Report into Acute Care Services in NSW Public Hospitals produced a review of the hospital system and highlighted the changing demographics and demands on the NSW Health system and the need for proportionately more care distributed across the state to support skilled and trained clinicians.

This led to several recommendations of a patient centred approach that would operate on the principles of:

- bottom-up reform driven by clinicians;
- evidence based best practice models of care;
- strengthening the training of new clinicians in better, safer treatments;
- safety and quality of public hospital care should be the highest priority of the public hospital system, and that its employees need to implement this at the individual patient level.

HETI continues to have a key role and has matured overtime to provide a coordinated and systematised approach to education and training to support the performance of hospitals, clinicians at all levels and including non-clinical staff; with a focus on person centredness within care delivery and evidence-based practice.

1.4 District HETI

The District HETI model was instituted by the Ministry of Health after consultation with the then Chief Executives of the Local Health Districts. The District HETI Operational model has a process to manage the collaborative work of identifying and delivering priority education and training for Local Health Districts and Speciality Networks.

This model utilises the expertise of people within NSW Health as contributors and collaborators with the design, development, and production of training and education. The Ministry of Health,

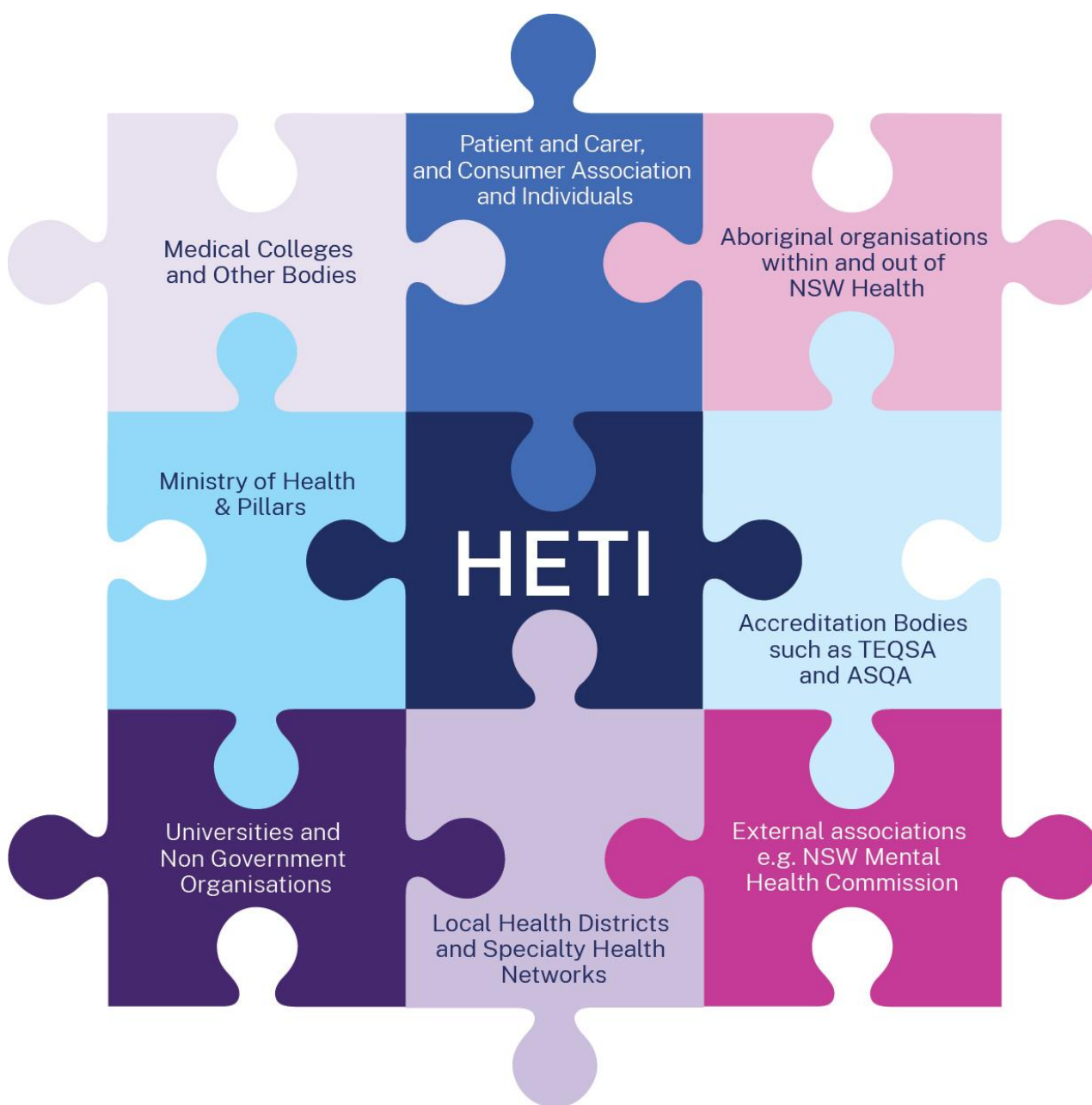
Pillars, LHDs and individual professional and non-professional staff are involved, as are consumers, professional associations and colleges, and government and non-government organisations as appropriate to the development required.

