HETI

- Established 2 April 2012
- Builds on the work of its predecessor CETI
- One of the five pillars of health reform
  - Clinical Excellence Commission, Agency for Clinical Innovation, Bureau of Health Information, NSW Kids & Families
- Works in partnership to ensure synergies and improved health outcomes
- HETI leads and co-ordinates education & training in the NSW public system
MISSION

HETI pursues excellence in health education, training and workforce capability to improve the health of patients and the working lives of NSW Health staff.
HETI PRIORITIES

• Leadership
• Foundation skills
• Financial management and ABF training
• People management skills, eg Crucial conversations
• Multidisciplinary team based skills
• Streamlining mandatory training
• Corporate orientation
• Clinical supervision skills
• Clinical training priorities, e.g. Advanced Care Planning
• Education and training support for generalist and assistant workforce
LEADERSHIP

HETI’s leadership role
• Executive and Clinical, talent management

Leadership framework
• Supports Executive and Clinical Leadership

Clinicians and Executives Team Leadership Program (CETL)
• Chief Executives, senior clinicians and executives
• Executive input
• Mixed modalities
• Four pilot projects: Coffs Harbour, Port Macquarie, Westmead, Wollongong
DISTRICT HETI OPERATIONAL MODEL

• Building on strengths
• Statewide team; more than 52 HETI staff
• Standardising learning materials
• Addressing Top 10 resource needs from LHD/SN CEs
Clinical:

1. Aggression minimisation and management
2. Deteriorating Patient (& Det Patient Jnr)
3. Clinical documentation and privacy
4. Medication safety
5. Communication

Non-clinical:

1. Team building/team work
2. Customer service/focus
3. Workplace health and safety
4. Leadership/management development
5. Grievance and conflict management

- Evidence-based
- Fifteen week delivery – 19 resources delivered (37 coming)
- HETI On-line - LMS
HEALTH WORKFORCE AUSTRALIA

• Interdisciplinary Clinical Training Networks

• Simulated learning environment projects

• Clinical supervision
RURAL GENERALIST: TRAINING PROGRAM

• New collaborative approach to 4+ year pathway for junior doctors in general practice
  - HETI, LHDs, RTPs, MoH, colleges
  - 1 year RMO training + 1 year Advanced Skills Training + 2 year GP training with mentor support

• Empowerment exercise building on success of Rural Preferential Recruitment for NSW internships

• Key outcome is employment as a GP with hospital VMO contract
EMERGENCY MEDICAL TRAINING NETWORKS

• Five networks
  - in each network: major referral, regional/rural and urban district hospitals, network director of training, education support officers, 90-115 trainees

• Resources provide access and equity
  - ACEM Fellowship exam
  - ACEM Primary exam
  - anatomy models
  - trainee conference days

• EDWISE remote simulation training
SURGICAL SKILLS
TRAINING NETWORKS

- BST program began January 2006
- Six networks in NSW
- Each network managed by a committee overseen by CSTC
  - network: clinician, trainee, hospital admin, local health district representatives
- Trainees have interest in surgery but not yet accepted into SET
SISTER ALISON BUSH
MOBILE SIMULATION CENTRE

• Sister Bush, an influential Aboriginal midwife
• New fully equipped mobile facility
  - 14.6m long x 2.5m tall x 4 metres wide
• Year long education and training tour of western and far western LHDs
• Long term plans for rural rollout
• Potential for multi-sector and interdisciplinary collaboration