



Health Workforce Scholarship Program

Information for applicants

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1.0 Program Description

The Health Workforce Scholarship Program (HWSP) is part of the Australian Government Department of Health's, Health Workforce Program.

The objective of the HWSP is to improve access to the services needed in rural and remote areas by supporting an increase in skills, capacity and or/scope of practice of privately employed health professionals in the fields of medicine, nursing, midwifery, dentistry and allied health, in order to target services to rural and remote areas where they are most needed.

2.0 Program Scope

Funding is available to health professionals who provide primary care services to rural and remote areas (i.e. locations categorized as Modified Monash Model (MMM) 3-7).

Funding is available to postgraduate health practitioners undertaking further study in the field of medicine, nursing, midwifery, dentistry or allied health.

Training and upskilling of health professionals must be directly related to the priority needs of the HWSP.

2.1 Scholarships

HWSP Scholarships will be available to post-graduate health professional applicants who are undertaking or planning to undertake further study in the field of medicine, nursing, midwifery, dentistry or allied health.

Scholarship values will be determined against the perceived workforce benefit of the training.

2.2 Bursary/support payments

One-off bursary payments will be available to cover the cost of training or course fees and / or to cover or contribute toward, reasonable training related expenses such as accommodation and transport, where appropriate.

Bursary values will be determined against the perceived workforce benefit of the training.

3.0 Eligibility

3.1 Locations

Rural and remote areas classified by the MMM 3 – 7 are eligible for the HWSP. The MMM locator is found at:

http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/MMM_locator

3.2 Scholars

Health professionals in the fields of medicine, nursing, midwifery, dentistry or allied health (including Aboriginal Health Workers) who provide primary care services to MMM 3 – 7 rural and remote communities are eligible to apply.

Health professionals in the fields of medicine, nursing, midwifery, dentistry or allied health (including Aboriginal Health Workers) who intend to provide primary care services to MMM 3 – 7 rural or remote communities are also eligible to apply, if they can demonstrate they will be supplying those services by providing a service agreement or employment agreement at the time the application opens.

Health professionals employed solely by State Government (i.e. employed in a public hospital) are not eligible to apply.

3.3 Training/courses

Courses and activities do not need to be accredited, but will be assessed by Rural Health West for relevance, value for money and the likelihood to meet the identified learning need.

Scholarships and bursaries will not be available for:

- ◆ Retrospective costs
- ◆ Overseas expenses
- ◆ Study funded by other sources
- ◆ Activities for which other Commonwealth, State, Territory or Local Government bodies have primary responsibility - this includes training for health professionals working solely in a public hospital.

4.0 Process

4.1 Priorities

Rural Health West will identify local health workforce and/or skills/capacity needs through an annual Health Workforce Needs Analysis (HWNA) in collaboration with a local Health Workforce Stakeholder Group (HWSG). The HWNA will assist Rural Health West in determining health workforce priorities and form the basis for determining the allocation of scholarships and bursaries within MMM 3 – 7.

4.2 Application

Application rounds will occur at least 2 times per a year. Where rounds are undersubscribed, or where new priorities emerge, Rural Health West may accept applications throughout the year that will meet the identified priorities.

Applications will be competitive based on the priorities of the jurisdiction. Rural Health West may work with potential scholars in priority communities to support and promote particular workforce needs.

Applications will be evaluated on the basis of:

- Location eligibility
- Applicant eligibility
- Activity eligibility
- Planned increase in skill, capacity and/or scope of clinical practice; and
- Meeting one or more identified HWNA priorities for the jurisdiction; and
- Demonstration of service provision to rural and remote community.

Where Application rounds are oversubscribed, priority will be given to:

- Applications that most closely align to needs identified by health discipline and location in the HWNA
- Applications that align to the required health professional skill mix identified in the HWNA
- Applications that will result in improved quality of services to priority populations eg. Aboriginal and Torres Strait Islanders communities.

4.3 Case Management

Successful applicants will be appropriately case managed by Rural Health West throughout their scholarship/bursary activity, relevant to the value of the scholarship/bursary and the scope of any Return of Service Obligation (see V below).

The case management framework can include:

- A case manager is assigned and recipients' understanding of their obligations are reinforced (having been agreed at the time of acceptance of funds).
- A case management plan is developed.
- Case manager retains regular contact to track progress and determine how new skills are being utilised.
- Case manager signs off on completion, collects evaluation information and instigates debt collection if all other avenues for completing requirements have failed.

4.4 Payments

The Rural Health West case manager will establish a payment schedule with each scholar.

4.5 Return of Service Obligations

The Return of Service Obligation (ROSO) will be clearly stated in the Grant Agreement, which the scholar will need to sign before commencing the activity. Scholars with a ROSO will be case managed and supported during their period of service to ensure they are able to successfully complete their commitments. The maximum period of a ROSO will be 12 months in total and will commence immediately following successful completion of the funded activity.

4.6 Debt recovery

Where a participant does not fulfil their Agreement, Rural Health West will seek to recover the relevant monies. The Debt Recovery Process will be as follows:

Each candidate will be asked to sign the Agreement, confirming that they have understood the terms and conditions of the agreement including the process for debt recovery should the candidate be unable to meet their obligations.

Each Agreement will clearly state the Grantee's requirements, including:

- The intended outcome of the scholarship Activity;
- The funding available;
- The Return of Service Obligation; and
- The process for debt recovery if the above is not met.

The Rural Health West case manager will support the participant during the scholarship activity and the ROSO period to address issues as/before they arise. This will minimise the need for debt recovery in most cases.

Where this fails, and the participant is unable to meet their obligations, the case manager will contact the participant to inform them that the debt recovery process will begin.

4.7 Complaints, ROSO Waivers and Appeals

Unsuccessful applicants who wish to appeal the outcome of their application should initially discuss their situation with the Rural Health West Scholarship Program Manager to determine if they may be eligible for a future round of grants or if there are other avenues to access funding and/or support to meet their upskilling or professional development needs.

Scholars who are unable to meet their ROSO due to exceptional circumstances are able to request to negotiate alternatives with their case manager. Exceptional circumstances means any circumstances beyond the control of the scholar, which were not reasonably foreseeable by that scholar at the time they entered into the Agreement and which prevent that scholar from meeting their ROSO. The Rural Health West case manager will, however, seek to find alternatives to allow the scholar to meet their ROSO before a waiver will be considered. Rural Health West reserves the final right to hold the scholar to their ROSO, however, and can recover the debt where a mutual outcome cannot be found.

Should the above not resolve their concern, the unsuccessful applicant/ROSO scholar can appeal to the Rural Health West Chief Executive Officer to consider their case. The CEO is the final arbiter for any appeal on the HWSP in their jurisdiction.

4.8 Guidelines Review

The Consortium of RWAs will review the HWSP Guidelines and underpinning policies annually, taking into account the feedback from case managers, scholars and stakeholders.