The District HETI model recognises the importance of producing education and training that is identified as required by the LHDs. Each LHD supplies a contribution to the production costs either through provision of staff or financial support. Staff that are working in District HETI have the opportunity of working within HETI and the upskilling that HETI supports them when they return to the LHD they take these superior skills with them.

Appendix B provides more detail about the District HETI model.

2 HETI communication and collaboration pathways

The following diagram represents the pathways of communication and collaboration that HETI currently has, and uses, to fulfil its functions and critical activities. Note that each link is a two-way communication and collaboration around ideas, design, development, and delivery. HETI has a monthly HETI update visual digital newsletter to advise on new educational opportunities, products or what's coming.



Examples of the partnering and collaboration illustrated above includes:

- Partnering with the Ministry of Health for identified strategic projects such as the Finance Procurement and Asset Management Academy and the Leadership Academy, and talent development programs
- Child and Family health in support of aboriginal health and child health initiatives
- Paediatric aboriginal health education in partnership with the Ministry of Health
- Working with key NSW Health Pillar agencies as collaborators to identify, design, develop and deliver education and training to support NSW Health initiatives, new polices and changes to key models of care. For example, the current *Towards Zero Suicide* project requires collaboration with the Mental Health Branch, Agency for Clinical Innovation, and Clinical Excellence Commission. Changes to models of care for implementation in the health workplace, such as Virtual Care, requires education and training and close collaboration with the Clinical Excellence Commission
- Strong and effective relationships with Workforce Planning and Talent Development support initiatives and training around critical workforce pipelines, positive changes to processes to support improved attraction, appointment, and retention of staff, and scholarship initiatives development and support.
- The liaison with clinical and other staff as Subject Matter Experts in the design, development and delivery of all HETI education and training products is a key component of HETI's operation. This collaboration supports expertise from within the system to inform change through education. The Subject Matter Experts view their role as positively supporting their workplace teams, as well as their professions and/or interprofessional operations within NSW Health. The experience assists their workplaces with the enhanced understanding of both the changes that the programs are designed to make, as well as their workplace understanding and engagement with initiatives being implemented statewide.

3 Current critical tasking

There are a range of critical tasks undertaken by HETI that support and develop key workforce professionals, manage educational placement and development, provide pathways to qualification through professional development, stackable credit and formal award courses, and develop and support mandatory and optional training and education. Some key areas are detailed in this section.

3.1 Key vocational training development and support

HETI has responsibility for overseeing key medical vocational training programs within NSW including:

- Basic Physician Training
- Paediatrics
- Psychiatry
- Emergency Medicine
- Radiology

- Advanced General Medicine
- Medical Administration

In addition, HETI delivers and maintains Royal Australian and New Zealand College of Psychiatrists (RANZCP) accredited Postgraduate psychiatry training through formal education course in HETI higher education as well as supporting recruitment with placement for psychiatry trainees. There are 553.3 FTE Psychiatry training placements across the five years of training.

HETI's role with vocational trainees is unique in that there is no organisation in the other States with similar responsibilities in this area. HETI's role is to support vocational training networks through working with health services and the respective relevant Colleges to ensure the delivery of high quality training, no matter where the trainee is located.

