Report to SA Health on Development of a Clinical Placement Framework

February 2014
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To positively impact people’s lives by helping create better health services.

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REPORT TO SA HEALTH ON DEVELOPMENT OF A CLINICAL PLACEMENT FRAMEWORK

The report was prepared for SA Health by Healthcare Management Advisors. The project commenced in late November of 2013 and was completed in February 2014.
“We need to recognise that the current system works because of the hard work of the people in the system. Many are managing, as the system around them is in crisis: What is needed is a more strategic approach”

Education Provider

“SA Health needs to create an environment attractive for staff to build established careers, involving:

- the creation of continuous learning culture
- opportunities to be involved in research
- supervision of students being seen as part of their roles
- development of career paths for clinicians as clinical educators.

These are known ways of supporting young professionals build their career in the health system, and hopefully we will get a longer commitment from this investment.”

SA Health Provider
**Context**

There has been a large and rapid increase in enrolments in health profession courses that have compulsory clinical placements. This is resulting in increasing demand for clinical placements. SA Health is the major provider of clinical placements in South Australia, requiring it to respond to many of the resulting pressures. Stakeholders consulted during the conduct of the project have identified a number of risks faced by the clinical placement process. These include:

- no clear responsibilities existing for coordinating SA Health’s approach
- a lack of strategic direction guiding the development of clinical placement models in SA Health facilities
- inadequate planning data on clinical placement capacity and workforce needs
- limited understanding of the cost structures associated with clinical placements as services move to activity based funding
- variability in the level of staff commitment to educating students within and across SA health facilities
- insufficient supports and resources for students to explore clinical placement opportunities in rural and remote settings
- administrative inefficiencies in some professions resulting from late notification of availability of placements, overbooking of placements, last minute placement cancellations and students unable to commence placement due to non-compliance with pre-placement requirements
- lack of clarity regarding pre-placement requirements across all SA Health services and confidence that these are being met
- variation in clinical placement quality and negligible or inconsistent systems of data collection and evaluation processes in place.

Despite these challenges, it was widely acknowledged that the current system is forced to work, albeit inefficiently, because of the dedication of education and health service provider staff. Stakeholders identified the need to:

- strengthen partnerships with education providers
- articulate clear strategic directions supporting the development of innovative and contemporary models to respond to growing placement demand
- enhance organisational commitment within SA Health and health services to create a culture that supports student-centred clinical education and assists clinical staff with responsibilities for student supervision, and
- improve placement efficiency by streamlining the process across SA Health and introducing strong governance arrangements.

**Project objective**

This project has developed a *SA Health Clinical Placement Framework* and *Clinical Placement Strategic Directions* to enhance how SA Health governs and manages clinical placements in its facilities and sets strategic goals. It also sets strategic goals for SA Health to guide the development of clinical placements systems over the next five years.

**Scope**

The *SA Health Clinical Placement Framework* and *Clinical Placement Strategic Directions* attached to this report will guide the governance, management and development of clinical education placements for professional entry for health professions operating in SA Local Health Networks/Health Network (LHNs) and State-wide Services (including undergraduate, postgraduate and vocational education and training courses).

For simplicity, throughout this document when the term SA Health LHN is used, it refers to both Local Health Networks/Health Networks and State-wide Services.
The range of health professionals covered includes:

- Aboriginal health worker
- Allied health assistant
- Art therapist
- Audiologist
- Dentist
- Dietitian
- Epidemiologist
- Exercise physiologist
- Genetic counsellor
- Medical laboratory scientist
- Medical practitioner
- Music therapist
- Radiation scientist (including sonography, radiography, nuclear medicine and radiation therapy)
- Midwife
- Nurse
- Nutritionist
- Occupational therapist
- Optometrist
- Oral health practitioner
- Orthoptist
- Orthotist and prosthetist
- Paramedic
- Perfusionist
- Pharmacist
- Physiotherapist
- Podiatrist
- Psychologist
- Social worker
- Speech pathologist

Project Methodology

The approach HMA used in undertaking this project is illustrated in Figure 1.

**Figure 1: Project Methodology**

1. **Project Planning**
   - Meet with Steering Committee
   - Develop project plan to guide our approach to the project
   - Identify stakeholders to be consulted
   - Develop information bulletin

2. **Identify structure for proposed framework**
   - Undertake a review of literature and clinical placement frameworks from other jurisdictions
   - Develop a discussion paper on structure of the framework.

3. **Consultations**
   - Schedule consultations and focus group meetings to gather input into the project.
   - Undertake consultations and focus groups.
   - Analyse information from consultations.

4. **Draft clinical placement framework**
   - Develop a draft clinical placement framework.

5. **Finalise clinical placement framework**
   - Meet with the steering group to gain their feedback on the draft clinical placement framework.
   - Incorporate feedback and prepare a final report.

The key stages of the project involved:

1. **Project Planning**: In this stage, the consultants met with the Steering Committee to develop and confirm the project plan to guide the approach to the project. Stakeholders to be consulted were identified and an information bulletin developed to inform them about the project.

2. **Identify structure for SA Health Clinical Placement Framework**: A review of the literature and clinical placement frameworks from other jurisdictions was undertaken. A discussion paper on the potential scope and structure of The Framework was prepared for consideration by the Steering Committee.

3. **Consultations**: Face-to-face and telephone consultations with identified stakeholders were undertaken across the period of December 2013 to mid-January 2014. On 16 January 2014 two workshops were held involving managers and clinicians from across SA Health.

4. **Draft framework**: The Framework including an implementation plan was prepared.

5. **Finalise The Framework**: A workshop with the Steering Committee and senior SA Health staff considered the draft Framework and Strategic Directions. Final documentation was prepared incorporating the feedback from the workshop into The Framework and Strategic Directions.

Structure of the report

This covering report attaches the key deliverables of the project. These comprise:

1. *SA Health Clinical Placement Framework*
2. *Clinical Placement Strategic Directions, 2014*
3. Attachment A: Literature Review
4. Attachment B: Consultation Findings
5. Attachment C: Approach to Implementation
6. Attachment D: Communication Plan
10. Attachment H: Abbreviations
11. Attachment I: References
SA HEALTH CLINICAL PLACEMENT FRAMEWORK

Executive Summary

The SA Health Clinical Placement Framework has been developed to enhance how SA Health governs and manages clinical placements within its facilities and sets strategic goals. Specifically The Framework is intended to provide consistency, clarity, efficiency and transparency in clinical placement management and planning including resource allocation. The major focus is on strengthening SA Health’s clinical placement system to ensure clinical placement training prepares graduates to support the delivery of contemporary health services.

At the core of the SA Health Clinical Placement Framework and Strategic Directions (Figure 2) is the need for effective governance arrangements and strong partnerships with SA Health LHNs, state-wide services and education providers to enhance the clinical placement systems and processes for the provision of quality clinical placement experiences.

Governance and Leadership

Consultations clearly identified the need for governance and clarity regarding responsibility for the leadership, oversight, management and coordination of SA Health’s approach to clinical placements. The Framework establishes a governance structure to support the implementation of key strategic directions to enhance how SA Health governs and manages clinical placements in its facilities and sets strategic goals.

Partnerships

The review of published literature and discussion with stakeholders strongly supports collaboration and communication between health services and education providers. Endorsement of this framework, commits SA Health to work in close partnership with SA Health LHNs, state-wide services and education providers on a range of issues including: efficient allocation and delivery of clinical placements, greater alignment between placement demand and growth and system capacity, strategic priorities, and resourcing required to provide a safe and quality learning experience.

Additionally, three priorities of The Framework and Strategic Directions are:

1. **Systems improvement**: Implementation of the recommendations in this Framework will result in agreement being reached with education providers on the business rules that will guide clinical placements operations and be reflected in Deeds of Agreement and Schedule 2 Agreements. In particular focus will be on prioritisation of placements to reflect workforce need, access to EPAS, reducing and managing cancellations, and the use of rural and remote placements. Additionally information technology systems will support clinical placement matching and a clinical placement website will provide access to all information and resources relating to clinical placements within SA Health. A monitoring and evaluation system will be established to strengthen quality improvement.

2. **Capacity and workforce planning**: The focus of clinical placements over recent years has been largely on meeting education providers’ demand for placements. Implementation of the strategies contained in this Framework, will enable SA Health to introduce a data information system that allows specific data to be collected and analyse to support effective planning, monitoring and evaluation of agency capacity. This will enable SA Health to identify workforce needs and workforce development priorities; align the placement of students within SA Health LHNs to areas of greatest need; build capacity and future recruitment opportunities.

3. **Cost sharing and funding transparency**: The level of funding allocated by SA Health or education providers to support provision of clinical placements varies across professions. Implementing the recommendations contained in this report will facilitate a more cohesive and open approach to the planning and funding of clinical placements across professions. This can be achieved through a research project to identify cost structures and contributions required of education providers and health services to support the development of sustainable clinical placement models into the future.
Figure 2: SA Health Clinical Placement Framework and Strategic Directions
Introduction and purpose

The SA Health Clinical Placement Framework has been developed to enhance how SA Health governs and manages clinical placements within its facilities and sets strategic goals. Specifically The Framework is intended to:

- provide consistency, clarity, equity, efficiency and transparency in clinical placement management and planning
- enhance SA Health and education provider collaboration
- ensure legal and legislative needs are met in relation to clinical placement activity
- identify resource allocation needs for clinical placement
- identify roles, responsibilities and local governance arrangements, and
- establish a mechanism to facilitate streamlined placement processes.

This Framework has been developed primarily through extensive stakeholder consultations and a review of literature including frameworks and policy directives from other national jurisdictions. Aspects of this Framework have been informed by Victoria’s strategic plan for clinical placements 2012-2015; Clinical Placements in Victoria: Establishing a State-wide Approach; and Victoria’s Clinical Placement Planning Framework; Department of Health and Tasmanian Department of Health and Human Services’ Clinical Education Placement Framework 2012.

Scope

The SA Health Clinical Placement Framework applies to all clinical placements in SA Health services across South Australia, including medicine, nursing, midwifery, dentistry, and allied health. The Framework guides the management of clinical education placements for undergraduate, post-graduate and vocational sector professional entry students. Although principles contained within The Framework may be of value in the management of health professions undertaking internships or similar early career training pathways through SA Health (such as graduate nursing and medical internship programs), this group is not considered in scope for this piece of work.

Although not explicit in The Framework content, it is also recognised that clinical placements occur in a range of non-SA Health settings which are likely to be impacted by the introduction of The Framework. The governance structure is inclusive of other partners to assist in mitigating any unintended consequences of this new Framework. Terms and definitions used within The Framework are provided in Appendix H.

Context

Within Australia and internationally, increasing difficulties are being reported in finding clinical placements due to a range of reasons across health professional groups including: lack of staff with the required competencies to supervise students, lack of organisational capacity due to increased numbers of student enrolments and healthcare restructuring (including a shift to greater care in the community.) These difficulties have been further compounded by a lack of coordination for one or more aspects of the clinical placement process.

SA Health is both the major provider of clinical placements and employer of graduates in South Australia. As models of clinical placement develop in response to the need to expand capacity, it is important to recognise the potential capacities existing in remote and rural health services and community settings. It is also important to recognise the differing needs of each health profession and the way clinical placement models have been developed including issues that need to be addressed into the future for each of the professions.
The Department for Health and Ageing in South Australia generally has two foci:
1. Provide strategic leadership to ensure that SA Health (in collaboration with private and non-government sector) has quality clinical placements to train new graduates to meet current and future workforce needs.
2. Ensure SA Health has strong clinical placement systems to support and recruit staff to meet current and future workforce needs.

The major focus of the Framework is on strengthening SA Health’s clinical placement system to ensure clinical placement training prepares graduates to support the delivery of contemporary health services. SA Health needs to build on the many strong and long term existing relationships across the system by clearly stating a commitment to student education. To achieve this SA Health needs to better describe its current and future workforce requirements. It must also strengthen its engagement with education providers to identify strategies that will in turn improve the clinical placement process and support the training of new graduates to meet projected workforce demand.

ClinEdSA (previously ClinPlaceSA)

ClinEdSA is funded by Health Workforce Australia (HWA) as part of the Integrated Regional Clinical Network Initiative, to bring together public and private health services, higher education sector and vocational education and training sector as well as aged care, primary care and rural and remote health care services to build the quality and capacity of clinical training in South Australia. ClinEdSA is governed by an Advisory Board with representation from higher education and training providers as well as health and community care providers from SA Health, private hospitals and the aged care sector. ClinEdSA is hosted by the South Australian Department for Health and Ageing.

ClinPlaceSA was established in 2009 as a unit of SA Health to strengthen the coordination of nursing, midwifery, allied health and medical student placements. Initially, ClinPlaceSA started work on streamlining the clinical placement processes relating to nursing and midwifery. In 2012, the staff and functions of ClinPlaceSA came under the management of ClinEdSA. ClinEdSA’s deliverables have changed, with the current Multi-schedule Agreement with HWA no longer providing funding for clinical placement management or allocation. ClinEdSA’s capacity to continue the centralised clinical placement coordination role for nursing and midwifery will end in June 2014. Furthermore ClinEdSA’s continuation beyond December 2014 is uncertain as it is dependent on the continuation of HWA funding.

Recent experience in strengthening clinical placements

ClinEdSA (and previously ClinPlaceSA) have supported the planning and coordination of nursing and midwifery clinical placements in South Australia since 2009. Prior to this system individual education providers liaised directly with supervisory staff in clinical units to organise placements (Figure 3). ClinEdSA rationalised this process by creating an interface to streamline communications (Figure 4).
Figure 3: Nursing and Midwifery Clinical Placement Process, Prior to ClinEdSA

Figure 4: Nursing and Midwifery Clinical Placement Process, Post ClinEdSA Rationalisation
ClinEdSA’s (ClinPlaceSA) effectiveness in streamlining communication and placement arrangements inadvertently masked a number of issues in placement governance and processes in SA Health. These issues, which apply across all professions, now need to be addressed at a systemic level.

Development of the SA Health Clinical Placement Framework has considered how governance structures, business rules, information systems, deeds of agreement and schedules, and defined roles and responsibilities associated with clinical placement, can maximise clinical placement efficiencies and streamline processes into the future (Figure 5). Revised processes need to create practices that are more responsive to the workforce needs of SA Health.

![Figure 5: Clinical placement process for all professions, 2014 and beyond](image)

**Literature findings**

Quality clinical placements and best practice clinical learning environments are important not only to optimise student learning experiences and ensure staff are supported and encouraged to provide these experiences, but also to meet the respective goals of both health agencies and higher education institutions, namely the provision of safe and competent patient care, and development of health professionals to meet standards designated by relevant registration boards.

The review of published literature identified a number of characteristics and enablers that support best practice clinical placements, in particular the need for a supportive culture, and structures and processes to support collaboration and communication. These are summarised in Table 1.
<table>
<thead>
<tr>
<th>Characteristics of high performing clinical learning environments</th>
<th>Enablers that improve quality of clinical placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>An organisational culture that values learning</td>
<td>A culture for quality, comprising relationships, learning and best practice</td>
</tr>
<tr>
<td>Best practice clinical practice</td>
<td>Effective supervision founded on a good supervisory relationship</td>
</tr>
<tr>
<td>A positive learning environment</td>
<td>Learning opportunities largely supporting participation in direct patient care</td>
</tr>
<tr>
<td>Effective communication processes</td>
<td>Effective communication and collaboration between students, academic institutions and placement sites to ensure adequate placement preparation</td>
</tr>
<tr>
<td>Appropriate resources and facilities</td>
<td>Resources and facilities to conduct clinical placement activities</td>
</tr>
<tr>
<td>A supportive health service-education provider relationship</td>
<td></td>
</tr>
</tbody>
</table>

**Consultation findings**

Through consultations with a range of stakeholders including education and health providers, SA Health LHNs, and departmental representatives a number of issues in regards to the clinical placement process or quality in place were identified. These included:

- no clear governance in place to coordinate SA Health’s approach to clinical placement management and coordination
- an absence of strategic direction guiding the development of clinical placement models in SA Health facilities
- insufficient supports and resources for students to explore clinical placement opportunities in rural and remote settings
- inconsistent organisational commitment to, or culture of, teaching across SA Health facilities (including variability in the level of staff willingness or capacity to provide supervision to students within and across SA health facilities)
- a lack of good placement and workforce planning data
- administrative inefficiencies in some professions resulting from late notification of availability of placements, overbooking of placements, cancellation of placements at the last moment and students not being ready to undertake placements due to a failure to comply with pre-placement requirements
- uncertainty regarding pre-placement requirements across all SA Health services and confidence that these are being met, and
- variation in clinical placement quality and negligible or inconsistent systems of data collection and evaluation processes in place.

Despite these challenges, it was acknowledged that the current system works, albeit inefficiently, because of the dedication of education and health service provider staff in developing the next generation of health professionals. Education and health service providers also expressed a commitment to work together in partnership to develop innovative and contemporary models of clinical education, expand placement capacity across the State and strive for quality learning outcomes.
Strategic focus

Based on the review and consultation processes, the following vision, mission, values have been set to define a strong culture that supports the delivery of quality clinical placements within SA Health.

Vision

SA Health will partner with education providers to develop competent new health graduates delivering contemporary services that improve the health and wellbeing of all South Australians.

Mission

SA Health’s mission for clinical placements is to ensure:

1. Students contribute to safe, high quality, evidence based patient/client care.
2. Collaborative partnerships with education providers.
3. Positive, safe learning culture and environments that use technology to support students’ acquisition of clinical competencies and promote lifelong learning.
4. Sustainable and flexible clinical placement models that prepare students to deliver contemporary healthcare.
5. Integration with the established systems of education and training in SA Health that support ongoing development and achievement of existing professional’s skills critical to the delivery of high quality care to patients/clients.
6. Comprehensive data and planning processes that support clinical placement and workforce planning.

Values

When implementing the SA Health Clinical Placement Framework SA Health will be guided by the values that apply across the organisation:

1. **Integrity** : We promote a culture that enables clear, responsive, respectful, professional and helpful communication with internal and external parties.
2. **Learning**: We exhibit a culture that values:
   2.1. Continuous improvement of our work performance through review and development (formal and informal) to achieve our objectives and standards.
   2.2. Communication pathways are optimised within the organisation and with external stakeholders to learn and share knowledge.
   2.3. Fostering of creativity and innovation.
   2.4. Student contribution to improving standards of care, facilitating research and engendering an enquiring, questioning, open and transparent clinical environment.
3. **Respectful collaboration**: We exhibit a culture that enables:
   3.1. Developing and maintaining cooperative partnerships.
   3.2. Sharing knowledge, resources and skills across organisational boundaries.
4. **Accountability**: We work in a culture that promotes:
   4.1. Accountability that is linked to strategic directions.
   4.2. High quality products.

In the development of The Framework the following plans, policy directives and reviews were considered to ensure alignment with key principles and values:

- South Australia’s Health Care Plan 2007-2016
- SA Health Strategic Plan
- Values in action: A guide to the South Australian public sector values.

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1 Such as courses on teamwork, communication, quality assurance, clinical audit and Continuing Professional Improvement (CPI)
New governance and leadership arrangements

Lack of clarity about who has responsibility for coordinating SA Health’s approach to clinical placements and the need for strong partnerships with education providers were common themes in the consultations that have informed the SA Health Clinical Placement Framework and the structures that need to be put in place to strengthen governance and partnership arrangements.

SA Health will introduce new governance arrangements that clearly specify roles and responsibilities for different functions required to manage clinical placements within SA Health.

New governance arrangements in SA Health

Under the new governance arrangements prime responsibility for leadership and governance around clinical placements will rest with:

- The Executive Sponsor
- SA Health Executive Clinical Placement Group
- SA Health Clinical Placement Group

Figure 6 provides an organisation chart showing new clinical placement governance and leadership arrangements.

Executive Sponsorship

The Deputy Chief Executive, System Performance will provide executive sponsorship for the SA Health Clinical Placement and Strategic Directions. The new SA Health Clinical Placement Executive Group will report directly to the Deputy CE. Whilst the new SA Health Clinical Placement LHN Group will report through the SA Health Clinical Placement Executive Group to the Deputy CE.

The Integrated Regional Clinical Training Network (ClinEdSA Advisory Board) will report through the Chief Allied & Scientific Health Advisor, Office for Professional Leadership to the Deputy CE.

SA Health Executive Clinical Placement Group

Membership

Membership of the SA Health Clinical Placement Executive Group will comprise:

- Senior Representation from each LHN
- Executive Director, Policy and Commissioning
- Group Director, Workforce
- Office for Professional Leadership, Chief Officers
• Director, Data and Reporting Services
• Chief Finance Officer, SA Health (as required)

Purpose
To provide leadership that ensures good governance systems are in place and set strategic directions for SA Health’s approach to clinical placements.

Functions
The functions of the **SA Health Clinical Placement Executive Group** include:

1. Setting strategic directions relating to clinical placements for SA Health in accord with the *SA Health Clinical Placement Framework*.
2. Developing, promulgating and monitoring compliance with SA Health policy in relation to clinical placements.
3. Supporting LHNs implement strategies to enhance clinical placements at the local level.
4. Clarifying with LHNs their clinical placement structure.
5. Fostering collaborative partnerships with education providers including input on training curricula to meet the needs of healthcare service models within SA Health.
6. Leading negotiations with education providers on business rules to support consistency in standard terms to be incorporated into Deeds of Agreement and supporting LHNs develop Schedule 2 agreements with education providers.
7. Monitoring and evaluating achievements against SA Health’s strategic directions relating to clinical placements including governance arrangements.
8. Fostering a culture of learning and teaching.
9. Ensuring appropriate resourcing for effective clinical placement management.
10. Developing a SA Health Clinical Placement website to provide a central repository of all information regarding clinical placement requirements and activities.