HETI is responsible for supporting some, but not all, vocational training networks and this, at times, creates confusion with health services and trainees. This confusion would be avoided if HETI was given responsibility to support all vocational training programs.

3.2 Continuing Professional Development Home (CPD Home)

The Australian Medical Council has recently accredited HETI, subject to Medical Board of Australia approval, as a Continuing Professional Development Home (CPD Home). As a CPD Home, HETI will have oversight of the mandatory professional development activities of a group of trainee doctors who work in "unaccredited" roles in the public health system (See Appendix C). These trainee doctors may elect to join HETI as their CPD Home. There are other organisations accredited by the Australian Medical Council as CPD Homes. HETI's planned business model relies on sufficient trainee doctors joining HETI CPD Home to cover costs. Given cost of living pressures it is expected that many trainee doctors will join other CPD Homes based solely on cost. The period of 'unaccredited training' may last for many years.

3.3 Leadership and management courses

Senior leaders in NSW Health benefit from having Health system perspective leadership development. HETI has designed and delivered 5 major leadership programs, delivery dependant on funding – combination online and face to face, including:

- The **Health Leadership Program** – delivered within an organisation enabling a group of key influencers from junior to senior leaders to apply transformative leadership to complex workplace challenges.
- **Senior Executive Development Program** – for senior leaders across NSW to develop adaptive leadership exploring statewide complex problems.
- **Finance Executive Development Program** – for finance leaders to collaborate, learning leader skills in high level business partnering approach.
- **General Manager Program** – developing key people leaders skills in complex environments for facility managers across the state.
- **Next Generation of Leaders and Managers** – a two-year development, providing qualification and opportunities of learning complex statewide systems.
- **Medical Leadership and Management Program** – provided leadership and management training for senior doctors working the NSW Health system.

Further opportunities to meet and learn are in the:

- **Leadership Quarters** – statewide hybrid forums for nominated leaders to explore contemporary issues
- **Facilitation Development Program** – building facilitation skills for improved communication, learning and meeting processes for leaders, clinical educators and managers, with an ongoing Community of Practice
- **People Management Skills Program** – offering 24 hours of development, is a HETI flagship program.
- **Finance Management Essentials Series** – providing foundations in finance management.
- **CORE Chat – Values in Action** – provides a basis for positive workplace culture – is open to all NSW Health staff and for some is mandatory.

Appendix D provides engagement figures for the leadership programs.

3.4 Finance Procurement and Asset Management Academy

HETI are working with the Chiefs of Finance, Procurement and Asset Management and their senior and LHD base staff to develop the Finance Procurement and Asset Management Academy. This academy provides clear pathways to success through identifying NSW Health needs in each of these areas to attract, develop and retain expertise in these, and associated, professions. The Academy draws together existing resources with designed educational sequences to support staff to engage with learning that provides them with an individual pathway to progress their careers, while supporting NSW Health with appropriately educated and experienced staff from initial inclusion to succession for high level senior roles.

The Academy is a collective organisation with HETI and the three streams of Finance, Procurement and Asset Management working together to develop appropriate education and training where necessary. Collaboration between educators and staff in these areas is producing focused, interesting material designed to ‘join-the-dots’ with existing resources, both internal and external. Additionally, where there is a gap to fill, the Academy plans to develop microcredentials to support staff on pathways to qualification.

The Academy model is planned to support development of a Leadership Academy and Management Academy in the future, noting that these will have education available within the Higher Education and/or RTO space to formally recognise the achievement.

3.5 Prevocational training

HETI is responsible for allocating final-year medical students to intern posts. Successful completion of the intern year is a requirement by the Medical Board of Australia (MBA) before a doctor can gain full registration. This is a large program with over 1000 intern places to be filled for 2024.

To this end, HETI is accredited by the Australian Medical Council (AMC) as the prevocational accreditation authority for NSW to accredit training positions for prevocational trainees in their first (intern) and second years. These positions totalling over 2000 are spread over approximately 65 hospitals in NSW.

HETI is also responsible for providing leadership and oversight of the implementation from 2024 of the National Framework for Prevocational Medical Education as developed by the Australian Medical Council.

3.6 Locums

The current workforce shortages are resulting in the need for hospitals to fill vacant positions through the use of locums. Any doctor once they have gained full registration at the end of their intern year is free to join a locum agency and fill vacant positions. As locums may work in multiple hospitals, there is not an individual or organisation who has responsibility for ensuring their clinical skills and knowledge are current. This is potentially a risk to safe patient care. It is hoped that the establishment of HETI CPD Home (3.2) may reduce this risk. As noted above, doctors are free to choose their CPD Home and many doctors will consider cost as a key factor in their decision on which CPD Home to join. Financial assistance to HETI to subsidise the cost of the HETI CPD Home program would enable a larger number of trainee doctors currently engaged in NSW Health services to join HETI CPD Home.

3.7 My Health Learning

My Health Learning (MHL) provides statewide access to over 2000 online learning modules and resources for all staff employed in NSW health. The MHL system is well utilised by health staff with data demonstrating that eLearning completions are close to 500,000 per year (2020, 2021 and 2022).

MHL enables responsiveness with state-wide reach to rapidly upskill health workforce efficiently as seen during the COVID-19 pandemic.

3.8 Student Placements

HETI is responsible for Student Placements within NSW Health from a range of universities and TAFE to contextualise learning to the health environment. Our Registered Training Organisation (RTO) also has key programs supporting the NSW Health student workforce pipeline through clinical and non-clinical training. These programs support individuals to pursue further study and careers in NSW Health. The disciplines supported by HETI are listed in Appendix E.

- In 2013, NSW Health delivered 8,418,124 hours of clinical placement instruction and supervision for 24,156 students in 22 clinical disciplines.
 - In 2022, NSW Health delivered 11,164,357 hours of student placement instruction and supervision for 30,558 students in 62 clinical and non-clinical disciplines. Placements are offered to VET Schools students studying with TAFE NSW and the NSW Health Registered Training Organisation.
 - Through Student Placement Agreements, NSW Health currently partners with 94 Australian Education Providers in the Vocational Education and Training (VET) and Higher Education sectors from all States and Territories. NSW Health supports students on placement to complete their qualifications and consider careers in NSW Health. This includes students from a range of large workforces, such as nursing and medicine, to small but critical workforces, such as radiopharmaceutical science. As NSW Health priorities change, Local Health Districts/Networks adjust their student placement disciplines and models of supervision. Allied Health Assistant placements, for example, have tripled over a 10-year period.
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3.9 NSW Health Registered Training Organisation (RTO)

- NSW Health RTO supports the student pipeline by delivering Nationally Recognised Training to upskill staff members to better perform in their roles or progress into other roles.
- The RTO trains non-NSW Health staff to complete the Diploma of Nursing and VET in Schools programs. These students may progress directly into short-term employment in NSW Health upon completion.
- Programs delivered by the RTO's delivery sites to their local staff and school communities are based on local priorities addressing skills gaps.
- In the financial year 2022-2023, NSW Health RTO trained over 1,000 students, including approximately 500 VET in Schools students.

3.10 HETI Higher Education

HETI Higher Education supports a range of accredited courses as well as professional development microcredentials that support students with multiple possible pathways through just-in-time learning to formal awards. We are accredited with TEQSA and the RANZCP and carry other accredited workshops with RACGP and ACRRM.

- Formal TEQSA accredited courses in Applied Mental Health Studies engage with 163 students in award courses and 212 in professional development with stackable credit options.
- Our RANZCP accredited Postgraduate Course in Psychiatry has 252 psychiatry trainees enrolled. We educate 66% of all NSW Health psychiatry trainees in stages 1 and 2.
- Our Advanced Child and Adolescent Psychiatry course currently has 33 students. This encompasses 100% of all Advanced Child and Adolescent Psychiatrist trainees in NSW.
- Introduction to Leadership in Psychiatry (Stage 3 mandatory activity with this being only option that aligns with NSW Health leadership principles as well as RANZCP, and does not increase cost of training to trainees. The goal is to encourage continuation in NSW Health on becoming a psychiatrist).
- Psychiatry for Junior Medical Officers (pre-entry to psychiatry training to enhance experience and encourage choosing psychiatry as a career).