**SA Health Clinical Placement LHN Group**

Membership
The membership of the **SA Health Clinical Placement LHN Group** will include LHN staff who can implement or delegate across LHNs the activities required under the Strategic Directions. The membership of the group will comprise a mix of representation of the different health professions across the LHNs.

The **SA Health Clinical Placement LHN Group** will report on activities and outcomes to the **SA Health Clinical Placement Executive Group**.

Purpose
To improve and enhance the quality and capacity of clinical placements within SA Health through cross professions collaboration and participation in specified clinical placement initiatives and activities.

Functions
The functions of the **SA Health Clinical Placement Group** include:

1. Provide a forum for discussion at a statewide local health network level to address issues that cross professions and organisational structures and to make policy recommendations to the *SA Health Clinical Placement Executive Group* where appropriate.
2. Advise the *SA Health Clinical Placement Executive Group* on issues, gaps, and opportunities in clinical placement and capacity, and recommend sustainable strategies to enhance clinical education.
3. Facilitate a strategic approach to clinical placement planning and support the implementation of an IT system for clinical placement management.
4. Promote accountability and shared best practices across SA LHNs and all professions.
5. Lead the development of, and foster innovation in clinical placement models within SA Health LHNs in accord with *SA Health Clinical Placement Framework and Strategic Directions*

6. Identify and support placement opportunities in rural and remote areas

7. Specify annual clinical placement targets by profession, and annual operationalisation of *SA Health Clinical Placement Strategic Directions*

8. Develop processes for the collection and management of pre-requisite credentialing and data relating to clinical placements

9. Establish mechanisms for the monitoring and evaluation of clinical placements within LHNs, including negotiation and review of Schedule 2 agreements.

10. Providing resources to support a culture of learning and teaching

11. Maintain partnerships between the professions and the education providers across facilities and services.

**Office for Professional Leadership (OPL)**

The Chief Medical Officer, Chief Nurse and Midwifery Officer and Chief Allied and Scientific Health Advisor will be members of the SA Health Clinical Placement Executive Group to provide leadership from both interprofessional and single professional perspectives. The Chief Officers work collaboratively with the Chief Psychiatrist, Chief Pharmacist and Chief Pathologist.

The functions of OPL include:

1. Promoting the professions working together to strengthen existing relationships with education providers.
2. Providing profession specific advice as required.
3. Supporting improved approaches to clinical education e.g. interprofessional learning, simulated learning.
4. Improving the quality and evaluation of clinical placements.
5. Encouraging innovative new partnerships across organisations such as SA Health and Medicare Locals.
6. Responsibility for the Clinical Placements Project Team.

**Clinical Placements Project Team**

The Clinical Placements Project Team will provide administrative and secretarial support to the *SA Health Executive Clinical Placements Group* and *SA Health Clinical Placement Group*.

The functions of the SA Health Clinical Placements Project Team include:

1. Maintaining the deeds of agreement register and supporting renewal of deeds as required.
2. Acting as a central point for information about SA Health clinical placement processes, including clinical placement procedural information for new professions or education providers.
4. Supporting SA Health clinical placement policy development and strategic directions as determined by the *SA Health Executive Clinical Placement Group*.
5. Implement evaluation processes that inform the *SA Health Executive Clinical Placement Group* regarding the effectiveness of *The Framework*, including the governance arrangements.

**Integrated Regional Clinical Training Network (IRCTN) (ClinEdSA Advisory Board)**

The IRTCN (ClinEdSA) will retain responsibility for delivering Health Workforce Australia (HWA) Clinical Training Reform Programs in South Australia across sectors and professions through a network structure. ClinEdSA will continue to work across health professions, health sectors (including public and non-public health providers) and education and training providers. This will be to facilitate increased clinical placement capacity and quality and support innovative models of clinical training. ClinEdSA will also encourage key stakeholders to work together to ensure that clinical training supports future workforce requirements. ClinEdSA will specifically facilitate annual mapping and planning and support the coordination of nursing and midwifery clinical placements while funding remains. ClinEdSA will work with SA Health to find a solution for future clinical placement management under a fiscally sustainable model.
ClinEdSA will establish Clinical Placement Standing Committees when requested by IRCTN partners to assist in improving clinical placement management such as for midwifery, aged care, rural and remote.

The committees will support the development of a state-wide approach to clinical placements for each identified area, advise on profession specific concerns relating to clinical placements, annual allocations and any emerging issues. The committees will be comprised of relevant SA Health heads of profession, representatives of SA Health LHNs and representatives of education providers and where appropriate a range of other organisations including aged care services, private hospitals, private providers, Medicare Locals and non-government organisations (NGOs).
SA HEALTH CLINICAL PLACEMENTS: STRATEGIC DIRECTIONS FOR SYSTEM ENHANCEMENT, 2014-2016

Context

SA Health has developed a Strategic Clinical Placement Framework to guide actions that will enhance the operations of the clinical placements process throughout the State. This is to also promote training opportunities appropriate to the current and emerging workforce needs of SA Health.

SA Health is committed to ensuring enhancements to clinical placement systems are implemented in partnership with SA Health LHNs and state-wide services and education providers. This document provides a statement of strategic directions for 2014 and foreshadows work priorities beyond the current calendar year.

For simplicity, throughout this document when the term SA Health LHN is used, it refers to Local Health Networks/Health Network and State-wide Services.

Strategic Directions

Strategic directions were derived predominantly through consultation and discussion with a range of stakeholders across the State, a review of the literature, and consideration of clinical placement frameworks and policies in other jurisdictions.

The five strategic directions are illustrated in Figure 7. These directions articulate the priority strategies to be implemented from 2014.

Figure 7: Clinical Placement Strategic Directions

- Governance and Partnerships
- Cost Sharing and Funding Transparency
- Capacity and Workforce Planning
- System Improvement
Strategic Direction 1: Strengthening clinical placement governance and leadership

Actions

• Introduction and establishment of SA Health Clinical Placement Framework and the Clinical Placement Strategic Directions (this document)
• Implementation of a governance structure to oversee and drive implementation of The Framework and to provide effective leadership, undertake clinical placement strategic planning, and to monitor and appraise overall system performance
• Clear articulation of roles, responsibilities and expectations of all SA Health stakeholders
• Periodic review and refinement of The Framework and functions
• Initial and ongoing communication strategy developed and implemented informing SA Health staff and education providers of The Framework and The Strategic Directions

Rationale: A lack of governance and clarity regarding responsibility for the leadership, oversight, management and coordination of SA Health’s approach to clinical placements was identified through consultations. Establishment of a formal governance structure and The Framework will enable the articulation of overarching processes and expectations, stakeholder roles and responsibilities, and The Strategic Directions.

Strategic Direction 2: Fostering partnerships

Actions

• SA Health will seek feedback regarding The Framework and The Strategic Directions from relevant SA Health staff and education providers
• Collaboration between SA Health and education providers in the development, finalisation, implementation and review of business rules including the content of placement deeds of agreement and schedules
• Collaboration between SA Health and education providers to explore opportunities for greater efficiency in clinical placement management and coordination across the State
• Promotion of ongoing collaboration and linkages between SA Health and education providers to identify placement need and demand priorities into the future
• In collaboration with universities and relevant professional boards will explore evidence based innovative ideas and practices for clinical supervision, including greater application of simulation to achieve competencies
• Ensuring the opportunity for SA Health to provide comment and feedback to education providers regarding contemporary healthcare and alignment with curriculum
• Engagement with education providers to introduce and operationalise quality improvement activities such as state-wide quality and monitoring evaluation processes.

Rationale: The review of published literature and discussion with stakeholders supports strongly the importance of collaboration and communication between health services and education providers. This includes establishing and maintaining effective relationships between SA Health and education providers to promote optimal design, allocation and delivery of clinical placements, including greater alignment between placement demand and growth and system capacity, strategic priorities, and the resources required to provide a safe and quality learning experience.
### Strategic Direction 3: System Improvement

**Actions**

- exploring the development of SA Health Clinical Placement website to provide central repository of all information regarding clinical placement requirements and activities, including current iteration of The Framework and The Strategic Directions.
- reviewing the content of placement deeds of agreement, including the development and implementation of schedules
- establishing business rules including processes for prioritising placements and management of cancellation, last minute changes and potential ‘placement by exception’ where able to be accommodated
- exploring the costs and options for a SA Health data management system or electronic platform to support clinical placement coordination, monitoring and planning
- setting and communicating clearly articulated pre-placement requirements for all health students undertaking placements across SA Health services, including exploration of improved systems to ensure compliance with pre-placement requirements (such as student ‘placement pre-requisites’ or similar).
- endorsing and/or disseminating consistent templates for education providers (such as those developed by the Communicable Disease Control Branch for student immunisation and screening guidelines)
- developing a mechanism for better use of placements in rural and remote areas, including improving accommodation options and travel support for students
- continuing and enhancing central coordination for nursing and midwifery students through ClinEdSA or similar mechanism
- further investigating methods of operation, appropriate platform required, viability, necessary resources, funding and management responsibility in relation to expanding improved management of clinical placement requests and offers to all health professions
- fostering a culture of learning and teaching across health services through inclusion in mission statements and incorporating or strengthening responsibilities to supervise students in SA Health staff’s position descriptions
- promoting organisational support for SA Health clinical supervisors and facilitators to provide quality teaching and attend training to develop and expand competencies in supervision
- introducing and operationalising quality improvement activities such as state-wide quality and monitoring evaluation processes.

**Rationale:** Through consultations it was suggested that system capacity could be enhanced by improving efficiencies in regards to: collection and maintenance of robust activity data; management and coordination of placement; and utilisation of ‘gaps’ or underutilised opportunities for placements. There was strong support amongst stakeholders to establish clear business rules, particularly in clarifying roles and responsibilities, facilitating greater consistency and clarity around pre-placement requirements, streamlining agreement and administration processes and the establishment of a central location for information about clinical placements that incorporates relevant manuals, resources, templates and forms.

HWA published *National guidelines for clinical placement agreements* in 2013 and the content of these guidelines could be incorporated into future Deeds of Agreement as they are due for renewal.
Robust data collection and maintenance

Information regarding number, distribution and characteristics of clinical placement activity across SA Health services does not exist. Robust quality and scope of data is necessary to monitor and plan for clinical placement and requires an appropriate software platform through which it can be collected, managed and reviewed. Considering the foreshadowed move to activity-based funding for teaching, training and research activities by 2018, the capacity to provide accurate and timely data will be particularly important.

Improving efficiencies in placement management and coordination

There was general agreement that education providers were expected to have ensured the student was ready for placement prior to commencement. Specific requirements may be mandated by the education provider, the placement site, or relevant professional board (or combination). Key issues in relation to pre-placement requirements focused on: confidence of health services that all requirements are ascribed to prior to placement commencement; concern amongst education providers that the criminal history checks and screening requirements vary across SA Health services; a need for easily accessible database or records that can verify pre-placement compliance; and interest in a central source (e.g. SA Health website) through which to access all guidelines and forms relating to pre-placement checks.

How clinical placements are coordinated and managed varies between services, professions and education providers at present. Some of the professions tend to have ongoing arrangements with designated hospitals and services based on geography and historical relationships. Based on discussions with education providers, the sourcing, coordination and management of clinical placements utilises significant time and staffing resources. To implement a statewide centralised coordination process for all nursing, midwifery, medicine and allied health students would necessitate significant investment, time and commitment by SA Health and relevant stakeholders. It would also need to operate in parallel with clinical placement systems in place by education providers who regularly liaise with non-SA Health settings.

However, in the short term there was strong support from health services for the continuation and further refinement of the centralised coordination process in place for nursing and midwifery students. This would allow investigation of alternative clinical placement management options such as are currently in place in other jurisdictions.

Discussions with country health representatives found that there are services or placement opportunities in rural and remote settings which are not utilised for a range of reasons including:

- lack of accommodation, support, and the need for the student to self-fund
- motivation or preference of students to undertake a placement in a rural and remote setting
- smaller services not being able to provide clinically relevant experiences
- lack of clinicians (permanent or full time) to provide supervision for some professions.
Strategic Direction 4: Capacity and Workforce Planning

**Actions**

- introducing a data information system that supports clinical placement monitoring, planning and allocation processes
- specifying the data to be collected across the system and frequency of collection to support planning, monitoring and evaluation of agency capacity
- identifying current workforce need and in turn inform education providers of this need and discuss future workforce development priorities
- ensuring opportunity to provide comment and feedback to education providers regarding contemporary healthcare and alignment with curriculum
- identifying where placement capacity can be expanded or benefit from the introduction of clinical placement
- assessing resources and systems required to better utilise gaps within health services, both public, private, aged care and non-government settings
- exploring accommodation options and capacity for students in rural and remote areas
- implementing standardised annual planning process for nursing and midwifery clinical placements to confirm allocation of all placements by October of the preceding academic year
- exploring evidence based innovative ideas and practices for clinical education, including greater application of simulation to achieve competencies, telehealth technologies where appropriate and interprofessional learning
- exploring alternative training opportunities/modes for clinical supervision in rural and remote areas

**Rationale:** The focus of clinical placements over recent years has been largely on meeting education providers’ demand for placements. There is concern that: an oversupply of graduates is emerging for some professions; there is insufficient focus on ensuring appropriate levels of placements are occurring for professional groups where it is known there will be great future workforce demand; and limited consideration of service areas, sectors or regions for which there are current or projected health professional shortages. This direction focuses on supporting SA Health to better identify current and future workforce needs and align the placement of students within SA Health LHNs to areas of greatest need to build capacity and/or recruitment opportunities.

Greater utilisation of system gaps and opportunities

Through consultations, SA Health services were keen for better use to be made of all hospital shifts across the full working week (i.e. night and weekend rosters) and calendar year for some professions. This supports greater distribution of the work amongst supervisors, enables capacity to be expanded, facilitates greater continuity in supervisors and assists in building ‘work-readiness’ of students. Health services commented that they have capacity to take students on the weekend and overnight but would require support to do so (in terms of external or internal facilitation or clinical educator support).

Due to increasing demand for placement in some professions, a range of “non-traditional” settings are constantly sought, explored and used by some professions. While recognising that the placement must be appropriate to provide the experience to meet competency or placement requirements and that staff must be available or provided to undertake the supervision, additional areas suggested for health students include the justice system, palliative care, aged care settings and domiciliary care. Student led clinics, to address service
gaps in the State, were also considered highly valuable for the community while providing quality clinical education and training for participating students.

Discussions with country health representatives found that there are services or placement opportunities in rural and remote settings which are not utilised for a range of reasons including:

- lack of accommodation, support, and the need for the student to self-fund
- motivation or preference of students to undertake a placement in a rural and remote setting
- smaller services not being able to provide clinically relevant experiences
- lack of clinicians (permanent or full time) to provide supervision for some professions.

In response to growing demand it will be important to develop new clinical placement opportunities and methodologies. This includes the use of non-traditional settings for student placement as well as consideration of alternative modes and methods of teaching such as greater use of technology (for rural and remote areas) and simulated learning activities. Evidence is emerging also to support innovative teaching and learning models, including a greater emphasis on inter-professional learning.¹⁵

### Strategic Direction 5 Cost sharing and funding transparency

<table>
<thead>
<tr>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• identifying sources of funding and contributions towards the cost of clinical education and training.</td>
</tr>
<tr>
<td>• undertaking a research project to identify cost structures and contributions required of education providers and health services to support the development of sustainable clinical placement models into the future.</td>
</tr>
</tbody>
</table>

**Rationale:** The level of funding allocated by SA Health or education providers to support provision of clinical placements varies across professions.

This is a complex area that requires diplomatic negotiation to ensure the intangibles such as the professions’ commitment to the clinical placement system is valued and the existing relationships between health services and education providers are respected.

Table 2 summarises the strategic directions from 2014 and actions required to support these strategies. Additional detail regarding implementation is presented in Appendix E.
# Table 2: The Strategic Directions and supporting actions

<table>
<thead>
<tr>
<th>Strategic Directions</th>
<th>Supporting Actions</th>
</tr>
</thead>
</table>
| **Strategic Direction 1:** Strengthening clinical placement governance and leadership | • introduction and establishment of SA Health Clinical Placement Framework and the Clinical Placement Strategic Directions (this document)  
• implementation of a governance structure to oversee and drive implementation of The Framework and to provide effective leadership, undertake clinical placement strategic planning, and to monitor and appraise overall system performance  
• clear articulation of roles, responsibilities and expectations of all SA Health stakeholders  
• periodic review and refinement of The Framework and functions  
• initial and ongoing communication strategy developed and implemented informing SA Health staff and education providers of The Framework and The Strategic Directions |
| **Strategic Direction 2:** Fostering partnerships | • SA Health will seek feedback regarding The Framework and The Strategic Directions from relevant SA Health staff and education providers  
• collaboration between SA Health and education providers in the development, finalisation, implementation and review of business rules including the content of placement deeds of agreement and schedules  
• collaboration between SA Health, LHNs, statewide services and education providers to explore opportunities for greater efficiency in clinical placement management and coordination across the State  
• strengthening partnerships between rural and metropolitan health services to enable students to undertake “shared” placements across both facilities  
• promotion of ongoing collaboration and linkages between SA Health and education providers to identify placement need and demand priorities into the future  
• in collaboration with universities and relevant professional boards will explore evidence based innovative ideas and practices for clinical supervision, including greater application of simulation to achieve competencies  
• ensuring the opportunity for SA Health to provide comment and feedback to education providers regarding contemporary healthcare and alignment with curriculum  
• engagement with education providers to introduce and operationalise quality improvement activities such as state-wide quality and monitoring evaluation processes. |
| **Strategic Direction 3:** System Improvement | • exploring the development of SA Health Clinical Placement website to provide central repository of all information regarding clinical placement requirements and activities, including current iteration of The Framework and The Strategic Directions.  
• reviewing the content of placement deeds of agreement, including the development and implementation of schedules  
• establishing business rules including processes for prioritising placements and management of cancellation, last minute changes and potential ‘placement by exception’ where able to be accommodated  
• exploring the costs and options for a SA Health data management system or electronic platform to support clinical placement coordination, monitoring and planning  
• setting and communicating clearly articulated pre-placement requirements for all health students undertaking placements across SA Health services, including exploration of improved systems to ensure compliance with pre-placement requirements (such as student ‘placement pre-requisites’ or similar).  
• endorsing and/or disseminating consistent templates for education providers (such as those developed by the Communicable Disease Control Branch for student immunisation and screening guidelines) |
<table>
<thead>
<tr>
<th>Strategic Directions</th>
<th>Supporting Actions</th>
</tr>
</thead>
</table>
| **Strategic Direction 4: Capacity and Workforce Planning** | • developing a mechanism for better use of placements in rural and remote areas, including improving accommodation options and travel support for students  
• continuing and enhancing central coordination for nursing and midwifery students through ClinEdSA or similar mechanism  
• further investigating methods of operation, appropriate platform required, viability, necessary resources, funding and management responsibility in relation to expanding improved management of clinical placement requests and offers to all health professions  
• fostering a culture of learning and teaching across health services through inclusion in mission statements and incorporating or strengthening responsibilities to supervise students in SA Health staff's position descriptions  
• promoting organisational support for SA Health clinical supervisors and facilitators to provide quality teaching and attend training to develop and expand competencies in supervision  
• introducing and operationalising quality improvement activities such as state-wide quality and monitoring evaluation processes. |
| **Strategic Direction 5: Cost sharing and funding transparency** | • introducing a data information system that supports clinical placement monitoring, planning and allocation processes  
• specifying the data to be collected across the system and frequency of collection to support planning, monitoring and evaluation of agency capacity  
• identifying current workforce need and in turn inform education providers of this need and discuss future workforce development priorities  
• ensuring opportunity to provide comment and feedback to education providers regarding contemporary healthcare and alignment with curriculum  
• identifying where placement capacity can be expanded or benefit from the introduction of clinical placement  
• assessing resources and systems required to better utilise gaps within health services, both public, private, aged care and non-government settings  
• exploring accommodation options and capacity for students in rural and remote areas  
• implementing standardised annual planning process for nursing and midwifery clinical placements to confirm allocation of all placements by October of the preceding academic year  
• exploring evidence based innovative ideas and practices for clinical education, including greater application of simulation to achieve competencies, telehealth technologies where appropriate and interprofessional learning  
• exploring alternative training opportunities/modes for clinical supervision in rural and remote areas |
| • identifying sources of funding and contributions towards the cost of clinical education and training.  
• undertaking a research project to identify cost structures and contributions required of education providers and health services to support the development of sustainable clinical placement models into the future. |
ATTACHMENT A: APPROACH TO IMPLEMENTATION

SA Health will produce annual clinical placement strategic directions which will guide implementation activities over a rolling three year period including specific detail for the forthcoming calendar year. Table 3 presents the preliminary iteration of proposed priorities and implementation of the SA Health Clinical Placement Framework and Clinical Placement Strategic Directions. These activities are proposed under the assumption that staffing and resourcing will be available to undertake them which will be determined throughout the finalisation of The Framework and accompanying parcels of work.