3.11 Support for Recruitment, education and retention in Psychiatry

HETI has commenced centralised recruitment and increased support for the accredited Postgraduate Course in Psychiatry. New applicants to psychiatry increased from 165 in 2019 to 174 in 2023 as a result of the centralised recruitment process change. The proportion of eligible positions filled increased from 80 % in 2019 to 99.3% in 2023. In 2019, 130 of 163 positions were filled; in 2023 this was 140 filled for 141 vacancies.

For reference there are 1091 psychiatrists working in NSW (2018 figures) with 30% in the public sector and 36% in the private sector. The remainder work in both public and private settings. (NSW Health Psychiatry Workforce Plan 2020 – 2025)

In last national Medical Training Survey NSW for the first time in the survey had the highest of proportion nationally of respondents who sat a RANZCP exam and produced results with a pass rate at 90% (National 84%).

HETI provides coordination and support of state-wide centralised recruitment resulting in reduced interview pathways from up to 6 interviews (each Network + College) with interviews in person to one interview that is currently videoconference. This process has reduced barriers to engaging in the workforce.

HETI hosts the Psychiatry State Training Council, responsible for governance of the five NSW Psychiatry Training Networks.

4 Funding

The current funding landscape comprises of allocations and funding sources in three major groups:

1. Base Allocation from NSW Health that funds the core activities of HETI (all but projects).
 2. Own Source Revenue that includes:
 - a. District HETI contributions where Districts either provide staff or in-lieu payments for HETI to engage staff for production of mandatory and optional training and education,
 - b. Revenue from engagement in workshops, microcredentials, courses, and other learning opportunities (higher education, access to My Health Learning for affiliated health organisation for example).
 3. Project Funding commissioned by various health entities including the Ministry of Health and the pillars, in response to identified priorities and needs. For example, Towards Zero Suicide, Virtual Care, and Emergency Care Assessment Tools.
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5 Strengths

- HETI is integrated into NSW Health and, therefore, knows the business and access to expertise from within the health system to support system improvement and patient outcomes.
- HETI is entirely focused on NSW Health and its emerging and existing needs. It has the flexibility and agility to respond and adapt when needs change, noting that change is rapid and not always predictable.
- Excellence in education and training design, delivery and support expertise is inherent in the HETI staff profile and supported by NSW Health Subject Matter experts This covers training of all types (optional to mandatory) as well as accredited education and training requirements.
- Two Tertiary institutions (TEQSA accredited Higher Education Institution, ASQA accredited Registered Training Organisation with ten delivery sites) that are accredited and able to support the workforce with pathways to qualification from AQF 2 (Cert II) to AQF 9 (Masters level).
- RANZCP accreditation for postgraduate psychiatry training from initial to advanced. (Postgraduate Course in Psychiatry, Advanced Child and Adolescent Psychiatry, Introduction to leadership in psychiatry, Psychiatry for Junior Medical Officers).
- A well supported and diverse staffing profile developing intra- and inter- HETI collaborative pathways; and
- Increasing microcredential availability to support NSW Health staff with professional development options that can be completed as stackable credit (pathways to qualification).

6 Vision for the next five years

- HETI would welcome a review of education and training governance across the state and identifying duplication of both effort and resources.
- Support for Ministry of Health and Pillars to engage with HETI at initiation of all major change projects to ensure change can be enabled by sustainable education and training approaches.
- Fragmentary funding should be addressed to ensure HETI can meet future needs.
- Improved efficiencies, standardisation of training and education ensuring resources are accessible and equitable.
- Development of new courses within the Higher Education Institution and support of additional Registered Training Organisation courses that can access Commonwealth funds to provide efficiencies in funding as well as improved access and quality in areas of need. For example, support for developing better Health Leadership, Health Finance and Health Education opportunities.

7 Summary

Opportunities exist in the future regarding further transformation in ways that will:

- maintain production of high quality education and training materials;
- improve state-wide availability of existing resources held outside of HETI for all NSW Health staff irrespective of location;
- increase agility and flexibility of education and training pathways to success and/or qualification;
- increase the attractiveness of NSW Health as a place to work through options for multiple careers and support to attain these within the system within the system;
- continue to improve the patient experience and outcomes of their healthcare experience.

HETI would welcome a review of education and training governance across the state and identifying duplication of both effort and resources.