The key to priority timing for categories is as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Short term</td>
<td>3-6 months</td>
</tr>
<tr>
<td>2. Medium term</td>
<td>up to 12 months</td>
</tr>
<tr>
<td>3. Long term</td>
<td>12 to 36 months</td>
</tr>
<tr>
<td>Strategic Directions</td>
<td>Specific Task or Action Required</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1. GOVERNANCE AND LEADERSHIP</td>
<td>Introduction and establishment of <em>The Framework</em> and <em>The Strategic Directions</em>, including implementation of new governance structure</td>
</tr>
<tr>
<td></td>
<td>Develop and implement communication strategy that informs SA Health staff and education providers of the SA Health Clinical Placement Framework and strategic directions</td>
</tr>
<tr>
<td></td>
<td>Seek feedback regarding <em>draft Framework</em> and <em>Strategic Directions</em> from education providers (external consultation) and relevant SA Health staff</td>
</tr>
<tr>
<td></td>
<td>Periodic review of <em>The Framework</em> and functions</td>
</tr>
<tr>
<td>2. FOSTERING PARTNERSHIP</td>
<td>Establish clinical placement deeds of agreement and schedules between SA Health and education providers (link to Strategic Direction 2)</td>
</tr>
<tr>
<td></td>
<td>Identify placement need and demand priorities into the future; and exploring opportunities for greater efficiency in clinical placement management and coordination across the State</td>
</tr>
<tr>
<td></td>
<td>Explore evidence based innovative ideas and practices for clinical supervision, including greater application of simulation to achieve competencies, telehealth technologies where appropriate and interprofessional learning</td>
</tr>
<tr>
<td></td>
<td>Strengthen partnerships between rural and metropolitan health services allowing students to undertake “shared” placements across both facilities</td>
</tr>
<tr>
<td></td>
<td>Introduce and operationalise quality improvement activities such as state-wide quality and monitoring evaluation processes</td>
</tr>
<tr>
<td></td>
<td>Promote greater consistency and clarity of assessment frameworks and expected aims of clinical placement by education providers where identified</td>
</tr>
</tbody>
</table>

2 * DHA – Project Officer within OPL, System Performance, Department for Health and Ageing, funded up to 30/6/14 by ClinEdSA to undertake action.
<table>
<thead>
<tr>
<th>Strategic Directions</th>
<th>Specific Task or Action Required</th>
<th>Activity (short term, medium term, long term)</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| 3. **SYSTEM IMPROVEMENT** | Development of SA Health Clinical Placement website to provide central repository of all information regarding clinical placement requirements and activities  
Development, finalisation, implementation and review of business rules including the content of placement deeds of agreement  
Development and implementation of Schedules 2  
Exploration of the costs and options for a SA Health data management system or electronic platform to support clinical placement coordination, monitoring and planning  
Communication of clearly articulated pre-placement requirements for all health students undertaking placements across SA Health services, including systems to ensure compliance  
Endorsement and/or dissemination of consistent templates for education providers (such as those developed by the Communicable Disease Control Branch for student immunisation and screening guidelines).  
Clear processes and communication mechanisms to manage cancellation, last minute changes and potential 'placement by exception' where able to be accommodated  
Continuation and enhancement of central coordination for nursing and midwifery students through ClinEdSA or similar mechanism  
Improve accommodation options and travel support for students in rural and remote areas  
Further investigation on methods of operation, appropriate platform required, viability, necessary resources, funding and management responsibility in relation to expanding improved management of clinical placement requests and offers to all health professions  
Fostering a culture of learning and teaching across health services through inclusion in mission statements and incorporating or strengthening responsibilities to supervise students in SA Health staff’s position descriptions  
Organisational support for SA Health clinical supervisors and facilitators to provide quality teaching and attend training to develop and expand competencies in supervision | 1 1 1 1 1 1 1 2 2 3 3 | DHA* DHA*/Clinical Placement Executive Group LHN ClinEdSA DHA* ClinEdSA & Clinical Placement LHN Group ClinEdSA & Clinical Placement Executive Group Clinical Placement LHN Group & Workforce Clinical Placement LHN Group |
<table>
<thead>
<tr>
<th>Strategic Directions</th>
<th>Specific Task or Action Required</th>
<th>Activity (short term, medium term, long term)</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4. CAPACITY AND WORKFORCE PLANNING</strong></td>
<td>Introduce a data information system that supports clinical placement monitoring, planning and allocation processes</td>
<td>1</td>
<td>ClinEdSA</td>
</tr>
<tr>
<td></td>
<td>Specify the data to be collected across the system and frequency of collection to support planning, monitoring and evaluation of agency capacity</td>
<td>2</td>
<td>ClinEdSA</td>
</tr>
<tr>
<td></td>
<td>Define priority categories for clinical placements by profession</td>
<td>1</td>
<td>Clinical Placement LHN Group &amp; ClinEdSA</td>
</tr>
<tr>
<td></td>
<td>Ensure opportunity to provide comment and feedback to education providers regarding contemporary healthcare and alignment with curriculum</td>
<td>3</td>
<td>Clinical Placement LHN Group</td>
</tr>
<tr>
<td></td>
<td>Identify where placement capacity can be expanded or benefit from the introduction of clinical placement</td>
<td>2</td>
<td>Clinical Placement LHN Group &amp; ClinEdSA</td>
</tr>
<tr>
<td></td>
<td>Assessment of resources and systems required to better utilise gaps within health services, both public, private, aged care and non-government settings</td>
<td>2</td>
<td>Clinical Placement LHN Group</td>
</tr>
<tr>
<td></td>
<td>Explore accommodation options and capacity for students in rural and remote areas</td>
<td>2</td>
<td>Clinical Placement LHN Group</td>
</tr>
<tr>
<td></td>
<td>Implement standardised annual planning process for nursing and midwifery clinical placements to confirm allocation of all placements by October of the preceding academic year</td>
<td>1</td>
<td>ClinEdSA</td>
</tr>
<tr>
<td></td>
<td>Explore evidence based innovative ideas and practices for clinical supervision, including greater application of simulation to achieve competencies, telehealth technologies where appropriate and interprofessional learning</td>
<td>3</td>
<td>Clinical Placement LHN Group</td>
</tr>
<tr>
<td></td>
<td>Explore alternative training opportunities/modes for clinical supervisors in rural and remote areas</td>
<td>3</td>
<td>Clinical Placement LHN Group</td>
</tr>
<tr>
<td><strong>5. COST SHARING AND FUNDING TRANSPARENCY</strong></td>
<td>Identify sources of funding and contribution towards the cost of clinical education and training.</td>
<td>1</td>
<td>Clinical Placement Executive Group</td>
</tr>
<tr>
<td></td>
<td>Undertake a research project to identify cost structures and contributions required of education providers and health services to support the development of sustainable clinical placement models into the future.</td>
<td>1</td>
<td>Clinical Placement Executive Group</td>
</tr>
</tbody>
</table>
ATTACHMENT B: POTENTIAL RISKS AND MITIGATION STRATEGIES

This section presents potential risks associated with the project, the probability and impact of the risk eventuating, the consequence if the risk eventuates, and mitigation strategies.

Each potential risk is rated with a numerical value for impact (high = 3, medium = 2, low = 1) and probably (high = 3, medium = 2, low = 1). These values are multiplied to calculate an overall rating. The resulting score determines how much weight to give to each risk, as presented in the scoring matrix in Table 4.

<table>
<thead>
<tr>
<th>Score</th>
<th>Combinations</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>High impact x high probably</td>
<td>Serious consideration to be given to the mitigation strategy and the ability to continue the project if the risk eventuates.</td>
</tr>
<tr>
<td>6</td>
<td>High impact x medium probably Medium impact x high probably</td>
<td>Consideration should still be given to the mitigation strategy and alternative approaches.</td>
</tr>
<tr>
<td>4</td>
<td>Medium impact x medium probably</td>
<td>A sound mitigation strategy should be developed, but less likely to need to consider it.</td>
</tr>
<tr>
<td>2</td>
<td>Medium impact x low probably Low impact x medium probably</td>
<td>Potential of risk should be noted, but low chance of risk occurring or impacting.</td>
</tr>
<tr>
<td>1</td>
<td>Low impact x low probably</td>
<td>Unlikely for risk to eventuate or impact on project.</td>
</tr>
<tr>
<td>Strategy</td>
<td>Potential Risk</td>
<td>Potential impact of risk</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
</tbody>
</table>
| 1. GOVERNANCE AND LEADERSHIP   | Lack of clarity of what is expected of those involved in the new governance structure and willingness to take on the roles | MEDIUM                   | 3             | 2                  | 6             | • Prepare selection criteria, terms of reference for committee members and roles statements for Chairs of Committees and individuals involved in the new governance structure.  
  • Encourage champions across SA Health to be involved in the new governance structure.  
  • Have someone appointed to monitor and support the implementation process and takes responsibility for clarifying issues as they arise.  
  • Provide opportunities for regular review of the governance structure and implementation of changes as required. |
|                                | Lack of engagement of SA Health staff or education providers with the strategic directions. | MEDIUM                   | 2             | 2                  | 4             | • Strong communication and consultation strategy that supports SA Health staff and education providers become familiar with and provide feedback on The Framework and The Strategic Directions.  
  • Provide opportunities for stakeholders to be actively involved in implementation processes. |
| 2. FOSTERING PARTNERSHIP       | Willingness of education providers to work collaboratively with SA Health.       | LOW                      | 2             | 1                  | 2             | • Development of strategies that will support the strengthening of relationships between Senior Executives at SA Health and University Vice Chancellors and Directors of VET providers.  
  • Establishment of regular meetings with education providers and appointment of relationship managers that assist in resolving issues that may arise. |
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Potential Risk</th>
<th>Potential impact of risk</th>
<th>Impact rating</th>
<th>Probability rating</th>
<th>Overall rating</th>
<th>Mitigation strategy</th>
</tr>
</thead>
</table>
| **FOSTERING PARTNERSHIP (contd)** | Lack of agreement on business rules and terms to be incorporated in deeds and schedules | LOW                     | 2            | 1                  | 2             | • Ensure team of people leading negotiation of business rules has good knowledge of current process and business requirements, good drafting and negotiating skills.  
  • Have mechanisms in place for issues to be elevated to a more senior level for resolution as required. |
<p>|                          | Administrative burden associated with introduction of state-wide quality and monitoring evaluation processes | MEDIUM                   | 2            | 2                  | 4             | • Project leader needs to have a good knowledge of quality systems and evaluation processes in place across SA Health and education institutions, to ensure processes build on existing systems and are both efficient and effective. |
|                          | Lack of support for education providers to work towards greater consistency in assessment frameworks | MEDIUM                   | 3            | 2                  | 6             | • Given this is an issue that requires broad support over time within professions, it is important strategies involve systemic approaches of working with professional associations and HWA to gain the required level of consistency. |
| 3. <strong>SYSTEM IMPROVEMENT</strong> | Poor implementation of clinical placement or data management systems or electronic platforms | HIGH                     | 3            | 3                  | 9             | • Ensure scope of projects is clearly defined and good implementation plans and risk management plans developed to support timely and effective implementation. |
|                          | Poor introduction of system improvement initiatives                              | MEDIUM                   | 2            | 2                  | 4             | • Ensure scope of projects is clearly defined and good implementation and risk management plans are developed to support timely and effective implementation. |
| 4. <strong>CAPACITY AND WORKFORCE PLANNING</strong> | Poor introduction of capacity and workforce planning initiatives          | MEDIUM                   | 2            | 2                  | 4             | • Ensure scope of projects is clearly defined and sound planning processes and risk management plans are developed to support timely and effective implementation. |</p>
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Potential Risk</th>
<th>Potential impact of risk</th>
<th>Impact rating</th>
<th>Probability rating</th>
<th>Overall rating</th>
<th>Mitigation strategy</th>
</tr>
</thead>
</table>
| 5. COST SHARING AND FUNDING TRANSPARENCY | Lack of willingness to participate in research to identify cost structures and contributions required to support sustainable clinical placement models | HIGH                     | 3             | 2                 | 6              | • Provide opportunities for University Vice Chancellors and Directors of VET providers to input into identifying the issues that need to be examined and the approach to the project. 
• Carefully select the person(s) to lead this project to ensure they gain appropriate levels of engagement and have the capacity to manage associated risks. 
• Ensure scope of projects is clearly defined and sound planning processes and risk management plans are developed to support effective project implementation. |
ATTACHMENT C: COMMUNICATION PLAN

Given the new strategic approach it is important SA Health staff and education providers understand how they can participate in supporting SA Health’s Clinical Placement Strategic Directions. Communications will be developed and disseminated to provide information about the vision, mission, values, new governance structure and strategic directions on endorsement of the SA Health Clinical Placement Framework.

Following the preliminary draft (this document) ongoing stakeholder consultation and engagement will be sought. It is recognised that a diverse range of stakeholders will have in interest in and make a valuable contribution to the refinement, finalisation and implementation of the proposed Framework, including the supporting Clinical Placement Strategic Directions and their associated activities. On completion and finalisation of The Framework and preliminary structures a communication plan is proposed in Table 6.

Table 6: Proposed Communication Plan for initial and subsequent dissemination

<table>
<thead>
<tr>
<th>Action or aim</th>
<th>Target group</th>
<th>Method</th>
<th>Responsibility</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>To inform all stakeholders of The Framework and The Strategic Directions</td>
<td>All senior executives in SA Health</td>
<td>Initial CE check will be sent electronically to all senior executives in SA Health along with a copy of The Framework and The Strategic Directions.</td>
<td>To be determined following endorsement of governance structure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA Health staff</td>
<td>An information bulletin will be prepared to support senior executives inform their staff. All internal methods of communication utilised such as intranet notifications. Senior executives are to inform team during meetings and other regular correspondence. Hard copy bulletins and notices disseminated to hospital and service sites to ensure message reaches all clinicians. Discussion through established professional working groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Education Providers</td>
<td>An email sent by the Chief Executive of SA Health. Discussion through established professional working groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public</td>
<td>Information regarding The Framework published on: SA Health Website Twitter Facebook page</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing communication regarding all clinical placement activity</td>
<td>All senior executives in SA Health SA Health staff Education Providers Private organisations and clinicians Non Government Organisations Students General public</td>
<td>Potential SA Health webpage to provide a repository of all clinical placement information and documentation, including the most up to date Framework, business rules, pre-placement requirements and guides and pro-formas</td>
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</table>
ATTACHMENT D: LITERATURE REVIEW

The following document presents the methodology and findings of the literature review undertaken to inform the development of a SA Health Clinical Placement Framework.

This section provides an overview of the methodology used in undertaking the literature review.

Criteria for considering studies

Types of studies

There was no restriction on the type of studies included in the literature search. The search also included grey literature and other systematic reviews or meta-analyses, and additional references identified from a review of reference lists of literature obtained. Only literature published in English was reviewed for the project.

The material reviewed was considered for inclusion based on relevance to the topic, how it would contribute to the goals of the project, and the authority of the journal, organisation and/or author (peer reviewed or recognised in the field). The degree of currency was also taken into account.

Types of participants or population

The search was conducted to find literature specific to clinical placement frameworks used locally, interstate and/or overseas, with the inclusion of literature relevant to the governance and management of clinical placements. Populations considered by the search included the following:

- organisations or services involved in clinical placements including government health departments, health services, and universities or other higher education providers, and
- professions including medicine, nursing, midwifery, dental and oral health, and allied health (both collectively and individually) with students involved in undertaking clinical placements.

Types of interventions

The interventions considered in the search included the following:

- clinical placement frameworks or governance arrangements (including but not limited to the organisation of placements, payment structures, incentives, software utilised, guidelines and any partnership agreements) in Australia or overseas
- models aiming to address clinical placement shortages, including those in areas of high workforce demand (e.g. rural and remote areas)
- interdisciplinary or single discipline frameworks or governance models (e.g. medicine, nursing, midwifery, allied health, and/or individual allied health discipline).

Types of outcome measures

Outcome measures included the validity, robustness and/or suitability for adaptation of clinical placement frameworks to the SA context, and/or performance indicators measuring impact, quality and/or effectiveness across short, medium and/or long-term timeframes.

Exclusion criteria

Literature that focused specifically on the supervision of students and/or teaching methods whilst students are on placement were excluded (e.g. clinical supervision frameworks), except where these were examined or presented as part of a broader clinical placement framework. Where jurisdictional or regional frameworks or governance models had been superseded by more recent frameworks, only the most recent models were considered.

Time period

A time criterion was set for materials published from 1993 to current (December 2013). A twenty year period was used due to there being limited literature available.
Search methods for identification of studies

Published articles and grey literature (e.g. organisational or departmental reports, frameworks, guidelines, plans and other resources) were sourced through the following on-line electronic databases: Google; Google Scholar; PubMed; and Cochrane Library. In addition to this, additional material was sourced from reference lists. The search included but were not limited to the following:

<table>
<thead>
<tr>
<th>Primary search term</th>
<th>Secondary search terms used to narrow or broaden search as required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical placement</td>
<td>Framework</td>
</tr>
<tr>
<td>Clinical education</td>
<td>Governance</td>
</tr>
<tr>
<td>Clinical practice</td>
<td>Incentive</td>
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<td></td>
<td>Shortages</td>
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<td></td>
<td>Nursing</td>
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<td></td>
<td>Allied Health</td>
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<td>Rural</td>
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<td></td>
<td>Cost benefit</td>
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<td>Cost effectiveness</td>
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<td></td>
<td>New South Wales</td>
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<td>Victoria</td>
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<td>South Australia</td>
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<td>Western Australia</td>
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<td>Tasmania</td>
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<tr>
<td></td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td></td>
<td>Northern Territory</td>
</tr>
</tbody>
</table>

This section presents the key findings identified in the review of the literature.

Literature reviewed

A total of 15 published journal articles, and 15 documents from grey literature including clinical placement frameworks from three jurisdictions, were identified and reviewed.

Much of the reviewed literature published in peer reviewed journals related to:

- quality of clinical placements, including enablers and barriers
- innovations to improve clinical placement capacity, including in rural and remote areas, and/or
- models (including structures and processes) to improve quality and/or capacity.

Whilst a review of enablers and models to improve clinical placement quality and capacity is not the focus of this literature review, aspects or goals regarding clinical placement quality, capacity and/or innovation are variously included as key elements, principles or strategic priorities in existing frameworks or plans. Where relevant, these findings are presented for consideration as to whether they should be included in the SA Health Clinical Placement Framework.

Publicly available clinical placement frameworks from other states or countries were also reviewed, particularly with respect to governance and management approaches in line with the current project requirements. These
frameworks variously include the following either as part of the framework or in accompanying documents (e.g. guidelines, agreements): vision, mission, purpose, scope, principles, key elements of best practice, roles and responsibilities, outcomes and enablers. Each of these is presented for consideration as to whether they should be included in the SA Health Clinical Placement Framework.

**Need for clinical placement framework**

**Background**

Several authors in both Australia and internationally reported increasing difficulties finding clinical placements due to factors such as healthcare restructuring (including a shift to the community sector), workforce shortages, and increased student enrolments. These difficulties have been further compounded in many instances by a lack of central coordination for one or more aspects of the clinical placement process. This is illustrated by the following quote from an Australian article:

*Each hospital may have links with any number of universities with whom they negotiate the placement of students for practical (clinical) experience. Unlike the practices in many other countries, it is not uncommon for hospitals to receive requests to provide placements for students from many different universities and colleges, especially in nursing and the allied health disciplines. This practice adds a complexity to the management and organisation of placements as each university has individual contractual requirements, quality assurance processes, governance arrangements, policies and procedures for dealing with students as well as different sets of learning outcomes specified for each placement. ... These problems may be amplified in rural hospitals, as many health curricula require students to undertake a placement experience in a rural setting.*

**Health Workforce Australia**

The Council of Australian Governments (COAG) has recognised that the clinical training of Australia’s health professionals must be nationally coordinated, consistent, and focused on quality. COAG identified clinical training reform as an important part of national health reform and tasked Health Workforce Australia (HWA) with leading national coordination and reform in this area.

The programs and projects being undertaken by HWA’s Clinical Training Reform work group are:

- Clinical Supervision Support Program (CSSP)
- Integrated Regional Clinical Training Networks (IRCTN)
- Simulated Learning Environments (SLE), and
- Clinical training funding.

**Integrated Regional Clinical Training Networks**

IRCTNs have been established as a mechanism to coordinate and facilitate clinical placements across all types of service providers at a regional level. Implementation of a majority of CSSP projects and activities, plus delivery of some aspects of other HWA programs including SLE, are supported through the IRCTNs.

IRCTNs support collaboration between higher education and training and government and non-government clinical training providers to manage increasing student numbers. Clinical placements span both urban and rural environments, and include public and non-government health, mental health, aged care, primary and community health service organisations.

A total of 27 regional and three coordinating IRCTNs have been established across all states and territories.

The IRCTN in South Australia is ClinEdSA.

**ClinEdSA**

ClinEdSA is funded by HWA as part of the integrated Regional Clinical Network initiative and hosted by the South Australian Department for Health and Ageing to work across public and private health services, higher and further education sectors as well as aged care, primary care and rural and remote health care services. Governance is provided by the ClinEdSA Board with a wide range of sector representation.
ClinEdSA has supported the planning and coordination of nursing and midwifery clinical placements in South Australia by undertaking annual mapping and daily operational support for placement bookings. At present the Clinical Placement Systems Coordinator liaises with the health services regarding placement requirements and management. However, the capacity to provide this service beyond December 2013 is dependent on whether HWA makes further funding available.

**SA Health**

As a major provider of clinical placements in South Australia, SA Health has identified that a dedicated, coordinated examination of the strategic and operational management of clinical placements in SA Health facilities is needed to strengthen partnerships, simplify processes and build on quality placements.

The proposed SA Health Clinical Placement Framework will give system and structure to the way SA Health manages clinical placements in its facilities and in doing so will deliver the business rules, policies and processes that are needed to meet SA Health’s commitment to clinical training and education now and into the future.

**Quality clinical placements**

**Context**

Ensuring and/or supporting quality of clinical placements is included in the strategic priorities of both the Victorian Department of Health Strategic Plan for Clinical Placements 2012-2015 and the NSW Interdisciplinary Training Networks Strategic Plan 2013-2016.

Quality clinical placements and best practice clinical learning environments are important not only to optimise student learning experiences and ensure staff are supported and encouraged to provide these experiences, but also to meet the respective goals of both health agencies and higher education institutions, namely:

- provision of safe and competent patient care,
- development of health professionals to standards designated by relevant registration boards.

Whilst not the direct focus of this literature review, the SA Health Clinical Placement Framework needs to ensure that key elements of quality or best practice clinical learning environments are supported by the Framework.

**Key elements of quality in clinical placements**

In May 2008, the Victorian Department of Health commissioned the Best Practice Clinical Learning Environments (BPCLE) project. The primary objective of that project was to develop a framework to underpin consistency and excellence in clinical education and training across the state. Six key elements of best practice clinical learning environments were identified after extensive stakeholder consultation.

A report commissioned by Health Workforce Australia in 2012 to inform the potential development of a national plan for promoting quality in clinical placements identified five key enablers known to improve the quality of clinical placement experience. These enablers were based on an extensive literature review and supported by subsequent consultation.

The key enablers of quality or best practice clinical placements from each of the above projects are summarised in Table 8, demonstrating similar findings from each project.
Table 8: Key enablers of quality clinical learning environments

<table>
<thead>
<tr>
<th>Department of Health, Victoria (BPCLE Framework)</th>
<th>HWA (Siggins Miller consultants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six key characteristics of high performing clinical learning environments</td>
<td>Five key enablers which improve quality of clinical placements</td>
</tr>
<tr>
<td>An organisational culture that values learning</td>
<td>A culture for quality, comprising relationships, learning and best practice</td>
</tr>
<tr>
<td>Best practice clinical practice</td>
<td>Learning opportunities largely supporting participation in direct patient care</td>
</tr>
<tr>
<td>A positive learning environment</td>
<td>Effective communication and collaboration between students, academic institutions and placement sites to ensure adequate placement preparation</td>
</tr>
<tr>
<td>Effective communication processes</td>
<td>Resources and facilities to conduct clinical placement activities</td>
</tr>
<tr>
<td>A supportive health service-education provider relationship</td>
<td>Effective supervision founded on a good supervisory relationship</td>
</tr>
<tr>
<td>Appropriate resources and facilities</td>
<td></td>
</tr>
</tbody>
</table>

The review of published literature for the current project supports the above quality elements for best practice clinical placements, in particular the need for a supportive culture, and structures and processes to support collaboration and communication between health services and education providers.

Supportive culture and commitment to the health agency as a learning environment

It has been argued that all other elements critical to enhancing the clinical placement experience are underpinned by a culture for quality. Several authors reporting the success of local or regional clinical placement models have commented on the importance of a philosophy of the hospital being a learning community, with a commitment to such philosophy by all staff in the organisation. This commitment must start at a senior level within health services, and can be manifested in a number of ways including reflection in job descriptions, comprehensive training programs for supervisors or preceptors, financial incentives, allocation of time for teaching and education coordination, credit toward postgraduate qualifications, and/or adjunct appointments for clinical educators. In discussing the allied health sector, Rodger et al (2008) propose the following:

*There needs to be a commitment at the level of the national government (between health/human services and tertiary education sectors) to collaboration and to the shared goal of facilitating the provision of skilled professionals who will be the health and human services workforce of the future.*

The organisational commitment to teaching and learning ensures that all employees, whether directly involved in education or not, view educational duties as beneficial and not a “burdensome obligation” or the “first thing to go” if budget cuts are required. Supporting and committed cultures are ones where students are valued, and education is built into all aspects of health service planning.

Effective collaboration and communication

As part of an organisational commitment to teaching and learning, several authors have commented on the importance of leadership commitment to collaborative approaches for achieving health service and education provider goals.

Collaborative models established between a hospital or health service and several tertiary education providers for placement of nursing students have been reported in both rural Victoria and at the Princess Alexandra Hospital in Queensland. Whilst the aims of both these studies were different, both reported that one outcome of the collaborative approach was the development and appointment of a dedicated clinical facilitator position to support both preceptors and students, undertake evaluations, and liaise with education providers.

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1 Barnett et al (2010) aimed to develop and evaluate a collaborative model of clinical education to increase health care agency capacity to accommodate student placements and improve workplace readiness, and Henderson et al (2007) aimed to examine practices intrinsic to development of strategic partnerships between healthcare organisation and tertiary institution to support staff involved in student learning.
providers. In the Victorian context, funding for this position was apportioned across education providers on the basis of student placement weeks. Despite recognising that establishing and maintaining collaborative partnerships may be time consuming, these partnerships with clear communication channels including clinical facilitator roles, not only assisted in management of student placements but also contributed to increased levels of hospital staff satisfaction and increased capacity to accommodate students.

A collaborative approach is not only important for enhancing clinical placement of nursing students. Barnett et al (2011) mapped and described organisation of student placements across 16 clinical health disciplines at three hospitals in rural Victoria. Sharing and communication of placement information both between disciplines and clinical areas, as well as between hospitals and universities, were part of the vision created at each of the three hospitals to improve the management of placements. Despite different approaches at different sites (two sites had highly devolved and discipline-based models and one had recently implemented a more centralised approach), the authors concluded that:

*Genuine collaboration between the professions and universities is essential if more students are to be safely and effectively accommodated for placement in our hospitals. Should this dialogue not occur, then universities and other stakeholders will continue to compete for finite and limited placements that will, in effect, displace Peta to place Paul.*

**Innovations and capacity in public health services**

Once commitment to a collaborative approach for supporting training of the upcoming health workforce is established, a key role of health services is to review current capacity for student placements with a view to increasing capacity where possible. The SA Health Clinical Placement Framework should recognise the role of health organisations in reviewing capacity for clinical placements, and encourage innovative and collaborative approaches to increase capacity and quality of placements where possible.

HWA has reported several barriers to expanding placement capacity including limited infrastructure, insufficient supervisory resources, existing partnership arrangements which may limit access by other tertiary institutions, a culture which does not support clinical placements as part of core responsibilities, and a perceived lack of funding. Opportunities to address these factors are also reported, including enhancement of public hospital placements by using existing resources across additional shifts and by providing more support to providers.

There are also examples in the published literature where innovative approaches to clinical placements are already occurring and two of these are outlined below:

**Rural Health Service, Victoria.**

Barnett et al (2010) report on a new preceptorship model developed between one health service and three universities placing nursing students at a rural health service in Victoria. As outlined in the previous section, this model rewarded and supported clinical supervisors/preceptors and introduced a dedicated clinical facilitator role, but also reviewed and made greater use of shifts and weekend placements, re-configured clinical placement timetables from each education provider to increase number of weeks in the year that the hospital could accept students, and identified common clinical objectives and student evaluation tools. Over a four year period, the introduction of this model was associated with a 58% increase in the number of students taken per year and a 45% increase in the number of student placement weeks, with no apparent impact on quality of learning.

**University Placement Allocation Committee (UPAC), Psychology education providers, South Australia**

Lynd-Stevenson et al (2007) outlined the development and evaluation of UPAC, a central allocation committee for clinical placement of psychology students comprising placement coordinators at three South Australian universities plus representation from the clinical community. Although this committee does not include health service representation, a survey of field supervisors indicated strong endorsement for UPAC as a viable means of allocating community placements on an equitable basis between universities. Notably, UPAC is based on the principle (amongst others) that each university has equal access to all community placements, thus negating any allegiances between supervisors and particular universities, and thereby increasing the range of placements available to students at each university.
Rural and remote considerations

Specific issues around best practice clinical placements in rural and remote areas need to be considered to ensure the applicability of the SA Health Clinical Placement Framework to this sector. In particular it must be recognised that one of the overt goals of ensuring quality placements and expanding placement capacity in rural and remote areas is to assist in addressing current workforce shortages.\textsuperscript{55,36,37} That is, clinical placements are part of a comprehensive recruitment strategy.

A report commissioned by Health Workforce Australia in 2012 aimed to determine the elements of an effective clinical placement which are transferable to rural/remote settings to expand clinical placements in these locales.\textsuperscript{38} Separately, the Victorian Healthcare Association (VHA) was contracted by the Victorian Department of Health to implement and manage the Community Health and Small Rural Clinical Placement Development Program, which identified key strategies to enable increased capacity and quality of placements in the sector\textsuperscript{39}. Key findings from these projects with respect to clinical placements in rural and remote areas are presented in Table below.

Table 9: Key enablers of quality and capacity in clinical placements in rural and remote areas

<table>
<thead>
<tr>
<th>HWA (2013)\textsuperscript{38}</th>
<th>VHA (2011)\textsuperscript{39}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key elements of effective clinical learning environments in rural and remote settings\textsuperscript{4}</td>
<td>Key strategies to enable increased placement capacity and quality in community health and small rural sectors</td>
</tr>
<tr>
<td>An organisational culture that values learning</td>
<td>Including placement supervision in all relevant job descriptions</td>
</tr>
<tr>
<td></td>
<td>Centralising placement coordination within agencies and including placements in annual planning cycles</td>
</tr>
<tr>
<td>A positive learning environment</td>
<td>Promoting the value of placements in the sector to staff and students</td>
</tr>
<tr>
<td>Effective communication processes</td>
<td>Providing clarity around placement expectations for students</td>
</tr>
<tr>
<td>A supportive health service-education provider relationship</td>
<td>Streamlining application and orientation processes for students</td>
</tr>
<tr>
<td>Appropriate resources and facilities</td>
<td>Providing increased organisational support to students (such as accommodation, transport, IT, physical space within agencies)</td>
</tr>
<tr>
<td><strong>Effective interprofessional learning</strong></td>
<td>Investigating innovative placements (such as multidisciplinary, multi-student or multi-site)</td>
</tr>
<tr>
<td>Quality of supervision</td>
<td>Providing supervision training and support to staff</td>
</tr>
<tr>
<td>A safe working environment</td>
<td>-</td>
</tr>
<tr>
<td>Best practice clinical practice</td>
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</tbody>
</table>

* Additional elements for rural and remote sector beyond those identified in BPCLE Framework for quality placements are indicated in bold

Published journal literature reviewed for the current project also emphasised the importance of the following in improving quality and capacity of rural and remote placements both in Australian and international contexts:

- increased support to students including accommodation (rent-free housing), travel stipends, living away from home allowances
- sharing of placement data within hospitals, smoothing utilisation patterns across the year, and establishing opportunities for interprofessional education.\textsuperscript{20,36,37}
Framework Elements, Structures and Processes

Establishing appropriate structures, processes and modifications of culture have been described as one of the key challenges in developing strategic partnerships between hospitals and tertiary education institutions to support clinical placement goals. Published and grey literature reporting local clinical placement models or government endorsed clinical placement frameworks variously contain elements pertaining to governance, principles, operationalisation and management, coordination, communication, business rules, and monitoring and evaluation. These are discussed below. A comparison of endorsed clinical placement frameworks is presented in the following section.

Governance

There is a paucity of information regarding details of governance arrangements for health department clinical placement frameworks. Available information reflects that governance arrangements are dependent on the different placement models adopted in different jurisdictions.

Victoria

The Victorian Clinical Placement Council (VCPC) (currently transitioning to the Victorian Clinical Training Council), is a peak statewide body established in 2011 to enhance clinical education opportunities in Victoria (i.e. a coordinating IRTN role). Both the clinical placement networks and the VCPC are led by stakeholders from education providers, public and private health services, aged care providers, mental health services, community health services, general practice, private providers and other clinical placement settings.

Whilst the Workforce, Leadership and Development Branch of the Victorian Department of Health publishes both Victoria’s strategic plan for clinical placements 2012-2015: Well placed. Well prepared, and the Clinical placement planning framework, May 2013, the VCPC is responsible for their development and/or ratification. A joint role for the VCPC and the Department of Health is included in the strategic plan, namely that:

in collaboration with HWA, the VCPC and the department should guide and lead a strategic vision for clinical education in Victoria, promote and advance the interests of the Victorian community in quality clinical education and training, and foster a culture of capacity building, reform and innovation.

Barnett et al (2010), reporting on a local model in rural Victoria, commented that a platform of shared governance comprising health service and education providers placing students at the hospital, enabled stakeholders to freely discuss and respond to issues related to clinical education.

New South Wales (NSW)

In NSW, the Health Education and Training Institute (HETI) undertakes a core role in supporting the NSW Health system in its education and training requirements. HETI commenced operations on 2 April 2012 as a Statutory Health Corporation following a Ministerial Review of Future Governance for NSW Health. HETI, with HWA, is responsible for the Interdisciplinary Clinical Training Networks (ICTNs) which provide a forum for strategic planning and dialogue between education providers and health service providers to build capacity and foster excellence in clinical placements for health professionals in NSW. NSW ICTNs have identified five strategic priorities in their Strategic Plan 2013-2016 to meet their mission of “working together to build quality clinical training”.

The role of HETI, health services, education providers and students is listed in a NSW Health Policy Directive: Clinical Placements in NSW Health, authored by Workforce Planning and Development and applicable to all NSW Health units and services from 12 July 2013 (review date 12 July 2018). One of the stated roles for health services in this Policy Directive is to:

Establish a governance structure for clinical placements, including the role of a Health Service ClinConnect coordinator who can provide a single point of governance, communication and leadership across all disciplines and facilities within their organisation.
Operationalisation and management

Rodger et al (2008) highlight that in order to improve the effectiveness and efficiency of the clinical placement and education process, “the focus of attention needs to be on the associated mechanics, logistics, communication, and working relationships”. Guidelines and business rules need to clearly articulate the responsibilities in terms of implementation and management for the health and human service sector, tertiary education sector, and both sectors collaboratively. Working groups can be established to progress particular projects as required.

Key contacts and central or devolved coordination

Key contacts and communication

Many models exist within and across disciplines and health service agencies with respect to the coordination of placements. Some models involve a single point of contact at the health service agency (e.g. the Clinical Facilitator role previously described for nursing), and others a single point of contact for education providers in a particular discipline (e.g. the UPAC as previously described for psychology students across three tertiary education providers).

NSW Health requires that both the health service and education providers provide a single point of contact. Health services must identify a Health Service ClinConnect Coordinator to provide a single point of contact across all disciplines and facilities in their organisation. Education providers must provide a single point for liaison with health services across all disciplines within their organisation.

One of the benefits of a central clinical facilitator in relation to nursing placements is described by Barnett et al (2010). Previously each education provider had its own administrative requirements and had appointed and funded their own clinical teacher at the health service, sometimes seconded from the clinical area when there weren’t staff shortages. The new role of dedicated clinical facilitator with funding apportioned across education providers, not only allowed an increase in placement capacity, but also improved continuity for students and staff and provided greater familiarity with various curricula, clinical objectives and evaluation tools.

In other studies it was found that where placement requests were initially registered with a central unit or person at a hospital, this allowed better practice in ensuring that placement and insurance agreements were in place, details of the placement logged, learning outcomes specified, invoices prepared as required, and adequate notice of the placement given to clinical areas. Whether the management of placements is highly devolved and discipline based, or adopts a more centralised approach, “in all cases local and site specific negotiation for placements was regarded as critically important”.

Central booking and coordination

Several jurisdictions have begun implementation of a central web-based system for clinical placement booking and management. In South Australia, ClinEdSA uses a number of data management tools to manage placement allocations and information, currently rolled out for nursing and midwifery students. ClinEdSA hopes to implement an electronic Clinical Placement Management System (CPMS) by February 2014 for use in 2015 placement planning and administration.

In NSW, ClinConnect is the web-based clinical placement booking and management system which is used to manage all clinical placements undertaken in NSW public health facilities for medicine, dentistry and oral health, nursing and midwifery, and allied health. It is also used to record all placement and student details for medicine and to book placements in all other disciplines.

In Victoria, viCPlace is a secure, web-based information system that helps Victorian clinical placement providers plan and administer clinical placements with partnered education providers. viCPlace is auspiced by the Victorian Clinical Training Council, and has been developed through consultation with stakeholders from the Clinical Placement Networks. It commenced development in 2011 and was first rolled out in 2012 to support the clinical placement planning process for nursing.

Centralised booking and management systems are also used in international models for clinical placements. The Health Sciences Placement Network (HSPnet) was launched April 2003 by the British Columbia Academic Health Council to provide a web-based system for managing practice education in the health sciences. Use of
this has now been extended to several Canadian provinces, with funding through user contributions within each province and cost sharing across the provinces through the National HSPnet Alliance.  

Business rules or guidelines

A Deed of Agreement between the healthcare organisation and tertiary education institutions outlines the responsibilities of both the health service sector and the tertiary education provider with regard to clinical placements. It should stipulate the obligations of both parties to appropriately supervise and manage student placements, and may include such things as a requirement for students to undertake a mandatory orientation course covering professional behaviour, code of conduct, confidentiality, fire safety, infection control, manual handling, cultural diversity and intellectual property. Accompanying schedules may stipulate learning objectives for the placement.  

The Victorian BPCLE Framework states that:

A feature of an effective health service-education provider relationship is the existence of relationship agreements, which codify expectations and responsibilities of the partners in the delivery of clinical education.

Although legal agreements that cover clinical education activities are common, these agreements tend to be generic and non-specific. While the use of nonspecific umbrella agreements can provide some flexibility, there are benefits for both partners in the inclusion of schedules that specify levels of resourcing; responsibilities of both parties in respect of preparation, induction and orientation of students; expectations in relation to supervision of students; responsibilities of both partners in relation to academic support, pastoral care and accommodation for students; expectations with regards to communication and interaction; and other aspects of the partnership.  

To assist in the development and use of clinical placement agreements, the HWA published National guidelines for clinical placement agreements in 2013. These guidelines provide direction by outlining common areas that agreements should cover and articulating the responsibilities of service providers and education providers whilst leaving scope regarding specification and implementation to suit individual agreements.

Fees

In Victoria, HMA identified in a review of the literature and consultations with health service providers that the absence of adequate funding targeted towards the needs of health practitioners who provide clinical supervision as part of clinical placements was a barrier to expanding capacity, particularly amongst allied health professions, where there was inequity of access to funding. The Victorian Clinical Training Council (VCTC) recently released a Standardised Schedule of Fees for Clinical Placement of Students in Victorian Public Health Services. The fee schedule was introduced in response to the recognition that there was significant variation in fees charged for clinical placements and an associated lack of transparency in setting those fees that was an undesirable feature of the Victorian clinical placement system. The fees schedule was introduced after extensive consultations with stakeholders. The fees that were set were based on a number of core principles and values which included recognition of:

- the mutual benefits to all stakeholders from clinical placements being equally valued by education providers, health services and students
- that clinical placements are recognised as a scare resource and a common good and as such should be accessed with minimum encumbrance and utilised well
- recognition be given to financial and operational expenses are borne by both health and education stakeholders, and collaborative and cooperative approaches were important to ensure sustainable approaches for clinical placements were developed, including cost-sharing.
- schedule of fees was consistent with the principles of fairness, equity, transparency and consistency, and
- in-kind contributions for clinical placements made by both health and education stakeholders be factored in the setting of fees.
HWA[^1] recognises the need to create sustainability in the system and recommends that clinical teaching and training funding be reviewed to develop sustainable interprofessional funding models that support interprofessional placements and models of placement in rural and remote areas.