Consideration to be given to HETI as governance of education and training for quality state-wide training and education that adheres to current identified and prioritised needs. This would empower a consolidated approach to education and inform reduced duplication, and increased equity of access across the Health System. It would allow for rationalisation and centralisation for the provision of education and training needs across the system.

This governance should not preclude LHDs and other parts of the system, including Government funded NGO/PHN and other organisations who develop training, from producing education and training, but would add a quality check-in at the initiation of such projects if the product is to support NSW Health. HETI already has technical and educational specifications to inform such a process. This would require funding support for the additional evaluation and support required.

It is anticipated the gain would be system-wide efficiencies and economies of scale and assurance of improved quality of the education and training delivered.

8 Appendices

8.1 Appendix A: HETI functions



DETERMINATION OF FUNCTIONS OF STATUTORY HEALTH CORPORATION

Pursuant to section 53 of the *Health Services Act 1997*, I, Elizabeth Koff, Secretary of the Ministry of Health, do hereby determine that, on and from the date this instrument is signed, in addition to those functions set out in section 12 of the *Health Services Act*, the functions of the Health Education and Training Institute shall be as set out below.

This instrument replaces the determination of functions of the Health Education and Training Institute made by the former Director-General of the Ministry of Health, Dr Mary Foley, dated 17 June 2013, which is hereby repealed.

1. ROLE

The primary role of the Institute is to provide leadership to Local Health Districts, Networks and other NSW public health organisations and training providers on the development and delivery of education and training across the NSW Public Health System. The Health Education and Training Institute ensures education and training across the system:

- I. supports safe, high quality, multi-disciplinary team based, patient centred care;
- II. meets service delivery needs and operational requirements; and
- III. enhances workforce skills, flexibility and productivity;

2. FUNCTIONS

- a. To design, commission, conduct, coordinate, support and evaluate education and training programs for:
 - I. clinical, corporate and support staff, including Vocational Education and Training sector trainees, vocational, undergraduate, professional entry/clinical trainees, new graduates; and
 - II. such other education and training and workforce development programs as the Secretary may direct from time to time;
- b. To establish governance for whole of health education and training programs for the NSW Health system;
- c. To design, commission, conduct, coordinate, support and evaluate management, leadership and professional development programs;
- d. To support reform and improve workforce capacity and quality of clinical and non-clinical training through:
 - I. identification and development of statewide programs for clinicians to become skilled teachers, trainers and supervisors;
 - II. managing a registered training organisation;
 - III. maintaining and administering an online learning management system, including provision of quality assurance standards and resource development;
 - IV. statewide oversight, coordination and implementation of best practice learning including simulated learning environments, and other technologies;
- e. To maintain registration as a higher education provider and develop and deliver as appropriate higher education courses to support identified workforce needs;

- f. To institute, coordinate, oversee and evaluate education and training networks, and ensure they support service delivery needs, meet operational requirements, optimise the use of Statewide and Local Health District education and training resources and are, as far as possible, consistent with, clinical service networks;
- g. To set standards for education and training including medical training and accredit institutions for prevocational education and supervision;
- h. To establish effective monitoring and reporting systems to meet statewide and national reporting requirements for education and training in the health sector;
- i. To ensure education and training programs and other projects it undertakes in performing its functions:
 - I. are responsive to local needs,
 - II. are cost effective, affordable and accessible,
 - III. meet both individual local health district, speciality network and whole of system needs,
 - IV. support staff in providing safe, high quality, multi-disciplinary team-based, patient-centred care;
 - V. support inter-professional learning and team-based practice.
- j. To work closely with Local Health Districts, Speciality Networks and education providers;
- k. To develop a three year Strategic Plan and an Annual Work Plan, linking activities and priorities of the Health Education and Training Institute to the statewide directions and priorities of NSW Health and work in accordance with these plans and the Service Compact agreed with the Secretary;
- l. To provide advice to the Secretary on matters relevant to its functions.

Dated at Sydney this 13th day of September 2017.

Susan Pearce
ACTING SECRETARY, NSW HEALTH

8.2 Appendix B: District HETI model

District HETI Model provides a number of benefits to the districts including:

- Increased focus on tailoring learning and development solution to the workforce
- Rapid development of education and training programs responding to state-wide priorities,
- Greater ability to achieve standardisation, baseline capabilities across the health system.
- Elimination of unnecessary duplication for health workforces moving between NSW Health organisations,
- Lifting some of the burden of development from individual health entities,
- Encourages a culture of continuous learning and provides a professional development record of completed learning.

District HETI Model background

The District HETI Operational Model provides the means for the rapid development of education and training resources for staff across NSW Health.

The model encourages system-wide collaboration and partnership, bringing together stakeholders who have traditionally been involved in developing education and training - in particular the Local Health Districts and Specialty Health Networks (known as the Districts) and the Pillars of NSW Health.

The District HETI Operational Model is based on collaboration, integration and the achievement of statewide standards. Through an equitable contribution of resources by the districts, the partnership model establishes an ongoing working relationship between HETI and the Districts to deliver quality education and training to meet state and district needs.

The essential feature of this model is that team members remain employed by their District and continue to work locally, while being part of a statewide educational service to the NSW public health system. They are able to share and grow their expertise in the development of cutting-edge resources for the health workforce.

The work of Project Teams in District HETI is determined by the education and training needs identified within the Districts and prioritised by the District HETI Priority Review Committee every six months.

Project Teams, with members based in locations across the state, mostly operate as 'virtual teams' to develop education resources. They work with a reference group, subject matter experts and an eLearning developer to produce an education and training.

Efficient funding model

District HETI Model funding formula was agreed by Ministry of Health and LHD/SHN Chief Executives in 2012 when the model was introduced to resource the development of education and training modules for the new statewide learning management system (now My Health Learning). The agreed equitable arrangement was that contributions from LHD/SHNs would be 0.06% of total FTE. This could be by supplying staff or direct funds in lieu.

District HETI model in action

The Model provides a collaborative space to rapidly respond to urgent situations such as the COVID pandemic. This provides NSW Health staff across the state vital learning and education that is needs based and directed at the issues. The following are some situations:

- Hosting of core mandatory training in HETI Moodle and support for private hospital staff and students
- Hosting and support for locum mandatory training in HETI Moodle
- Hosting, delivery and support of Care Assistant Training Program in HETI Moodle
- Hosting and delivery of Readiness to Lead for Safety and Quality Learning Pathway (CEC) in HETI Moodle
- Responding to urgent changes to modules e.g. staff included in video and has passed away requiring to redo the module
- Improving the accessibility through a major MHL review for improvements to the education offerings and quality:
 - Commissioned - Strategic priorities or government priorities for a cost neutral position through training and capacity building within HETI and nominated LHD staff using SME – visualisation and/or Instructional designers
 - Adaptive streaming (YouTube, Netflix and Amazon video technology) development and implementation in MHL. This includes platform enhancement, update of 200+ modules to the newly implemented technology, digital content management and support for these resources.

District HETI model outcomes align to various NSW Health priorities

My Health Learning is a mechanism by which key NSW Health priorities can be met or are supported. A list of examples are below:

- NSW Health Outcome and Business Plan 2020/21 to 2022/23
 - KPI 3 – Staff module completion in My Health Learning
 - KPI 6 – My Health Learning mental health related online modules
- NSW Health Workforce Plan 2022-2032
 - Outcome 2.1 - We have a diverse workforce at all levels of the system that reflects the community we serve
 - Outcome 3.1 - Expanded scopes of practice for clinicians suit the local community need
 - Outcome 4.1 - We have ongoing opportunities to learn and upskill, so our workforce are fit-for-purpose for now and the future
 - Outcome 4.2 - New technological skills, data capabilities, treatment advances and virtual care delivery are embedded into training pathways
 - Outcome 5.1 - There is a pipeline of future-ready workforce enabled by accessible and accurate state-wide workforce data

- NSW Health Regional Strategic Plan 2022-2032
 - Objectives 1.4 - Expand training and upskilling opportunities, including across borders to build a pipeline of regionally based workers
 - Objective 2.5 - Drive and support improved clinical care, timely access and safety and quality outcomes for patients in hospitals and other settings
- Future Health Plan
 - Objective 4.3 – Empower staff to work to their full potential around the future care needs
 - Objective 4.4 - Equip our people with the skills and capabilities to be an agile, responsive workforce
 - Objective 4.5 - Attract and retain skilled people who put patients first
- NSW Health Aboriginal Health Plan 2013-2023
 - Strategic Direction 5 - Providing culturally safe work environments and health services