**Clinical placement frameworks**

A comparison of some key elements of clinical placement frameworks currently available in Australia is presented in Table 10 (over page).
Table 10: Comparison of interstate clinical placement framework structures and examples of elements included

|-------------------|---------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|
| Purpose or Objectives | (no purpose or objectives stated) | **Outcomes:**  
- An efficient system  
- An equitable system  
- A high quality system  
- A reliable and adaptive system | (no purpose or objectives stated) |  
- Provide consistency and clarity in coordination and planning of clinical placement activity between education providers and Department of Health and Human Services (DHHS)  
- Ensure legal and legislative requirements are met in relation to clinical placements  
- Improve negotiations between DHHS and education providers  
- Support preparation and development of supervisors  
- Identify resource allocation needs for clinical placements | This policy outlines the processes for both Health Services and Education Providers when placing students in NSW public health facilities and affiliated organisations, and is designed to streamline the booking and management of clinical placements, whilst achieving transparency and consistency. |
<table>
<thead>
<tr>
<th>Vision</th>
<th>(no vision stated)</th>
<th>Partnerships in clinical placements: improving community health and wellbeing by supporting development of a quality health workforce.</th>
<th>(no vision stated)</th>
<th>(no vision stated)</th>
<th>(no vision stated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principles</td>
<td>(Each principle contains an explanatory paragraph in the document)</td>
<td>(VCPC endorsed; bullet list; aligned with outcomes and strategic priorities)</td>
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<td>Mandatory Requirements (not Principles) (summarised)</td>
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<td>• Patient (or client) care is an integral component of quality clinical education.</td>
<td>• Supporting clinical education and training is a core responsibility for all education and training providers and health services.</td>
<td>• Broad participation and inclusion</td>
<td>• Broad participation and inclusion</td>
<td>• NSW Health Student Placement Agreement (SPA) for Entry into a Health Occupation must be in place</td>
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<td>• Learning in clinical environments is an essential component of training all health professionals.</td>
<td>• Clinical education and training resources should be valued, distributed fairly and applied efficiently.</td>
<td>• Transparency and openness</td>
<td>• Transparency and openness</td>
<td>• Compliance with NSW Health Policy Directives re</td>
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<td>• Registration, accreditation or competency standards set down by professional bodies (where these exist) are the appropriate mechanism for ensuring that clinical education arrangements meet minimum standards for educational or training outcomes.</td>
<td>• Clinical education and training should be evidence based.</td>
<td>• Consistent approach</td>
<td>• Consistent approach</td>
<td>– Occupational Assessment, screening and vaccination</td>
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<td></td>
<td>• Many different models of clinical education and training exist and successfully produce health professionals of required competency and standard.</td>
<td>• Clinical placement systems should be integrated across and within disciplines.</td>
<td>• Collaboration and collegiality</td>
<td>• Collaboration and collegiality</td>
<td>– Employment screening</td>
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<td></td>
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<td>• The best outcomes will be achieved if stakeholders collaborate to identify and implement solutions that meet local needs.</td>
<td>• Facilitation not allocation</td>
<td>• Facilitation not allocation</td>
<td>• Use ClinConnect to</td>
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<td>• Clinical placement systems should be transparent and accountable.</td>
<td>• Respect for existing relationships</td>
<td>• Respect for existing relationships and building relationships</td>
<td>– Record placement details for medicine</td>
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<td></td>
<td></td>
<td></td>
<td>• Continuous evaluation and improvement</td>
<td>• Continuous evaluation and improvement</td>
<td>– Book and record for dentistry and oral health, nursing and midwifery, allied health</td>
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<td>Strategic priorities</td>
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<td>• To support innovation</td>
<td>(no strategic priorities or directions stated)</td>
<td>(no strategic priorities or directions stated)</td>
<td>• ClinConnect users ensure confidentiality and privacy</td>
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<td>• To enhance capacity</td>
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<td>• To assure and improve quality</td>
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<td>Roles and Responsibilities</td>
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| Hospital/health services | e.g.  
  - Implement framework  
  - Value educational role  
  - Collaboration and sharing with other health services  
  - Appropriate use of educational funds  
  - Collaboration with training providers re appropriate curricula |  
  - Health services  
  - Education and training providers  
  - Health students  
  - Health professional  
  - VCPC  
  - Clinical Placement Networks (CPNs)  
  - Department of Health  
  - HWA |  |  
  - Participants (either DHHS or education provider)  
  - Placement Coordinator (DHHS coordinator and education provider coordinator)  
  - System Administrator (DHHS staff member responsible for online information management system)  
  - Clinical supervisor (DHHS) |  
  - Health Education and Training Institute (HETI)  
  e.g.  
  - Leadership and governance  
  - Manage ClinConnect  |  
  - Health Services  
  e.g.  
  - Establish governance structures for clinical placements including role of Health Service ClinConnect Coordinator  
  - Liaise with education provider  
  - Enter into NSW Health Service Provider Agreement (SPA) with education provider  
  - Record placement commencement in ClinConnect  |  
  - Education providers  
  e.g.  
  - Enter into NSW Health SPA  
  - Provide single point of liaison with health service across all disciplines in organisation  |  
  - Students  
  e.g.  
  - Provide compliance docs  
  - Comply with policy directives |
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<td>Policy to support educational role of health services</td>
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<td>Understand role</td>
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<td>Prepare adequately</td>
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<td>Attachments or other relevant documents</td>
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<td>Appendices</td>
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<td>• BPCLE Performance Monitoring Framework (PMF)</td>
<td>• BPCLE Performance Monitoring Framework (PMF)</td>
<td>• BPCLE Performance Monitoring Framework (PMF)</td>
<td>• Definitions</td>
<td>• ClinConnect Business Rules</td>
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<td>• Relationship Agreement for Public Hospital Sector 2014</td>
<td>• Relationship Agreement for Public Hospital Sector 2014</td>
<td>• Relationship Agreement for Public Hospital Sector 2014</td>
<td>• Legal Agreement</td>
<td>• ClinConnect Coordinator User Roles and Responsibilities, User Provisioning and Access</td>
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<td>• Standardised Schedule of Fees, May 2013</td>
<td>• Standardised Schedule of Fees, May 2013</td>
<td>• Standardised Schedule of Fees, May 2013</td>
<td>• Online availability planning tool</td>
<td>• NSW Health Student Placement Agreement</td>
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<td>• Online request planning tool</td>
<td>• Clinical Placement Student Verification and Compliance</td>
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<td>Other</td>
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<td>• Final Planner – Schedule supplied to</td>
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<td>DHHS and Education Provider Placement Coordinators</td>
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<td>• Online Before placement commences student details template</td>
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<td>• Student clinical placement quality evaluation form</td>
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<td>• Supervisors clinical placement quality evaluation form</td>
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<td>• Placement coordinators evaluation form</td>
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<td>Other Enablers:</td>
<td>Funding support</td>
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<td>Data and information</td>
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ATTACHMENT E: CONSULTATION FINDINGS

Healthcare Management Advisors would like to thank all those who participated for their time and valuable input into the development of a statewide clinical placement framework. We would also like to acknowledge the comments and information provided by those completing the online survey.

The following section presents the method and a high level summary of the consultation themes gathered through face to face and telephone consultations, as well as the focus groups and online survey written responses. This information helped to guide and inform the development of the SA Health Clinical Placement Framework.

Consultation processes

To inform the development of a clinical placement framework, feedback, information and comment was sought from officers of the Department for Health and Ageing and ClinEd SA, senior executive officers within local health networks (LHNs), clinicians and education provider representatives. This material was collected through three main activities: face to face and telephone consultations; online survey; and focus groups. At various stages of the project ongoing comment and guidance was also sought from the project steering committee and internal departmental workshops.

Consultations

Face to face and telephone consultations were undertaken with a range of stakeholders identified by SA Health and the project Steering Committee. Approximately 130 stakeholders provided comment through these consultations.

Online Survey

An online survey was created to enable stakeholders across education, health, government, private and community settings to provide comment on the development of a clinical placement framework. Input was sought on what stakeholders would like to see included in the SA Health Clinical Placement Framework and what they would like to be taken into consideration in its development. The survey also provided a platform for people to register interest in attending a focus group. The survey was open from 28 November 28 to 20 December 2013. Sixty nine people completed the survey. The survey commentary has been reviewed and incorporated into the consultation summary.

Focus Groups

Two focus groups were conducted during the course of this project. Attendees were recruited through circulation of an electronic information bulletin to senior executives to SA Health in SA Health and to education providers. Although it was originally intended to hold one group for SA Health staff and one for education providers, due to final response numbers being low for the education provider group it was cancelled. The SA Health staff attendees were then invited to attend one of two groups (morning and afternoon session). Across both groups 13 SA Health staff attended.

Note on terminology used in this document

HMA recognises the variation of terms used in regard to clinical placement activity and management. For ease of reading clinical placement is used to encompass all types of supervised student activity in a clinical and non-clinical setting (including field placement) undertaken as part of undergraduate, post-graduate or training coursework. Unless specifically articulated, clinical supervisor or supervisor refers to health practitioners or other SA Health staff who undertake direct supervision of students while on placements. “Education providers” refers to universities, registered training organisations and vocational educational and training providers (such as TAFE). “Health services” refers to representatives from a range of hospitals, community clinics, GP plus clinics and other clinical settings. Comments ascribed to this group may also include those provided by SA Health Network representatives.
Summary of consultations

What works well

All stakeholders participating in face to face and telephone consultations were asked what they felt worked well within clinical placement coordination, management, and quality at present.

Strong relationships with services and supervisors

Many education providers described the importance of the collegial and personal working relationship they had with health services and individual supervisors themselves. They spent considerable time fostering these relationships and ensuring that there was appropriate supervisor/student match and that the settings were able to provide the appropriate learning opportunities. This relationship is particularly important when there are difficult or underperforming students.

Some education providers seek feedback from health services and supervisors regularly. Examples noted during the consultations were The University of Adelaide’s medicine program and the occupational therapy program at Flinders University of South Australia both of whom sought regular comment from supervisors and/or students on quality and structure of placement. In addition, the nursing program at The University of Adelaide meets with nursing directors of services annually to discuss placement activity and curriculum.

“We are very dependent on the good will and commitment of the providers to do it for us. The relationship is fragile - like a spider web. We have a reliance on networking and personal relationships with our peers.”

Education provider

“The personalities not the system works well. We are so reliant on their goodwill. If staff are under pressure from the service then they will have to drop us first.”

Education provider

“Our networks are very important. We know the supervisors and we support them as much as we can to provide placements for our students. We listen to their feedback.”

Education provider

Individual and organisational motivation and commitment

The education providers commented on how supervision was very dependent on individuals’ motivation as well as organisational support for involvement in teaching. Although a clinical supervisor may be working within an organisation or team that fosters teaching and supervision, the choice of taking on student placements in some organisations is often individual. Supervisors commit to student supervision for many reasons. They include: altruism, the desire to ‘give back’ to their profession, providing a positive role model for students, imparting knowledge to ensure sustainability of the profession into the future, diversity in their work load, opportunity to self-reflect and learn of new research and contemporary practices taught in the universities, the opportunity it provides for professional development and the enjoyment they receive from supervising students.

“It needs to be said we are very committed and super keen to have as many students as we can. It is good for the profession, recruitment and our own staff. It keeps them on their toes. It is a must for us. It is a must for our organisation.”

SA Health staff

“I have one student at the moment who is excellent. She is taking on a number of clients that we could not do without additional support. Students like her far outweigh the costs of having them.”

SA Health clinician

“We have a professional responsibility to provide supervision. We do it for a lot of reasons...we want to grow our own.”

SA Health clinician
To provide quality supervision, SA Health staff reported that management and organisation support was critical.

“Our organisation recognises that supervision is a part of our role. It is within our organisational culture. We are expected to have students but we are supported to undertake supervision.”

SA Health clinician

Engagement of clinical educators/facilitators (external and internal)

All models of placements in the clinical setting have health professionals supervising students in the provision of clinical care to patients/clients. However, some professions also have clinical educators/facilitators that are funded by the education provider to support clinical training and assessment within a clinical context. This is particularly so for nursing and midwifery, but occurs at varying degrees for other professions.

There were three main models of clinical educator/facilitator engagement described during consultations, all with their own strengths and weaknesses. There were also slight variations on these models for some sites/professions. However, the three models commonly discussed were:

1. Clinical educator/facilitator is an internal staff member who has allocated time to provide clinical education/facilitation. The education provider then reimburses the service for this cost based on individual provider ratios. (e.g. nursing facilitator at Repatriation General Hospital funded by all participating education providers).

2. Clinical educator/facilitator is an external health professional that the education provider engages to provide this role in various settings (for example nursing facilitators at Flinders Medical Centre all of whom are external and social work supervisors for Flinders University and University of South Australia for some settings).

3. Clinical educator is an employee of the education provider and will teach at the university in conjunction with providing the clinical educator role at the service (example Flinders University occupational therapy clinical educators) or may be joint appointments (for example dentistry).

Paramedicine utilises a slightly different model in that they will engage SA Ambulance staff as casual clinical tutors for their students. This ensures that students receive practical and up to date training while also endeavouring to seek continuity, consistency and quality in supervision during clinical placement. Other disciplines such as dietetics, social work and medical radiation will visit the placement agency at set times during the placement to meet with the supervisor and student.

The level and quality of facilitation and clinical educator support provided to services was reported to differ significantly between education providers and professions. It could also be service or ward specific. Within nursing for example, the ratio of student to facilitator and the number of hours funded per student per clinical week are determined through differing formulae between educators and can be widely variable. Facilitation can be provided face to face or over the telephone and the health services commented that some nursing students report that they never or rarely see their external facilitator while on a particular placement.

Professions for which some, but not all, education providers offer funding for internal or external clinical educators/facilitators include nursing, dentistry, social work, occupational therapy, dietetics, and physiotherapy. Podiatry fund limited clinical education at two clinical sites.

To accommodate the student numbers and placement length social work seeks opportunities at a wide range of non-health service delivery sites. If a site is keen to host a student, but at which there are no appropriate staff employed to provide supervision, the education provider will then engage an external supervisor to undertake this role. However, this is a costly practice for the program and not considered ideal for the service itself.

From a health services perspective, the use of their own internal staff to undertake this role is preferred. It was reported that staff facilitators/clinical educators understand the service’s working environment and policies, work well with other staff members, provide more consistency in clinical assessment, enable greater access to patients due to their employment in the service, support ease of access to EPAS, are more readily accessible to students, identify potential ‘gaps’ or new areas for placement, and act as a contact person for staff regarding student placement activity. It was also emphasised that as employees managers feel comfortable that their clinician are familiar with all employment requirements and registration requirements.
“Facilitators need to have a minimum qualification. They need to have a skill match with the setting that is appropriate. I make them fill out clinical facilitator forms about themselves and ask for registration, insurance etc. We need to have set standards for external facilitators.”

SA Health staff

Although funding of internal staff to undertake clinical education/facilitation was reported to be the preferred model, due to staff resourcing of individual services this was not always possible to operationalise.

Provision of resources, support and acknowledgement

Some education providers endeavoured to support and acknowledge the role of the supervisors through varying methods. These included:

- endowment of academic titles to clinical supervisors
- supervisor training opportunities (such as free annual workshops offered for allied health supervisors at Flinders University which are very well attended)
- access to university library facilities
- opportunities to provide clinical tutorship for education providers
- invitations to adhoc education workshops or information sessions at no cost.

Profession collaboration across education providers

For many agencies the collaboration between education providers was acknowledged and appreciated. This included:

- the use of consistent or very similar assessment frameworks for particular professions (such as psychology, social work, medical radiation, dietetics, speech pathology)
- the coordination of students by the relevant university departments so that the agencies are not approached multiple times by different universities (such as the University Placement Allocation Committee for clinical psychology students and ClinEd SA).

Recently a Physiotherapy Placement Committee has been established with the two universities and SA Health representatives to exchange ideas on clinical placement management and activity.

Centralised coordination

The two main coordination processes discussed during consultation discussions were ClinEd SA and The University of South Australia’s Clinical Placement Unit (CPU).

ClinEd SA

Relevant stakeholders provided comment on the current process undertaken by ClinEd SA in regards to central coordination of nursing and midwifery students for SA Health services. Health services on the whole described an excellent working relationship with ClinEd SA staff and felt that they were doing a good job. All health service representatives supported strongly the principle of a centralised coordination and contact point for nursing and midwifery student placement. They appreciated the dedicated time spent with ClinEd SA in the preceding year during which they would plan and coordinate their placement activity for the following year. ClinEd SA has assumed a proportion of the administrative burden for the services. The formalised process of data collection was also valued by some services as they felt better able to justify requests for additional facilitation support and forecast student demand into the future.

“I have less direct relationships with the universities now but having ClinEd SA in the picture has definitely reduced my ongoing workload for placements. All requests go through them now.”

SA Health staff

“Central coordination allows them to see an overview of the State. They can then see where the gaps are. We are actually busier now as they have filled in the gaps. They can see the whole picture.”

SA Health staff
“Prior to ClinEd SA the education providers would bombard us. It was all over the shop. The principle of central coordination is fantastic. It is so important for nursing and midwifery coordination.”

SA Health staff

In addition, an important comment made was that health services felt the process to be more equitable with ClinEd SA involved. Some felt that prior to this process, they were not only contacted frequently with requests from different educators but also pressured by some to take last minute additional students.

ClinEd SA is a Godsend for us. Don’t erode anything; build on it. We can now deflect requests back to the ClinEd SA. It is far more equitable now...no pressure to take a particular uni. There are no preferences...it is more fair and equal now.”

SA Health staff

Some of the health services continued to communicate with the education provider to seek clarification on clinical placement activities or student details while others directed all enquiries through ClinEd SA only.

“Central coordination reduces the interruption all of the time. I direct all requests to ClinEd SA now. They can be the baddie!”

SA Health staff

“We are strong advocates for central coordination. One group to negotiate with. One agreement. They do the brokerage on our behalf.”

SA Health staff

A number of health services commented that they felt ClinEd SA to be working with very little resources and recognised the limitations of what they were able to realistically undertake in this role. Key issues with the current process raised were:

1. Insufficient and timelines of placements for education providers: education providers commented that the finalisation of placement offers was not undertaken in a timely fashion and occurred with very little advance notice for the education provider or students. This did not provide the universities or students with sufficient time to implement arrangements or undertake the necessary preparations. In addition the education providers reported having to seek additional placements themselves as the all placement numbers are not able to be met by ClinEd SA at present.

2. Timeliness of communication between health services and ClinEd SA regarding changes or cancellations: The health services reported that they did not always receive sufficient notice in regards to cancellations and student changes. This often results in inefficiencies as facilitators are employed on the expectation placements will proceed, but when cancellations occur, it is not always possible to fill the spaces at short notice. Some managers described how disappointing it was for staff who put a lot of time into organising the placements to find they have been cancelled. There was also a level of concern that some universities were overbooking placements.

3. Communication between health services, education providers and students is not always effective. Some health services reported that information or specific site requirements of the students prior to placement commencement was provided to ClinEd SA to in turn deliver to the education provider and student, but was not always followed through or received by the student on occasion. Others said that there was a lack of transparency associated with the allocation of the placements.

4. The ‘static’ planning worksheet that did not enable the health services to view the most current sheet for changes. The services have to request an updated spreadsheet which can take some time to be provided.

Clinical Placement Unit

The University of South Australia’s Clinical Placement Unit (CPU) provides the administrative function for student placements for three Schools in the Division of Health Sciences, School of Nursing and Midwifery, School of Health Sciences and School of Pharmacy and Medical Sciences. This involves:

• liaison with each of the 11 discipline schools to determine requirements for the following year
• the sourcing of placement opportunities through Industry Partners and ClinEd SA
• ensuring all students have met the mandatory placement requirements of both the university and the hosting services
• management of the Student Placement System (SPS) for the Division
• notifying placement details to students.

The CPU ensures all students undertaking placement are covered for insurance by the execution of a Student Affiliation Agreement with the Industry Partner. Placements are managed and allocated through the SPS. Students access myPlacement (student view of SPS), to determine the requirements of placement, view and submit preferences, view placement allocation, determine venue requirements and check the currency of the submitted documentation. Allocation of students to placement sites is conducted by the Clinical Placement Unit in collaboration with academic staff.

The CPU was established eight years ago to remove the administrative requirements around student placements from the schools, and has refined the process of clinical placement management over this time. In 2013, the CPU managed around 7,200 placements and has around 4,000 agreements with services to provide these placements.

From the perspective of the disciplines within the divisions, the CPU system was considered valuable as it reduced the amount of administration required for the management of clinical placements, and allowed the education provider staff to focus on sourcing new placements, monitor the quality of the student placement experience and maintaining positive working relationships with hosting sites.

Quality of placement experience offered within SA Health facilities

Overall education providers described satisfaction with the clinical supervision their students received in SA Health services and recognised the importance of students gaining experience in public health environments. The experience, diversity and complexity of patient is considered invaluable even if the student does not intend to work in this area in the future.

Rural and remote placements were also considered to provide a unique educational experience for students. Students are offered the opportunity to experience a wide range of population groups, social issues, departments and programs that they would not be able to in a metropolitan setting. Students also have a greater opportunity to work with a range of health professionals in smaller teams.

Support for non-metropolitan placement

All available support for students to undertake placement in non-metropolitan settings were appreciated. Such supports included:

1. Scholarships and funding for rural and remote placements such as:
   a. University of South Australia Placement Grants for students in their final year of an undergraduate program supporting placement of four weeks or more in a remote, rural location or disadvantaged community,
   b. Nursing and Allied Health Scholarship and Support Scheme (NAHSSS), and
   c. Allied Health Clinical Psychology Scholarship (CPS).

2. Discipline subsidies for student placement.

3. Low cost or free accommodation and reliable internet access.

The University of Adelaide was reported to provide good support and organisation for their nursing students in rural and remote areas. Medicine was also reported to be well organised and resourced for undergraduate placement with a range of programs and placement models available for students to undertake in non-metropolitan settings.
How the clinical placement process could be strengthened

Stakeholders were also asked what aspect of the clinical placement process or quality could be strengthened.

Culture of teaching and supervision support

Of all feedback that was collected during the consultations, the need to foster a greater culture of teaching within SA Health facilities was one of the most frequent comments made. It was considered critical that the senior management and the organisation as a whole are committed to and value the creation and maintenance of a learning culture, which includes a commitment to clinical teaching and provision of clinical placements.

“It has to come from the top down. To foster a respect for students and their value.”

Education provider

Health services need to recognise the importance of providing supervision for students, as well as professional development opportunities for their staff through student supervision. Supervision can enable staff to develop their supervision skills, provide opportunities for self-reflection, expose staff to new research and practices, consolidate skills through the mentoring of students, provide diversity in their work roles, and develop career pathways for staff.

Some stakeholders deemed that teaching should be considered as part of the core business of SA Health services and reflected in hospital mission statements or guiding principles. It was suggested that the task of supervision be included in all health staff selection criteria, job specifications and considered within regular performance reviews.

“Local management will have different perspectives across services about the value of students. Management needs to foster a commitment to teaching across the organisation. There will be a loss of production... but they have to recognise that teaching students is valuable.”

SA Health clinician

“Student centred clinical education is important - Students need to be seen as a resource to health care services rather than a drain on resources.”

SA Health clinician

“If there is a culture of teaching, research and excellence in health care delivery then quality placements will follow.”

Education provider

“There are benefits to the service. The students teach us new theories, tests, behavioural practices. They ask us questions about why we do things the way we do. It keeps us on our toes.”

SA Health clinician

Many stakeholders discussed the need for greater recognition of the resources and time incurred in providing quality supervision and implementation of systems and structures that support staff to develop their competencies in supervising students. This includes accommodating this role into their work and providing support to backfill or reduce clinical work load when necessary. In addition, time and resources to participate in training and professional development opportunities specific to clinical placement supervision (for example university provided clinical training courses).

Stakeholders commented on the variability of supervision and facilitation quality observed, often due to inexperience or inadequate training in how to undertake this role effectively. A commitment to ongoing clinical placement and pursuit of quality was suggested by SA Health staff to be an important future key performance indicator within quality and accreditation standards or monitoring.

“It would strengthen the culture of teaching if management had to demonstrate the quality of their training. At the moment there is no onus to provide a quality experience to the student.”

SA Health clinician
“We have to stop the perception that students are a burden...rather they are an opportunity to train the future, an opportunity to learn.”

Education provider

Sharing and rewarding best practice

Some of the professions felt that examples of best practice and clinical placement models that were working well should be shared with peers. This way good work is recognised but also it helps to promote innovation, quality and efficiencies across the State. It was suggested that SA Health and education providers could provide an award for best practice teaching models, or supervisor/facilitators each year to increase recognition and value of clinical teaching and acknowledge those who do well. These could be nominated by the education providers, health services and/or students.

Monitoring and evaluation of clinical placement capacity and quality

Monitoring and evaluation of clinical placement capacity and quality at the moment is adhoc and inconsistent. This includes collection and availability of data at a service, LHN and state level about numbers of students undertaking placements in SA Health settings and also those who are able to provide supervision within each profession.

“What is really important and what do we want to measure? There is no system of evaluation...no record of placement numbers, supervisors available, who did what where, what training has been done. We need better data collection as it is practically non-existent.”

SA Health staff

Evaluation of the placement experience from the student’s perspective occurs regularly within some programs and not at all in most others. Introduction of clinical placement evaluation and monitoring may foster greater quality of placement for students across and within services.

Consistency of assessment framework and placement length

The implementation of discipline specific consistent assessment frameworks for students and supervisors by education providers helps to streamline reporting requirements and also offsets consistent expectations for universities, hosting agencies and students alike. Clearly articulated and designed competency frameworks assist supervisors provide assessments as effectively and efficiently as possible.

Greater consistency of assessment frameworks was requested by some SA Health staff. Divergent assessment framework and criteria tools cause frustration amongst those having to provide assessment for students from different education institutions. Consistent or very similar assessment frameworks and criteria are in place for social work, dietetics, radiation therapy, speech pathology and clinical psychology.

The range of assessment tools and scope of practice for particular student within each year level was also raised by hospitals hosting nursing students from a range of education providers as an issue. It was reported that preceptors find it challenging to keep abreast of what specific clinical tasks nursing students are able to do at each stage of the early undergraduate years, as the scope of practice and curriculum is variable between education providers. Some of the education providers, such as The University of Adelaide and TAFE provide a one page document summarising scope of practice for their students at each year level and the hospitals described this as very useful.

It is hoped that the Nursing and Midwifery Board of Australia’s Framework for assessing national competency standards for registered nurses, enrolled nurses and midwives will be widely used in the very near future.

An addition comment was made in regards to the discrepancy in placement hours required for different programs in the same disciplines. There was concern raised by some services that it seemed inequitable for an education provider to incorporate additional hours into their curriculum, beyond the minimum required for achievement of competency, at the cost of another provider being able to access a placement.
Improved management of pre-placement requirements

Pre-placement requirements were reported to be managed inconsistently between education providers from the perspective of the health services. There was general agreement that the education providers were expected to have ensured the student was ready for placement prior to commencement. The requirements may be mandated by the education provider, the placement site, or relevant professional board (or combination), and may include criminal check, immunisation, first aid/CPR, manual handling, hand washing or other conditions specific to the profession.

However, conversations with the education providers and review of their online documentation suggests that the criminal history and immunisation screening are in fact well managed and expectations clearly articulated for students undertaking placement. Most of the education providers have up to date, clearly defined forms and guidelines that are publically accessible on their website regarding the specific requirements for health student placement (for example Flinders University of South Australia, University of South Australia, and The University of Adelaide). Almost all disciplines reported dedicated time spent notifying and following up of student requirements prior to placement finalisation.

Therefore it appears that the key issues in relation to pre-placement requirements are in fact focused on:

1. Confidence by health services that all requirements are ascribed to. This includes the ability to randomly audit or ‘spot check’ students on occasion. Within the Australian Commission on Safety and Quality in Healthcare’ National Safety and Quality Health Service Standards September 2012 it is a standard that a workforce immunisation program that complies with current national guidelines is in use (Standard 3.6.1). This emphasises the importance of health services being assured that students undertaking placement meet the national guidelines while also being able to easily access documented evidence if required.

2. Concern amongst education providers that the criminal history checks and screening requirements vary across SA Health services

3. Need for easily accessible database or records that can support verification processes that all pre-placement requirements have been complied with

4. Central source (website) for all guidelines and forms relating to pre-placement checks.

Access to generic forms or checklists

The Communicable Disease Control Branch, within Department for Health and Ageing, is the process of finalising examples of standardised generic forms and checklists that may be utilised by education providers and students. These will be available on the website and will include forms such as:

- Compliance Checklist for Education Providers for Student Health Care Worker Immunisation
- Screening Questionnaire and Medical Practitioner Form for the assessment of immune status for vaccine-preventable infections in Health Care Workers
- Compliance with immunisation and blood-borne virus policy: health care worker student form
- Student Health Care Worker Refusal of Recommended Vaccinations or Screening Tests
- Compliance Checklist for Education Providers for Student Health Care Worker Immunisation

Responsibilities for occupational and workplace health and safety are less clearly understood by some health services and greater clarification on what is required would be valuable. Potentially, component of this training could be undertaken in a centralised orientation process (discussed in section 2.2.9).

In addition, standardised processes on how to manage criminal notifications consistently and respectfully would be valuable to many education providers. At present there is a range of processes

Placement timing, cancellation and organisation

Additional suggestions to strengthen the system included improved planning processes by universities and health service alike. Some disciplines begin the planning very early in the preceding year where others leave it till later in
the year to approach supervisors. However, for some professions the health services stated it is difficult to commit to placements when they are not sure themselves whether they will have the staff to undertake supervision from year to year.

Undertaking placement planning early in the preceding year was considered more important by those services which hosted large numbers of students over consistent stages each year. Professions such as nursing and midwifery within the hospital setting are reasonably stable in comparison to other smaller professions so managers feel more confident committing to placement early in the preceding year. Late cancellations of placements were problematic for health services across metropolitan and non-metropolitan settings. Although it was recognised that the reasons for these cancellations are often unanticipated or unavoidable, the opportunity to fill that place must be expedited as quickly as possible in acknowledgement of the staffing arrangements, rostering and resources put into place to accommodate a particular number of students. In addition, some service providers said that their offers were overlooked and others said they were not approached some years even though they had been approached in the past. This was considered to be disorganised and a wasted opportunity.

Some stakeholders suggested a jointly funded central contact or clinical coordinator at each hospital or health service hosting large numbers of student placements regularly (similar to what is often in place for nursing and midwifery student placement management at teaching hospitals). This person could monitor the numbers of students in current and upcoming placements and act as the central contact person for all placement requirements.

Improved clarity regarding responsibilities and expectations of education providers, students and health services

Some professions are very prescriptive in their placement competency requirements and others are less so. Health services requested greater clarity be provided on what the education provider is expecting the student to experience during placement. Some health services reported that some assessment frameworks were ambiguous or subjective and clearer direction on what the education provider required from the placement to meet competencies would be helpful. If a supervisor is unclear about the goal of the placement then they are less likely to agree to host them. In addition, some health services would appreciate further discussion around who is eligible or appropriate to supervise students.

Robust support from universities is required when issues relating to student performance emerge, so that strategies to can be put in place promptly to support students meet their learning objectives. A clearer process for the management of underperforming students was requested for some professions.

Some professions dictate the supervisor to student ratio, whereas others are less prescriptive. However, SA Health staff felt that the introduction of a set ratio or pre-defined number of students a service is expected to host based on staff, patient or bed numbers would be difficult to manage. Services and clinicians make decisions on number of students based on organisational and departmental stability, current FTE, current and expected workload, physical space, leave arrangements, introduction of new systems (such as EPAS), the number of other students, medical interns or graduate nurses within the ward or department, consideration of staff’s willingness and ability to provide the supervision, and availability of appropriate staff to supervise.

Rural and remote placement support

It was reported that not all education providers sufficiently prepare their students for a rural or remote placement, nor have sufficient practical supports in place for the student. Some clinicians and services feel that the universities or ClinEd SA do not consider practical aspects of the placement, such as access to transport, a requirement for a driver’s licence, availability of quality internet connections or accommodation. They reported that services were often approached with questions regarding aspects of the placement that they felt should be the responsibility of the education providers to manage.

Priorities identified in strengthening placement capacity in regional locations included:

1. Strategies that support regional areas to ‘grow their own’ health workforce: This included local services being given the option to prioritise placements for local students. It is argued that local students are more
likely to consider employment in the area than those travelling from metropolitan or interstate locations. Also fewer resources are required as students are already familiar and settled within the community and the hospital. In addition, country health representatives spoke of the importance of providing quality placements so that the region is an attractive option to pursue following graduation.

2. Improving access to accommodation and transport: purchase of ongoing long term accommodation in which students (and visiting SA Health staff) are able to stay at reasonable or no cost.

3. Establishing regional placement coordinator roles to support placements within regions: this included the introduction of a regional clinical multidisciplinary placement coordinator/educator in each of the six country regions (based most likely in the major hospital) that will act as the key contact for all supervisors and students undertaking placements in that region. This central coordinator would be able to oversee the numbers of placements that occur in the region, identify opportunities, deliver or facilitate local training, provide consistent information and support for site supervisors and students at smaller sites within the region.

4. Joint appointments: shared Country Health SA and university roles located in rural areas with both clinical development/leadership components and academic (education and/or research) responsibilities.

5. Equitable access to clinical supervision/facilitation training and professional development: through online mediums or regional training opportunities due to difficulty attending university based face to face workshops in metropolitan setting.

Utilisation of ‘gaps’

A couple of the hospitals spoken with expected nursing and midwifery students to undertake placements beyond traditional working week hours. This supports a better distribution of the work amongst onsite supervisors and also exposes students to the reality of the profession’s work hours and experiences. Other hospitals commented that they have capacity to take students on the weekend and overnight but would require support to do so (in terms of external or internal facilitation or clinical educator support).

Due to increasing demand for placement in some professions, a range of “non-traditional” settings are constantly sought, explored and utilised by some professions, such as social work and speech pathology. While recognising that the placement must be appropriate to provide the experience to meet competency or placement requirements and that staff must be available or provided to undertake the supervision, additional areas suggested for health students include the justice system, palliative care, aged care settings and domiciliary care. Student led clinics, to address service gaps in the State, were also considered highly valuable for the community while providing quality clinical education and training for the participating students.

Discussions with country health representatives found that there are services or placement opportunities in non-metropolitan settings which are not utilised for a range of reasons including:

- lack of accommodation, support, and the need for the student to self-fund
- motivation or preference of students to undertake a placement in a non-metropolitan setting
- smaller services not being able to provide clinically relevant experiences
- lack of clinicians (permanent or full time) to provide supervision for some professions.

Systematic orientation process

For health services who host large numbers of students on placement throughout the year the time and resources committed to orientation and induction are significant. This is particularly the case for those services which host orientation on a ‘demand’ basis or when new students begin placement which can occur as often as weekly for some sites. To reduce the burden on the hospital staff, some sites have introduced set dates for orientation that all upcoming students must attend prior to placement commencement. It students do not attend their set orientation date they are unable to begin placement.

It was suggested by a number of the hospitals that the orientation process could be better managed at a state level. Rather than students undertaking comprehensive orientation sessions at each hospital they attend, SA could undertake a centralised orientation at one site for the year (each site takes turns) or students could complete updated online orientation modules prior to placement commencement. The hospitals maintained that
specific ward or department inductions remained a critical component of the placement safety and quality requirements and will remain the responsibility of each service. However, aspects of the orientation at a SA Health level could be better streamlined and coordinated to relieve the burden currently borne by the service staff at present, for which they are not funded for.

Queensland Health has such a statewide process in place through their website: Queensland Health Student Deed and Orientation website which detail mandatory requirements to be met prior to placement in state health services. The site also contains a range of forms and information specific to clinical placement processes and stakeholder relationships.

Central website or point of contact in SA Health

There was interest expressed by stakeholders for a centralised SA Health web page that education providers, students and SA Health could access to find generic forms, deeds and schedules, consistent up to date information about immunisation, criminal screening, specific requirements of SA Health placements and latest changes affecting clinical placement. This could also be a repository of material regarding best practice in clinical placement or recognition of services or clinicians who are demonstrating excellence in clinical placement.

“**It would be really helpful if there was a website or somewhere we could go to access forms, information about clinical placement requirements and new changes. At the moment we hear about upcoming changes by chance.”**

*Education provider*

Some of the health services mentioned the Queensland Health site (referred to in the preceding section) as an example. Queensland Health has a dedicated website in place ([Queensland Health Student Deed and Orientation website](#)) which details mandatory requirements to be met prior to placement in state health services. The site also contains a range of forms and information specific to clinical placement processes and stakeholder relationships.

“**Space, space, space....**”

A lack of physical space including rooms, offices, desks, computers and secure storage for personal belongings was consistently raised as a significant barrier to hosting students or to increasing the number of students on site. Departments or services will make decisions on the numbers of students they are able to physically accommodate, regardless of the clinicians able to provide supervision. It is hoped that future health service design recognises the value of student specific areas and hubs.

Transparency of resources and funding

Some education providers commit significant resources toward clinical placement education or support at specific health services, for selected professions. There is some confusion about the levels of resourcing being provided across facilities or ‘who is paying for what to whom’.

As discussed earlier in this chapter, the ratio of student to clinical educator/facilitator and the number of hours funded per student per clinical week vary significantly between education providers, department and the mode in which they are provided can be site dependent (i.e. telephone or face to face support).

Some services said they do not receive clinical educator/facilitator support at their facility although they are aware that the same education provider is funding this role in another facility.

It was suggested that greater transparency and consistency between the education providers and professions that are currently providing funding, be introduced.

Improved workforce planning and sector collaboration

A small number of education providers reported that they actively monitored workforce needs and changes and modified their programs when needed. However there is a need for greater discussion, strategic workforce planning and collaboration between education providers and SA Health to ensure an appropriate balance is maintained and profession enrolment numbers reflect current and projected demand.
“SA Health and the unis can get together and we can talk about what we are doing in the public system, unmet needs, what areas have new programs and work out where the gaps are together.”

SA Health staff

“We need to be in a partnership with universities. Both need to be getting something out of it. We need to better understand each other’s needs...not just a transactional relationship. It is more than that.”

SA Health staff

Some education providers recognise the importance of developing the SA Health future workforce and aligning their training to meet employer requirements. However, it was reported that generally education provider’s priorities are to provide their students with a high quality, holistic, relevant and contemporary education that will enable them to seek employment within the State, nationally or internationally. This is particularly important for those health professions for which there is very little employment opportunity in the South Australian public health sector.

There was particular concern raised by a number of SA Health staff in regards to the growing number of nursing graduates produced within the State when actual employment opportunities within SA Health services at present are limited. In addition there was discussion that education providers need to be realistic about student numbers that can be provided with safe and quality placements in facilities.

**Additional Discussion**

Centralised coordination

Some of the SA Health services commented that arrangements and oversight of placement activity is disorganised for some professions. How the services are approached varies between professions and education providers themselves. In particular, this appears to be the case for those professions in which the student numbers are large and there is more than one education provider involved. However it was not clear whether organisation would be improved by the introduction of a centralised coordination process.

As discussed earlier, nursing and midwifery is currently managed through ClinEd SA, the health division students of University of South Australia are largely coordinated through CPU, and clinical psychology students are currently coordinated through UPAC. Social work education providers meet to discuss and plan placement requirements at certain stages of the year in an effort to better collaborate and reduce the burden on hosting services.

Some of the professions, such as medicine and dietetics, tend to have ongoing arrangements with designated hospitals and services based on geography and historical relationships.

“I know what agencies can offer what. You could not do that centrally. We are very reliant on our relationships with supervisors and match learning needs, student skills, supervisor preference, setting etc. We don’t want a bad experience to affect these relationships.”

Education provider

“We are not keen on central coordination. We need the face to face relationships and matching of student and service or supervisors. We consider which student is most appropriate for each setting.”

Education provider

“Finding placements is about networking and exploring new services and options. A central coordinator, unless they had the proper resources, could not do that themselves.”

Education provider

“We do not support central coordination for us...we know what works and we put money in to support quality student placements. Somebody else could not guarantee that quality would continue. We work in partnership with agencies. We provide funding but it is not about payment, not about money, It is about partnerships. Don’t touch us.”

Education provider
Some of the professions, such as dietetics, commented that as part of their accreditation with their professional body, ongoing liaison with the profession may be impacted by introduction of a centralised coordination process.

“We would resist central coordination. It would not be effective for us. We work well with practitioners. We know what is happening in the field. We keep abreast of new projects... and have ongoing relationships with them. We can match the student and practitioners well together. Central coordination would not be suitable for us. It may become ‘them and us’.”

Education provider

Based on discussions with education providers, the sourcing, coordination and management of clinical placements utilises significant time and staffing resources. To implement a statewide centralised coordination process for all nursing, medicine, dentistry, oral health and allied health students would necessitate significant investment, time and commitment by SA Health and relevant stakeholders.

It would also need to operate in parallel with clinical placement systems in place by education providers who regularly liaise with non-SA Health settings.

Stakeholders said further investigation would be required on how this would be viably operationalised, funded and to whom the responsibility would be assigned before definitive recommendations could be made on the introduction of a centralised coordination for all professions.

However, in the short term there was strong support from health services for the continuation and further refinement of the centralised coordination process in place for nursing and midwifery students.

Any additional resources available and sought for centralised coordination would appear better directed toward improving the existing process for nursing and midwifery rather than incorporating additional professions at this stage.

“Centralised process could not match site to student like we do. It takes significant work to manage placements, supervision requirements...engagement of sector. There is significant work involved in ensuring students meet competencies and cover the breadth of placement required. It would be very difficult for somebody external to do this.”

Education provider

Cost models

Many of the education providers expressed concerns about the potential introduction of a set cost/fee structure. At present, some professions pay or provide a clinical educator/facilitator, whilst others do not.

A number of health professions currently rely on SA Health services for a small proportion or minority of their student placements and reported that they would expand their placement activity in the private sector if a cost was to be introduced. These professions reported that the introduction of fees would pose as a diversion that will result in reduced opportunities for students to experience placements in a public health setting, thereby affecting their motivation to consider the public sector as an attractive employment opportunity. It would also negatively impact on health services themselves who often use clinical placement as part of their recruitment processes.

For greater equality, a suggested option raised through consultations was a commitment by SA Health to offer the minimum competency hours required by a particular professional board (where in place) to each education provider. Those education providers who encompass greater numbers of placement hours in their curriculum than those necessary to achieve professional competency would then be obliged to seek hosts for these placements in other settings or services.

The introduction and development of an equitable, effective and transparent funding model will require further investigation and discussion with key stakeholders.

“We need to develop a genuine partnership that includes co-contribution and mutual benefit and reciprocity. A commitment to some resources. A minimum requirement to provide clinical education and infrastructure.”

SA Health staff
### Stakeholder list

Table 11 provides details of the stakeholders spoken with during consultations. Apologies if any names were inadvertently missed.