8.3 Appendix C: Career phases of a trainer doctor

There are 3 phases to the career of a trainee doctor:

1. First 2 years after graduation from Medical School (prevocational trainees). This period of a doctors training is well regulated with each hospital employing prevocational trainees required to meet national training standards mandated by the Medical Board of Australia (MBA/Australian Medical Council (AMC). HETI is the organisation accredited by the Australian Medical Council (AMC) to oversight this period of a trainee doctor's career.
2. A period of 'unaccredited training' working in hospitals. This period is currently totally unregulated with no minimum standards for education and training. While this group of doctors are titled 'unaccredited trainees' they often occupy critical positions in hospitals from a patient care perspective eg most senior doctor in a hospital overnight, most senior doctor in the Emergency Department. As there are no minimum education and training standards and no regulator these doctors.

The AMC has recently accredited HETI as a CPD Home which will allow HETI to have oversight of the mandatory professional development activities of this group of trainee doctors who elect to join HETI as their CPD Home. There are other organisations accredited by the AMC as CPD Homes. HETI's planned business model relies on sufficient trainee doctors joining HETI CPD Home to cover costs. Given cost of living pressures it is expected that many trainee doctors will join other CPD Homes based solely on cost. The period of 'unaccredited training' may last for many years.

3. Vocational training: once a trainee doctor is successful in obtaining a position on a College training program they become a vocational trainee. The period of vocational training is regulated by the AMC with each College setting the minimum standards for the training of its trainees and ensuring that hospitals which have vocational trainees meet these standards.

HETI's role in vocational trainees is unique in that there is no organisation in the other States with similar responsibilities in this area.

The following table detail the engagement in the different programs by cohorts (classes, number of organisations represented, and number of participants.

8.4 Appendix D: Leadership programs

The following table detail the engagement in the different programs by cohorts (classes), number of organisations represented, and number of participants.

Program	First delivered	# Cohorts	# Organisations	# Participants
Health Leadership Program	2013	27	11	1,156
Finance Executive Development Program	2018	2	26	42
Senior Executive Development Program	2016	4	26	86
Next Generation of Leaders and Managers	2017	7	32	181
General Manager Program	2022	1	14	19
Leadership Quarters	2014	26	31	1,227

The following table details the number of participants in the Facilitation Program by level.

Program	# Participants (FY22/23)
Facilitation Development Program – Core Skills	253
Facilitation Development Program – Yellow Band	58
Facilitation Development Program – Blue Band	66

8.5 Appendix E: Placement disciplines

Clinical Disciplines (Category A)	Non-Clinical Disciplines (Category B)
Aboriginal and Torres Strait Islander Health Practitioners	Exercise and Sports Science
Aboriginal Cadet	Health Information Management
Allied Health Assistance	Health Promotion
Art Therapy	Health Service Management
Assistance in Nursing	Interpretation and Translation
Audiology and Audiometry	Public Health
Biomedical Engineering	
Biomedical Science	
Cardiac Technology	
Chaplaincy	
Child Life Therapy	
Clinical Psychology	
Counselling	
Dental Assistance	
Dentistry	
Diabetes Education	
Diagnostic Pathology	
Diagnostic Radiography	
Dietetics	
Diversional and Recreational Therapy	
Echocardiography	
Dietitian	
Enrolled Nursing	
Exercise Physiology	
Forensic Mortuary Practice	
Genetic Counselling	
Medical Lab Science	
Medical Physics	

Medical Science	
Medicine	
Mental Health	
Midwifery	
Music Therapy	
Nuclear Medicine Technology	
Occupational Therapy	
Optometry	
Oral Health	
Orthoptics	
Orthotics and Prosthetics	
Paramedicine	
Pathology Collection	
Pharmacy	
Physician Assistant	
Physiotherapy	
Podiatry	
Psychology	
Radiation Therapy	
Radiopharmaceutical Science	
Registered Nursing	
Sexual Health	
Social Work	
Sonography	
Speech Pathology	
Welfare and Support Services	
Youth Work	

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