<table>
<thead>
<tr>
<th>Organisation/Education Provider/Department</th>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Adelaide University</td>
<td>Professor Johann de Vries</td>
<td>Head of School, Dean of Dentistry</td>
</tr>
<tr>
<td>Central Adelaide Local Health Network</td>
<td>Paul Lambert</td>
<td>Executive Director, Allied Health</td>
</tr>
</tbody>
</table>
| Central Adelaide Local Health Network      | Professor John Beltrame and colleagues | Michell Professor of Medicine 
The University of Adelaide 
Cardiology Academic Lead |
| Central Adelaide Local Health Network (The Queen Elizabeth Hospital) | Eleen Bart | Nurse Management Facilitator 
The Queen Elizabeth Hospital |
| Central Adelaide Local Health Network (Royal Adelaide Hospital) | Danni Marcoionni | Nurse Management Facilitator 
Nursing Clinical Service Support/ Resource Bank/Pt Flow 
Nursing Clinical Placement Coordinator |
<p>| Central Adelaide Local Health Network      | Dr Peter Satterthaite | Executive Director, Medical Services |
| Northern Adelaide Local Health Network     | Sandra Parr | Director of Allied Health |
| Southern Adelaide Local Health Network (Noarlunga Hospital) | Sarah Woon | Director of Allied Health |
| Central Adelaide Local Health Network      | Karla Bergquist | Executive Director, Mental Health Directorate |
| Centre for Regional Engagement (University of South Australia) | Professor Guy M Robinson | Director |
| ClinEd SA                                  | Mathew McInnes | Acting Manager Operations, ClinEd SA / Consultant Project Manager ASHO |
| Country Health SA                          | Dr Susan Merrett | Director of Medical Services for Country Health SA |
| Country Health SA Local Health Network Berri Office | Elaine Ashworth | Acting Executive Director Ambulatory, Community &amp; Aged Care |</p>
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<th>Organisation/Education Provider/Department</th>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Tanya Lehman</td>
<td>Acting Principal Allied Health Advisor</td>
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<tr>
<td>Country Health Local Health Network</td>
<td>Lyn Olsen</td>
<td>Director of Nursing and Midwifery</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Andrew Lane</td>
<td>Executive Officer Director of Nursing Ceduna District Health Services</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Sandy Gilbert</td>
<td>Nurse &amp; Midwife Education Facilitator</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Ruth McPhail</td>
<td>Manager Operations/ Director of Nursing Mental Health Services</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Dr Peter Chapman</td>
<td>Chief Medical Advisor</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Stefanie Lobzin</td>
<td>Nurse Clinical Facilitator</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Sue Dolman</td>
<td>Administrative Officer (UPAC), School of Psychology</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Mary Duncan</td>
<td>Manager of Field Education</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Maria Russo</td>
<td>Course Administration Manager School of Medicine</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Tim Rayner</td>
<td>Course coordinator Paramedicine</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Dr Chris Brebner</td>
<td>Course Co-ordinator Master of Speech Pathology</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Lilienne Coles</td>
<td>Clinical Education coordinator, Speech Pathology</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Stacie Attrill</td>
<td>Clinical Education Coordinator, Speech Pathology</td>
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<td>Country Health SA Local Health Network</td>
<td>Professor Jennene Greenhill</td>
<td>Director</td>
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<td>Country Health SA Local Health Network</td>
<td>Professor Michael Kidd</td>
<td>Executive Dean Faculty of Medicine, Nursing and Health Sciences</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Professor Sheila Lennon</td>
<td>Head of Physiotherapy</td>
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<tr>
<td>Country Health SA Local Health Network</td>
<td>Dr Brenton Kortman</td>
<td>Course Coordinator Occupational Therapy</td>
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<tr>
<td>Flinders University of South Australia</td>
<td>Associate Professor Michelle Miller</td>
<td>Dietetics: Head of Discipline/course coordinator undergraduate</td>
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<tr>
<td>Flinders University of South Australia</td>
<td>Karen Sparrow</td>
<td>Audiology Clinical Coordinator &amp; Lecturer</td>
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<tr>
<td>Flinders University of South Australia</td>
<td>Professor Konrad Pesudovs</td>
<td>Foundation Chair of Optometry and Vision Science, Course Coordinator</td>
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<tr>
<td>Flinders University of South Australia</td>
<td>Alison St Jack</td>
<td>Manager: Professional Experience Placements Unit</td>
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<td>School of Nursing &amp; Midwifery</td>
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<tr>
<td>Lyell McEwin Hospital</td>
<td>Karleen Thornton</td>
<td>Nursing Director: Nursing &amp; Midwifery Education, Research and Practice Development</td>
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<tr>
<td>Lyell McEwin Hospital</td>
<td>Tina Cockburn</td>
<td>Nursing and Midwifery Education Department</td>
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<tr>
<td>Lyell McEwin Hospital</td>
<td>Paula Melville</td>
<td>Nursing and Midwifery Education Department</td>
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<tr>
<td>Mental Health Nurse Leaders Council Meeting (MHNLC)</td>
<td>15 attendees</td>
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<td>Occupational Therapy Statewide Allied Health Advisory Group</td>
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<td>Physiotherapy Statewide Allied Health Advisory Group</td>
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<td>Podiatry Statewide Allied Health Advisory Group</td>
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<td>Psychology Statewide Allied Health Advisory Group</td>
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<td>Social Work Statewide Allied Health Advisory Group</td>
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<tr>
<td>Repatriation General Hospital</td>
<td>June Cox</td>
<td>Manager, Centre for Nursing Education</td>
</tr>
<tr>
<td>Repatriation General Hospital</td>
<td>Sean Prendergast</td>
<td>Nurse Education Facilitator</td>
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<tr>
<td>SA Dental Service</td>
<td>Dr Bijun (BJ) Cai</td>
<td>Clinical Leader, General Practice Unit, Adelaide Dental Hospital</td>
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<tr>
<td>SA Dental Service</td>
<td>Tracey Hood</td>
<td>Dental therapist , Clinical Project Officer</td>
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<tr>
<td>SA Health</td>
<td>Steve Morris</td>
<td>Chief Pharmacist for SA Health</td>
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<td></td>
<td></td>
<td>Executive Director of SA Pharmacy</td>
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<tr>
<td>SA Health</td>
<td>Lydia Dennett Adj. Assoc.</td>
<td>Chief Nurse and Midwifery Officer</td>
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<td>Organisation/Education Provider/Department</td>
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<tr>
<td>SA Health</td>
<td>Joe McDonald</td>
<td>Senior Policy Advisor, Nursing and Midwifery Office</td>
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<td>SA Health</td>
<td>Annette Cieslak</td>
<td>Clinical Practice Coordinator</td>
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<td>Nursing and Midwifery Office</td>
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<tr>
<td>SA Health</td>
<td>Dr Douglas Shaw</td>
<td>Medical Consultant, Public Health, Communicable Disease Control Branch</td>
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<tr>
<td>SA Health</td>
<td>Magda Simon</td>
<td>Project Nurse Mental Health</td>
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<tr>
<td>SA Health</td>
<td>Jeanette Routley</td>
<td>Strategic Advisor</td>
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<td>Allied and Scientific Health Office (ASHO)</td>
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<td>System Performance</td>
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<tr>
<td>SA Health</td>
<td>Gill Norrington</td>
<td>Manager, Recruitment Strategy, Workforce Development Division</td>
</tr>
<tr>
<td>SA Health</td>
<td>Anne Sibly</td>
<td>Manager Workforce Strategy and Design Policy and Commissioning</td>
</tr>
<tr>
<td>South Australian Medical Education and Training Unit</td>
<td>Associate Professor Alison Jones</td>
<td>Manager South Australian Medical Education and Training Unit</td>
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<tr>
<td>Southern Adelaide Local Health Network (Flinders Medical Centre)</td>
<td>Kym Dixon</td>
<td>Nursing Director</td>
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<td></td>
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<td>Nursing Midwifery &amp; Patient Services</td>
</tr>
<tr>
<td>Southern Adelaide Local Health Network (Flinders Medical Centre)</td>
<td>Nicola Miller</td>
<td>Secretary to Kym Dixon, Nursing Director, Nursing, Midwifery &amp; Patient Services, Clinical Placement Coordinator (FMC)</td>
</tr>
<tr>
<td>The University of Adelaide</td>
<td>Professor Justin Beilby</td>
<td>Executive Dean</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Faculty of Health Sciences</td>
</tr>
<tr>
<td>The University of Adelaide</td>
<td>Professor Alastair Burt</td>
<td>Dean of Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Head, School of Medicine</td>
</tr>
<tr>
<td>The University of Adelaide</td>
<td>Professor Gary Witter</td>
<td>Professor and Head, Discipline of Medicine</td>
</tr>
<tr>
<td>The University of Adelaide</td>
<td>Professor Helen Winefield</td>
<td>Professor, psychology</td>
</tr>
<tr>
<td>Organisation/Education Provider/Department</td>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>The University of Adelaide</td>
<td>Dr Michael Proeve</td>
<td>Senior lecturer, psychology</td>
</tr>
<tr>
<td>The University of Adelaide</td>
<td>Professor Alison Kitson</td>
<td>Head of School, Nursing</td>
</tr>
<tr>
<td>The University of Adelaide</td>
<td>Tammy Page</td>
<td>Lecturer, Master of Clinical Nursing</td>
</tr>
<tr>
<td>The University of Adelaide</td>
<td>Briony Lia</td>
<td>Associate lecturer A/Clinical Tutor, Nursing</td>
</tr>
<tr>
<td>The University of Adelaide</td>
<td>Frank Donnelly</td>
<td>Lecturer and program coordinator, School of Nursing</td>
</tr>
<tr>
<td>The University of Adelaide</td>
<td>Professor Randall Faull</td>
<td>Director of the Medical Program and Deputy Dean, University of Adelaide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Faculty of Health Sciences</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Senior Consultant in Nephrology, Royal Adelaide Hospital</td>
</tr>
<tr>
<td>The University of Adelaide</td>
<td>Christine Egglestone</td>
<td>Years 4-6 MBBS Program Administrator, MLTU, Faculty of Health Sciences</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Professor Esther May</td>
<td>Acting Pro Vice Chancellor Division of Health Sciences</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Professor Carol Grech</td>
<td>Head of School Nursing and Midwifery</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Dr Lois McKellar</td>
<td>Program Director Midwifery</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Dr Shylie Mackintosh</td>
<td>Physiotherapy Program Director</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Dr Libby Hotham</td>
<td>Program Director, Bachelor of Pharmacy</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Helen Stone</td>
<td>Pharmacy Education</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Dr Sara Jones</td>
<td>Program Director, Podiatry, School of Health Sciences</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Trenna Albrecht</td>
<td>Program Director, Medical Radiation</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Fay Hanns</td>
<td>Manager, Clinical Placement Unit</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Dr Sue King</td>
<td>Discipline Head, Social Work and Human Services, Program Director</td>
</tr>
<tr>
<td>Organisation/Education Provider/Department</td>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Sophie Diamandi</td>
<td>Program Director, Social Work</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Dr Phillip Kavanagh</td>
<td>CCLIN Program Director: Master of Psychology</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Professor Kurt Lushington</td>
<td>Head of School Psychology, Social Work and Social Policy</td>
</tr>
<tr>
<td>Women’s and Children’s Health Network</td>
<td>Alison Russell</td>
<td>Director Centre of Education and Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Women’s and Children’s Hospital</td>
</tr>
<tr>
<td>Women’s and Children’s Health Network</td>
<td>Elaine Bell</td>
<td>Director Nursing and Midwifery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Women’s and Children’s Hospital</td>
</tr>
<tr>
<td>Women’s and Children’s Health Network</td>
<td>Heather Baron</td>
<td>Regional Director Allied Health</td>
</tr>
</tbody>
</table>
## Steering committee

<table>
<thead>
<tr>
<th>Member</th>
<th>Proxy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maree Geraghty (Chair)</td>
<td>Chief Executive Country Health SA LHN</td>
</tr>
<tr>
<td>Jenny Richter</td>
<td>Deputy Chief Executive, System Performance</td>
</tr>
<tr>
<td>Paddy Phillips</td>
<td>Chief Medical Officer, SA Health</td>
</tr>
<tr>
<td>Lydia Dennett</td>
<td>Chief Nurse &amp; Midwifery Officer, SA Health</td>
</tr>
<tr>
<td>Catherine Turnbull</td>
<td>Chief Allied and Scientific Health Advisor, SA Health</td>
</tr>
<tr>
<td>Sinead O’Brien</td>
<td>Executive Director, Policy &amp; Commissioning, SA Health</td>
</tr>
<tr>
<td>Liz Hlipala</td>
<td>Group Director Workforce, SA Health</td>
</tr>
<tr>
<td>Matthew McInnes</td>
<td>A/Manager ClinEd SA</td>
</tr>
<tr>
<td>Anni Liwu</td>
<td>Steering Committee Executive Officer, SA Health</td>
</tr>
</tbody>
</table>
ATTACHMENT F: BUSINESS RULES AND DEEDS OF AGREEMENT – ADDITIONAL DRAFT MATERIAL TO GUIDE DEVELOPMENT

Strengthening and Streamlining Deeds of Agreement and Clinical Placement Agreements (Schedule 2s)

Background: SA Health recently reviewed its template Deeds of Agreement and associated Clinical Placement Agreement (Schedule 2s) to ensure compliance with the National guidelines for clinical placement agreements. Currently, the 25 Deeds of Agreements are being updated as they fall due by a temporary contract staff member within the Office for Professional Leadership.

In the consultations, a few stakeholders said they were not aware Deeds of Agreements were in place. Others said the frequency of Schedule 2s were unnecessarily frequent and time consuming to complete. It is our understanding that the Schedule 2s are not well utilised across the professions.

Currently, agreements are not seen by all stakeholders as ‘living’ documents.

Universities said they are keen to work in partnership with SA Health in reviewing the agreements.

Responsibility for Clinical Placement Agreements and Clinical Placement Agreements (Schedule 2)

It is recommended that:

1. The management and maintenance of Deeds of Agreement be undertaken by Departmental officer(s) appointed to the Clinical Placements Project Team to support the SA Health Executive Clinical Placements Group and SA Health Clinical Placements Group.

2. SA Health Executive Clinical Placements Group develop policies about the content of Schedule 2 agreements and compliance requirements.

3. The SA Health Clinical Placement Group develop policies and procedures to facilitate consistency of approach in regards to the contents of Schedule 2 Agreements.

4. The development and maintenance of Clinical Placement Agreements (Schedule 2) be undertaken by Senior Executives at the SA Health LHN level.

5. Each Deed of Agreement and Schedule 2 agreement be filed in SA Health’s electronic procurement and contract management system, in accord with SA Health guidelines.

Appendix 1 details the content of issues that should be covered in Deeds of Agreement and Clinical Placement Agreements (Schedule 2).

Appendix 2 specifies the recommended business rules that be at the core of the SA Health’s Deeds of Agreement. Some of these are based on the existing clauses of SA Health Agreements and others are drawn from NSW Health’s Student Placement Agreement for Entry into a Health Occupation.

HMA recommends that over the next 12 months, SA Health negotiates with education providers on the elements that should be in the agreements and the business rules. Once agreement, is reached on these general terms, then SA Health will be in a position to develop a new template agreement with the support of education providers.

In developing new template agreements, HMA recommends SA Health give consideration to using the NSW Health Student Placement Agreement for Entry into a Health Occupation as a template for the development of its own template. This is because it is well drafted and starts from the basis of partnership, which HMA believes will be supported by education providers.
Potential Opportunities to Reduce Administrative Load

Currently SA Health is reviewing Deeds of Agreement every three years and under the terms of the Deeds of Agreement there are options to extend for two successive periods of three years each. Schedule 2 Clinical Placement Agreements are required to be updated every year. Under the Current Deed of Agreement, it is envisaged, that parties may confirm placements annually or for such other periods as agreed between the parties.

It is clear that opportunities exist, to streamline agreement processes and minimise the workload associated with completion of Schedule 2 Clinical Placement Agreements and it is recommended that these opportunities be taken, when it is considered time to develop new agreements.

In NSW, the Student Placement Agreement for Entry into a Health Occupation is for a period of five years, with an option to renew for a further five year term. From a review of their documentation, it appears all elements of the agreements are incorporated into the Student Placement Agreement for Entry into a Health Occupation with the exception of items in Schedule 1 Operational Schedule to their agreements, which relate to:

- the name of the Health Organisation
- the name of the education institution
- disciplines covered by the agreement
- qualifications to be delivered
- clinical placement details (which are provided via their electronic data base)
- learning objectives of the placement, including procedures/activities in which students could be training
- relevant learning assessment tools to be used
- student names.
Appendix 1: Content of Issues that should be covered in Deeds of Agreement and Clinical Placement Agreements (Schedule 2s)

Deeds of Agreement

The mandatory elements of the National guidelines for clinical placement agreements can be incorporated into either the Deed of Agreement or the Schedule 2 Clinical Placement Agreement. This is because when a schedule is completed, it becomes part of the head Deed of Agreement.

HMA has reviewed the National guidelines for clinical placement agreements, SA Health’s Deed of Agreement and Schedule 2 Clinical Placement Agreements and agreements from New South Wales and Victorian jurisdictions. Against each element, HMA recommends which party be allocated the prime responsibility: SA Health, the education provider (EP) or when it should be regarded as shared responsibility. The suggested split is based on whether the elements of the agreement that can be efficiently dealt with at a central level or a Local Health Network/Health Network or State-wide Services level.

Table 12 details the elements that will be incorporated into future SA Health Deeds of Agreement and the proposed responsibilities for each of the parties: SA Health, education provider (EP) or where there are joint responsibilities.
<table>
<thead>
<tr>
<th>Element</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL PLACEMENT SITE LEARNING CONTEXT</strong></td>
<td></td>
</tr>
<tr>
<td>Ensuring patient-client care and safety is the overriding consideration</td>
<td>SA Health</td>
</tr>
<tr>
<td>Obtaining patient-client consent where applicable</td>
<td>SA Health</td>
</tr>
<tr>
<td>Adequate access to patients-clients (taking into account privacy requirements, facilities and equipment)</td>
<td>SA Health</td>
</tr>
<tr>
<td>Ensuring an appropriate and safe physical environment, including adequate infrastructure and student access to appropriate resources for the clinical placement (e.g. IT and desks).</td>
<td>SA Health</td>
</tr>
<tr>
<td>Orientation or induction (including emergency procedures and workplace/occupational and safety obligations)</td>
<td>SA Health</td>
</tr>
<tr>
<td>Ensuring students have access to relevant workplace policies and procedures essential to the clinical placement:</td>
<td>SA Health</td>
</tr>
<tr>
<td>• Orientation and induction policies</td>
<td></td>
</tr>
<tr>
<td>• Duty of care policies</td>
<td></td>
</tr>
<tr>
<td>• Code of conduct</td>
<td></td>
</tr>
<tr>
<td>• Infection control</td>
<td></td>
</tr>
<tr>
<td>• Privacy and confidentiality provisions, including access to information</td>
<td></td>
</tr>
<tr>
<td>• Record keeping</td>
<td></td>
</tr>
<tr>
<td>• Workplace health and safety (occupational health and safety)</td>
<td></td>
</tr>
<tr>
<td>• Incident reporting and management</td>
<td></td>
</tr>
<tr>
<td>• Dispute or conflict resolution procedures</td>
<td></td>
</tr>
<tr>
<td>• Procedures for dealing with grievances</td>
<td></td>
</tr>
<tr>
<td>• Complaints procedure</td>
<td></td>
</tr>
<tr>
<td>• Travel or use of motor vehicles</td>
<td></td>
</tr>
<tr>
<td>• Accommodation</td>
<td></td>
</tr>
<tr>
<td>• Environment health and safety</td>
<td></td>
</tr>
<tr>
<td>• Ethics</td>
<td></td>
</tr>
<tr>
<td>• Biohazards</td>
<td></td>
</tr>
</tbody>
</table>

These policies will be made readily available to education providers so they can make them available to students prior to placement.
<table>
<thead>
<tr>
<th>Element</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality of student’s personal information</td>
<td>SA Health</td>
</tr>
<tr>
<td>Appointment and credentialing of medical school staff and academics to clinical leadership positions within SA Health</td>
<td>SA Health</td>
</tr>
<tr>
<td>Expectations and accountabilities of education provider staff supervising students in SA Health LHNs</td>
<td>SA Health</td>
</tr>
<tr>
<td>Ensuring all service provider staff involved in the clinical placement process are aware of and abide by the clinical placement agreement.</td>
<td>SA Health</td>
</tr>
</tbody>
</table>

**THE LEARNING PROCESS AT THE CLINICAL PLACEMENT SITES**

<table>
<thead>
<tr>
<th>Element</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overseeing the education and training of students including clinical education</td>
<td>Education Providers</td>
</tr>
<tr>
<td>Identifying education goals and/or learning outcomes for the clinical placement. Defining what is expected from the student including learning objectives, scope of practice and relevant details such as student dress and identification, compulsory student equipment and consumables, and expectations regarding accommodation and related expenses, if applicable.</td>
<td>Education Providers</td>
</tr>
<tr>
<td>Student monitoring, feedback and assessment tools and processes, and ensuring clinical supervisors have access to, knowledge of, and training in (if applicable) these tools and processes.</td>
<td>Education Providers</td>
</tr>
<tr>
<td>SA Health require education providers to move to using a common assessment tool for students in health professions</td>
<td></td>
</tr>
<tr>
<td>Ensuring the suitability and fitness to practice (in terms of experience or any other relevant quality or qualification(s)) of each student that it proposes to undertake a placement. Using best efforts to ensure that students:</td>
<td>Education Providers</td>
</tr>
<tr>
<td>- comply with the relevant policies and procedures and clinical governance arrangements of the service provider or facility (see Section 3).</td>
<td></td>
</tr>
<tr>
<td>- demonstrate high professional standards in terms of appearance, attitude and professional behaviour</td>
<td></td>
</tr>
<tr>
<td>- complete required pre-placement conditions (including registration in accord with AHPRA requirements).</td>
<td></td>
</tr>
<tr>
<td>SA Health require education providers to provide it with documentary evidence that all pre-placement conditions have been met for all students attending placement at least four weeks prior to the placement.</td>
<td></td>
</tr>
<tr>
<td>Informing students of pre-placement conditions</td>
<td>Education Providers</td>
</tr>
<tr>
<td>Ensuring clinical supervisors and service providers are provided with appropriate information about student objectives/competencies to be achieved during the clinical placement</td>
<td>Education Providers</td>
</tr>
<tr>
<td>SA Health requires this information to be provided at least four weeks prior to the placements.</td>
<td></td>
</tr>
<tr>
<td>Ensuring students have access to all relevant policies and procedures that are essential to the clinical placement, four weeks prior to the placement, so that they can familiarise themselves with these policies.</td>
<td>Education Providers</td>
</tr>
<tr>
<td>Ensuring all education provider staff involved in the clinical placement process are aware of and abide by the clinical placement agreement.</td>
<td>Education Providers</td>
</tr>
<tr>
<td>Element</td>
<td>Responsibility</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Student consent obtained to provide student details to a clinical placement provider prior to placement.</td>
<td>Education Providers</td>
</tr>
<tr>
<td>Ensuring their course maintains accreditation</td>
<td>Education Providers</td>
</tr>
</tbody>
</table>

**JOINT RESPONSIBILITIES**

- Appropriate training for the clinical supervisors, if required, and adequate and ongoing support for clinical supervisors.  
  It is recognised that clinical supervisors may include clinicians employed by SA Health or the education provider.

- Specify obligations of the education provider and the service provider about:
  - insurance(s), including public liability, professional indemnity, and workers’ compensation
  - indemnity
  - verification of insurance and any other requirement of the placement

- Establish processes for feedback and evaluation of the placement by the student, supervisor, education and the service provider including specification of what type of feedback is sought and how it will be used

**PATIENT-CLIENT CARE AND SAFETY PRINCIPLES**

- Patient-client management, control and treatment takes priority over the supervision, education and training of students.  
  SA Health

- Respect for the patient’s and service provider’s (and its staff members) right to privacy related to verbal and written communication about patients/clients, and specifically about patient-client health records and information contained in the service provider’s information systems.  
  SA Health

- Respect for a patient’s or client’s right to refuse to participate in student involvement or to provide consent for student involvement in patient-client care.  
  SA Health

- Adequate privacy and supervision for all interviews and examinations by a student or students.  
  SA Health

- Patients/clients are treated with respect and not placed in situations where they feel embarrassed, harassed or offended.  
  SA Health

- Students are supervised to ensure the care provided is safe, of an adequate standard and matches capability.  
  SA Health

- Student scope of practice is clearly defined.  
  Education provider

**PRE-PLACEMENT CONDITIONS**

- Advising students of pre-placement conditions, including:
  - Relevant citizenship or visa documentation.
<table>
<thead>
<tr>
<th>Element</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Criminal record check(s) required.</td>
<td></td>
</tr>
<tr>
<td>• Immunisation requirements.</td>
<td></td>
</tr>
<tr>
<td>• EPAS (electronic health record) basics certification</td>
<td></td>
</tr>
<tr>
<td>• Other requirements including professional registration requirements, first aid, basic life support, manual handling, where relevant.</td>
<td></td>
</tr>
</tbody>
</table>

**ADMINISTRATION AND GOVERNANCE**

<table>
<thead>
<tr>
<th>Procedures and processes related to clinical placement planning and allocation of students</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures and policies for changes to placements, including deferral, cancellation (before placement), termination (during placement) or failure.</td>
<td>Joint</td>
</tr>
<tr>
<td>Student attendance policy and/or procedures including student illness and absenteeism.</td>
<td>Education provider</td>
</tr>
<tr>
<td>Mechanisms for communication between parties</td>
<td>Joint</td>
</tr>
<tr>
<td>Mechanisms for documentation, information recording and reporting (data collection requirements and reporting to the education provider).</td>
<td>Joint</td>
</tr>
</tbody>
</table>

**GENERAL PROVISIONS**

All clinical placement agreements should incorporate basic terms and conditions which set the framework for the content of the agreement. An agreement should address the following:

- scope
- objectives
- terms and conditions
- review or renewal terms
- dispute resolution
- termination terms and procedures
- terminology used including definitions and clarification of use of terms
- amendments
- waiver or variation of a provision or provisions.

<table>
<thead>
<tr>
<th>Discipline policies and procedures relating to students and education provider staff involved in supervising staff in SA Health LHNs</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use and disclosure of patient data</td>
<td>SA Health</td>
</tr>
<tr>
<td>Intellectual property</td>
<td>SA Health</td>
</tr>
</tbody>
</table>
Clinical Placement Agreements (Schedule 2s)

Table 13 details the elements that should be incorporated into future SA Health Clinical Placement Agreements (known as Schedule 2) and the proposed responsibilities that lie with: SA Health, education providers (EP) or where the responsibilities are joint.

<table>
<thead>
<tr>
<th>Element</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial contributions/fees and in-kind arrangements associated with taking students</td>
<td>SA Health</td>
</tr>
</tbody>
</table>

**Table 13: Core elements of SA Health clinical placement agreements and responsibilities**

<table>
<thead>
<tr>
<th>Element</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring access to emergency procedures and any other policies or procedures specific to the facility at which the clinical placement is occurring. These will be made readily available to education providers so that they can provide access to these to students prior to placement.</td>
<td>SA Health</td>
</tr>
<tr>
<td>Agreed processes for managing unexpected health situations for students or supervisors (if they are not employees of the service provider).</td>
<td>SA Health</td>
</tr>
<tr>
<td>Ensuring that all necessary documentation (e.g., criminal record check, immunisation status, etc.) has been verified prior to commencement of the student placement.</td>
<td>SA Health</td>
</tr>
<tr>
<td>Provision of SA Health Clinical Placement Coordinator contacts</td>
<td>SA Health</td>
</tr>
<tr>
<td>Identification of matters that could impact on a student’s learning capacity or ability to perform in the placement.</td>
<td>Education Providers</td>
</tr>
<tr>
<td>Establish and agree on the amount, nature and level of student supervision</td>
<td>Education Providers</td>
</tr>
<tr>
<td>Clarification of any education provider support available for the clinical supervisor (e.g. access to tools and resources).</td>
<td>Education Providers</td>
</tr>
<tr>
<td>Placement details, including number of placements, duration, start and end date, renewal terms, key participants (names and titles), locations and hours of work.</td>
<td>Education Providers</td>
</tr>
<tr>
<td>Provision of Education Provider Program Contacts, including staff supporting students in visiting SA Health LHNs</td>
<td>Education Providers</td>
</tr>
<tr>
<td>Clarification of responsibilities relating to student assessments</td>
<td>Joint</td>
</tr>
<tr>
<td>Identify the party responsible for managing the student placement, and, where appropriate, ensure clarity around the specification of the student’s required time commitment, responsibilities, and attendance requirements.</td>
<td>Joint</td>
</tr>
<tr>
<td>Facilitate (where possible) opportunities for inter-professional collaborative approaches to learning.</td>
<td>Joint</td>
</tr>
<tr>
<td>Element</td>
<td>Responsibility</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Provide student and clinical supervisor(s) (if necessary) with access to appropriate training, including cultural safety training, as well as orientation and support for adjustment to placements with specific cultural issues</td>
<td>Joint</td>
</tr>
<tr>
<td>Communication processes and reporting lines among parties involved in the placement, including the education provider, the service provider, the clinical supervisor, the student, and any other participants.</td>
<td>Joint</td>
</tr>
<tr>
<td>Establish jointly agreed procedures and supporting processes for the support and management of underperforming students, including withdrawal from the facility where this is deemed necessary.</td>
<td>Joint</td>
</tr>
<tr>
<td>Obtain Ethics Committee approval where applicable or relevant to student activities.</td>
<td>Joint</td>
</tr>
</tbody>
</table>
Appendix 2: Business Rules

Legislative and Professional Association Requirements

In providing clinical placements, SA Health and all educational providers have responsibility for ensuring compliance with all:

- relevant legislation
- requirements of the Australian Health Practitioner Regulation Agency (AHPRA) and the fourteen Boards they support, and
- requirements of professional associations specific to other health professions within the scope of this framework.

In particular it should be noted that AHPRA places responsibility:

- on education providers to provide lists to AHPRA of all students enrolled in approved programs of study after each academic census date; or
- for Registered Training Organisations (RTOs) to provide a list of all currently enrolled students prior to the commencement of an approved program of study; and
- for all education providers, to provide a list of students prior to the commencement of clinical training; and
- for all education providers to notify AHPRA within 60 days of a student completing or ceasing to be enrolled in an approved program of study or clinical training (e.g. when a student is no longer enrolled due to graduation, deferral, withdrawal, registration as an enrolled nurse).

Once AHPRA has confirmed with the education provider that all students have been successfully added to the Student Register, education providers are responsible for notifying students that they have been registered as a student with AHPRA.

Thirteen of the 14 National Boards register students who are enrolled in approved programs of study. The exception is the Psychology Board of Australia. The Psychology Board requires students to apply for provisional registration. Additionally, all supervisors of provisional psychologists must be approved by the Psychology Board of Australia.

Pre-placement Requirements

Responsibilities of students

Under the National guidelines for clinical placement agreements, education providers are responsible for completing pre-placement conditions involving:

- criminal record checks as per jurisdiction and/or as per service provider requests
- other requirements including first aid, basic life support, and manual handling when relevant.

Stakeholders raised concern during consultation that no consistency exists regarding SA Health pre-placement requirement relating to criminal history checks. Others reported that students failed to provide the pre-placement documentation on time, or there was poor communication on what was required, which often resulted in placements being delayed.

It is recommended that SA Health accept the standards of the University of South Australia, which require:

1. Students of South Australian education providers to complete a National Criminal History Record Check (NCHRC) conducted by the Department of Communities and Social Inclusion (DCSI), previously known as the Department for Families and Communities. Whilst students from interstate education providers should obtain a National Police Certificate.

2. A Senior First Aid Certificate, with cardiopulmonary resuscitation (CPR) updates completed annually (with the exception of pharmacy students).
Additionally, the *Immunisation Guidelines for Health Care Workers in South Australia 2010* requires students to:

1. Take reasonable steps to be aware of their own infectious disease and vaccination status to minimise the risk of transmitting infectious diseases to patients or other staff.
2. Comply with the training institutions’ screening, education and vaccination program.
3. If non-immune be aware and understand their duty of care and obligation to their placement within the health care setting.
4. Maintain their own personal records of all screening and vaccinations.
5. Provide screening and vaccination records.
6. Report Adverse Events Following Immunisation (AEFI) to their vaccination provider.
7. Comply with the SA Health and education providers’ occupational health, safety and welfare policies and procedures.

Students should be requested by the education providers to supply documentation at six weeks prior to the commencement of a clinical placement, having regard to the fact that criminal record checks can take up to three months to be finalised.

**Associated Responsibilities of Education Providers**

Procedures should ensure education providers:

1. Inform students they may be refused a clinical placement in SA Health if they do not provide the requisite pre-placement requirements specified for each profession (for example: a criminal history clearance, a documented screening and vaccination history, or Senior First Aid Certificate and undertake CPR updates (which is required for some professions)).
2. Give evidence one month prior to the placement, to the Chief Executive Officer / Executive Officer, or delegate of the SA Health care setting they are undertaking their placement at, confirming the student has: received a criminal history clearance, has obtained a Senior First Aid Certificate and completed annual CPR updates and provided a documented screening and vaccination history.

SA Health requires documentary evidence of compliance to be provided to SA Health in the format of a Visa to Placement.

**Associated Responsibilities of SA Health**

On receipt of the appropriate evidence of compliance with pre-placement requirements, the Chief Executive Officer / Executive Officer, or delegate of the SA Health care will verify that the student is accepted for placement.

**Procedures when a Criminal Record is Revealed**

In consultations, stakeholders raised concerns that SA Health did not have an effective process in place to appropriately deal with situations where a student has a criminal record, often resulting in the student having to justify they should be undertake the placement numerous times. The following procedure to address this issue has been developed based on the NSW Health’s Procedures Employment checking – Criminal Record Checks and Working with Children Checks.

Where a NCHRC reveals a criminal record, the education provider will advise the student they are contacting a nominated officer at SA Health (who is authorised and trained to undertake criminal record risk assessments) and then contact the officer who will identify whether the convictions or pending charges may be relevant to the placement.

The nominated officer must determine if the records are relevant and if they are likely to affect the individual’s ability to undertake the key responsibilities of the placement.
If it is determined that the risks are not relevant or do not impact on the individual’s ability to undertake the placement, the nominated officer should provide written advice to the student and the education provider that they have undertaken the risk assessment and they accept there is no risk.

If it is determined that the risks may be relevant and may impact on the role, the student must be contacted, and a formal risk assessment undertaken.

Contacting the Applicant

In contacting the applicant, the student must be asked to confirm their full name, date of birth and current address and be told of the purpose of the NCHRC. Once the person’s identity has been confirmed, they may verbally be given a summary of the substance of the police history information, including dates, and asked to confirm the accuracy of the information. The applicant should not be given a copy of the criminal history information.

If the applicant states that the record does not belong to them or is inaccurate, the DCSI should be contacted for further advice.

If the applicant confirms the criminal records, they should be advised of the relevance of the record to the placement, the type of information that may assist the risk assessment, and be given an opportunity to provide additional information to support their application to be accepted for placement.

At all times, the principles of procedural fairness, privacy and confidentiality must be maintained when conducting the risk assessment.

Conducting the Risk Assessment

Only designated officers should sight or have access to criminal records or documents used in the risk assessment. This information should not to be given, sent or disclosed to any third party person including to any other SA Health worker.

The following information may be considered as part of the risk assessment:

1. The seriousness and nature of the convictions, and how they relate to the key responsibilities of the placement.
2. How many convictions, was it a pattern or an isolated matter?
3. What period of time has elapsed since the last offence?
4. The amount and type of penalty awarded by the court may be indicative of the seriousness of the offence.
5. Any mitigating information in relation to the offences. These might include such factors as peer pressure, difficult family circumstances or other stress factors in the person’s life at the time such as drug or alcohol abuse etc.
6. Submissions from the applicant regarding action they have taken or changes to their circumstances that may have contributed to the offending.
7. References – the type of reference will depend on the nature and circumstances of the offence(s), but could include workplace references as well as information from professionals from whom the applicant has sought treatment, counselling or other help. This may include references from probation or parole officers.
8. The degree of direct or unsupervised contact the person will have with patients, clients’ confidential information, property, finances etc., whether the person will be working alone or as part of a team and the environment in which the work will be conducted.
Based on the information obtained, the nominated officer must make a determination about whether any risks arising from the criminal record or charges, identified as relevant, affects their ability to undertake the full range of responsibilities and tasks associated with the placement, including whether any such risks can be, or have already been, satisfactorily mitigated.

Outcome of the Risk Assessment

Once the risk assessment is completed, the nominated officer must advise the student and the education provider of its determination.

The nominated officer should document in a risk assessment report its reasons either to continue with the placement or to decline the placement because of the criminal history. After completing the report, the nominated officer must destroy all criminal history information.

NOTE: clarification is still required as to how this clearance is recorded in a Passport to Placement, so that they student cleared does not have to be submitted to numerous checks.

The Risk Assessment Report

The risk assessment report should include a summary of the criminal records (including the nature of the convictions or charges, their date, and the penalty), their relevance to the key responsibilities of the role, any mitigating or risk factors associated with the role, a summary of any information provided by, or obtained from the student or referees or any other body, and an analysis of the resulting risks and the decision whether or not to appoint.

Management of Criminal History

Only designated officers should be allowed access to information about criminal history, which must be kept securely and confidentially at all times. Information obtained about a person’s criminal history must not be used for any purpose other than for determining their suitability for placement within SA Health.

Retention of Records

Criminal history information must be destroyed as soon as the risk assessment is complete or within three months at the latest. This includes criminal history information sent or received or stored electronically.

Conduct of Students

Students whilst on placement are expected to comply with the Government of South Australia Code of Conduct for South Australian Public Sector Employees. 52

Disclosure of Information Pertaining to Students

Provided the education provider receives the written consent of the student to do so, the education provider will disclose to the SA Health clinical placement coordinator any information concerning the student which in its reasonable opinion, would assist supervisors and the education provider accommodate any special needs of the student.

The SA Health clinical placement coordinator will make student supervisors aware of their obligation to keep all information disclosed strictly confidential.

Confidentiality

Students, employees and subcontractors of education providers supporting students on placement in SA Health LHNs and State-wide Services will be expected to comply with SA Health’s A Guide to Maintaining Confidentiality in the Public Health System. 53
The education provider must notify its students, employees and subcontractors supporting students on clinical placement that they should ensure they:

1. Only use confidential information as genuinely and necessary for the purpose of the clinical placement or supporting the clinical placement
2. Do not disclose any confidential information except as required by a law or a court order.
3. Take reasonable steps to ensure confidential information accessed or held is protected against loss, unauthorised access, use, modification, disclosure or other misuse.

Privacy of personal information

Responsibilities of Students, Employees and Subcontractors of Education Providers

All students, employees and subcontractors of education providers supporting students on placement in SA Health LHNs and State-wide Services are expected to comply with privacy legislation.

Currently, HMA are awaiting advice on the relevant SA Health privacy policy.

The SA Health Deed of Agreement requires the education provider to ensure its staff, students, agents or subcontractors accessing personal information for the purposes of the clinical placement:

1. Makes a written undertaking that they will not access, use, disclose or retain personal information except in performing their duties of employment or contractual obligations or in the placement.
2. Are informed that failure to comply with this undertaking may be a criminal offence and may also lead to the education provider taking disciplinary action against them.

It is proposed that this written undertaking must be provided to the Chief Executive Officer / Executive Officer, or delegate of the SA Health care setting at least one month prior to the placement and should be sent at the same time the Visa to Placement is provided.

It is also a responsibility under the current Deed of Agreement that the education provider must immediately notify the Minister if it becomes aware that a disclosure of personal information may be required by law.

Responsibilities of SA Health

SA Health will ensure:

1. Personal information of students or education provider staff held or controlled by it will be only used for the purposes of managing clinical placements.
2. All reasonable measures will be taken to ensure the personal information of students or education provider staff in its possession or control is protected against loss and unauthorised access, use, modification or disclosure.
3. It complies with privacy principles relating to use and storage of the data.
4. That any person who has an access level enabling them to obtain access to personal information of students or education provider staff is made aware of, and undertakes in writing, to observe information protection principles.
## ATTACHMENT G: FRAMEWORK TERMINOLOGY

<table>
<thead>
<tr>
<th>Term</th>
<th>How applied in this Framework</th>
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<tbody>
<tr>
<td>ClinEdSA</td>
<td>The delivery and operational arm of South Australia’s Integrated Regional Clinical Training Network that supports clinical placements within organisations across the state. ClinEdSA is funded by Health Workforce Australia and hosted by the South Australian Department for Health and Ageing.</td>
</tr>
<tr>
<td>Clinical placement</td>
<td>Periods during which students work in health or other services under supervision, enabling them to apply and develop their knowledge in practical settings. Clinical placements must be completed as a mandatory element of many professional entry courses in a range of health disciplines and by many students as a condition of completion of vocational education and training courses.</td>
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<tr>
<td>Clinical supervision</td>
<td>Involves the oversight – either direct or indirect – by a clinical supervisor of professional procedures and/or processes performed by a student or a group of students within a clinical placement for the purpose of guiding, providing feedback on, and assessing personal, professional and educational development in the context of each student’s experience of providing safe, appropriate and high-quality patient care.</td>
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<tr>
<td>Deeds of Agreement</td>
<td>Relates to a legally binding agreement between SA Health and the Education Provider that provides a platform for underpinning placements with a range of administrative and operational arrangements, policies and procedures that support the clinical placement and supervision process.</td>
</tr>
<tr>
<td>Education provider</td>
<td>An Australian educational institution offering accredited vocational and professional qualifications including universities and institutions of vocational education and training.</td>
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<tr>
<td>Health service</td>
<td>Any SA Health service provided in any facility or setting</td>
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<tr>
<td>Interprofessional learning</td>
<td>Where two or more professionals learn from each other and about each other in order to cultivate collaboration and professional insights</td>
</tr>
<tr>
<td>Professional entry students</td>
<td>Professional entry students are those enrolled in either higher education or vocational education and training courses, where the course is required for initial registration or qualification to practise as a health professional in Australia. These may include Commonwealth supported students, Domestic Fee paying students and International Students.</td>
</tr>
<tr>
<td>Schedules</td>
<td>Schedule 2s are clinical placement agreements, which are attached to a Deed of Agreement, generated at the SA Health LHN level between the SA Health facility and Education Provider for each course or program to address each academic year’s student placement needs.</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>For the purpose of the Framework a stakeholder is defined as any party with an interest in clinical education in South Australia. Specifically this refers to higher education and VET providers, public and private health services, aged care providers, mental health services, community health services, general practice, private providers and other clinical placement settings.</td>
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**ATTACHMENT H: ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BPCLE</td>
<td>Best Practice Clinical Learning Environments</td>
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<td>COAG</td>
<td>Council of Australian Governments</td>
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<tr>
<td>CPMS</td>
<td>Clinical Placement Management System</td>
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<tr>
<td>CPN</td>
<td>Clinical Placement Network</td>
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<tr>
<td>CPU</td>
<td>University of South Australia’s Clinical Placement Unit (CPU)</td>
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<tr>
<td>CSSP</td>
<td>Clinical Supervision Support Program</td>
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<tr>
<td>EPAS</td>
<td>Enterprise Patient Administration System</td>
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<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<tr>
<td>FTE</td>
<td>Full time equivalent</td>
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<tr>
<td>HETI</td>
<td>Health Education and Training Institute</td>
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<tr>
<td>HMA</td>
<td>Healthcare Management Advisors</td>
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<td>HWA</td>
<td>Health Workforce Australia</td>
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<td>ICTN</td>
<td>Interdisciplinary Clinical Training Network</td>
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<tr>
<td>IRCTN</td>
<td>Integrated Regional Clinical Training Network</td>
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<tr>
<td>KPI</td>
<td>Key Performance Indicator</td>
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<td>LHN</td>
<td>Local Health Network</td>
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<td>NSW</td>
<td>New South Wales</td>
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<td>PMF</td>
<td>Performance Monitoring Framework</td>
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<td>RTO</td>
<td>Registered training organisations</td>
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<td>SA</td>
<td>South Australia</td>
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<td>SLE</td>
<td>Simulated Learning Environment</td>
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<td>SPA</td>
<td>Student Placement Agreement</td>
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<td>TAFE</td>
<td>Technical and Further Education</td>
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<tr>
<td>UPAC</td>
<td>University Placement Allocation Committee</td>
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<tr>
<td>VET</td>
<td>Vocational and educational training</td>
</tr>
</tbody>
</table>
ATTACHMENT I: REFERENCES

10 SA Health, Internal Information Paper, Policy & Commissioning Division Values & Behaviours Statement, July 2013
22 Health Workforce Australia 2011, National Clinical Supervision Support Framework, Health Workforce Australia: Adelaide
This procedure has been developed based on NSW Health’s Procedures Employment checking – Criminal Record Checks and Working with Children Checks available at: http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_028.pdf accessed 8 February 2014.


