UNIVERSITIES ACCORD DRAFT BRIEFING PAPER – CLINICAL PLACEMENTS

The workforce shortages Australia faces across many geographic regions and sectors including primary care, hospitals, aged care, disability care and mental health are widely reported upon and substantiated by Commonwealth labour market surveys and forecasts.[1]

For well over 100 years the University of Sydney has been a leading contributor to Australia's health workforce and healthcare capability building through our education, research and knowledge translation activities directed towards improving public health, clinical practices and patient outcomes. Today, students in our Faculty of Medicine and Health represent some 23 percent of the University's student population.[2] They also account for one in five of the more than 66,000 students currently enrolled in 'Health' courses with NSW higher education providers.[3]

The Commonwealth's funding agreement with every Australian university and some non-university providers requires each institution to ensure that every student enrolled in a course that is accredited under section 49 of the National Law, has access to clinical placements in accordance with the approved accreditation standard of the profession.[4] In 2022, in the Faculty of Medicine and Health there were over 17,000 student placements across 14 disciplines in 3,408 placement sites, the majority of which were in New South Wales. These figures translate to 350,000 unique placement days per annum (source, clinconnect data).[5]

A value proposition for the Australian health care sector and broader society is the promise of a future health workforce that is sufficient in size and distribution, locally educated and trained, job-ready, agile and high performing. Yet, like many Australian universities and other higher education providers, the University of Sydney's capacity to do more to help meet Australia's health workforce needs is constrained severely by the challenges we face securing an adequate and reliable supply of high-quality placements for students enrolled in most of the health disciplines in which we offer accredited courses.

Issue 1

Capacity of the health sector to provide the required number/types of placements for students to gain registration on graduation.

Ensuring students can complete their placement requirements for their course prior to graduation are challenges for all universities, other tertiary education providers and the health care system alike. These challenges include:

- Competition for placements as more universities and other tertiary education providers have introduced more health degrees and larger cohorts, through the years of the fully demand-driven system, which ran from 2012 to 2017 inclusive, for domestic students in courses other than medicine, and increased international student cohorts.
- A trend formally and transparently in the public health systems of some jurisdictions (including Victoria and Queensland) and informally and inconsistently in others (including NSW), towards some health services requiring education providers to pay fees for student placements in some disciplines, with priority given to student cohorts under these "pay for placement" arrangements.
- The impact of workforce shortages and movements across public, private and not-for profit sectors, including NDIS and aged care sectors, and the ongoing impact of COVID-19 on staff capacity and capability to educate and supervise students on placements.
- The short duration of some placements and prescriptive nature of placement requirements with limited flexibility for redesign and innovation. There is increasing reluctance of host sites to accept short duration placements given limited evidence of value for sites and student learning.
- Changes to curriculum and accreditation requirements. For example, all undergraduate and graduate entry Pharmacy students are now required to undertake a hospital placement and the proposed placements in their new degrees are more complex and involve more placement hours.

[1] For example: https://www.nationalskillscommission.gov.au/publications/skills-priority-list-occupations/anzsco-sub-major/health-professionals

[2] See Table 1. Share of Enrolment and broad field of education 2021, Australian Universities Accord Discussion Paper p.14

[3] Commonwealth Department of Education (Feb 2023) Student Statistics Collection, 2021 Section 2 All Students, Table 2.8

[4] See, for example, Commonwealth's current Funding Agreement with the University of Sydney 2021-2023, p.10, Clause 22

[5] Placement numbers also include those conducted in University of Sydney clinics, Clinical Schools and University Centres and Departments of Rural Health. There are also a small number of sites interstate (117).

The 800 hours of practice learning for all pre-registration nursing students with specific requirements to cover specific specialties (eg. mental health) are stringent.
- The Commonwealth Department of Heath's requirement that no funding under the Rural Health Multidisciplinary Training Program (RHMT) may be used to provide direct support for international student undertaking training through facilities supported by that program.

Student placements in the Faculty's School of Health Sciences are possibly the most challenging of all, due to the sheer number of student placements (+5,500 per year) that need to be managed across multiple disciplines and public, private and community settings (+1300), along with the accreditation requirements to cover the depth and breadth of experience in a range of environments and settings and across the client lifespan.

Despite an overall increase in the required number of placements for the entire Faculty of Medicine and Health – from 10,385 placements in 2018 to 17,000 in 2022 (see Appendix 1), there has been an overall decline in much-needed student placement allocations for the School of Health Sciences in NSW Health hospitals and community settings - by almost 20 percent over the 2019-2021 period, and with a further small decline in 2022. These challenges have been most pronounced in physiotherapy for inpatient acute placements and adult placements for speech pathology students. A recent email from a major hospital to the Physiotherapy team in Student Placements provides an insight into a more profound problem across the health sector, which is felt by universities such as the University of Sydney where significant investment in research and infrastructure on a large-scale does not filter down to "good will" at the discipline and department level:

> *"We won't have many extra placements to offer you this year… It all comes down to money sorry. [Name of university] offer(s) a lot of money and we are allocated to take their students first which is unfortunate for your students."*[6]

Moreover, under the current National Health Reform Agreement 2020-2025, state and territory governments received more than $2 billion annually in Commonwealth block funding towards their costs of teaching, training and research, with the NSW public health system receiving more than $760 million annually from the Commonwealth to support these activities, which include costs associated with offering pre-registration clinical placements for students.[7]

In *"Student Clinical Education in Australia: A University of Sydney Scoping Study"* Buchanan et al warn of "the risks to the affordability, capacity and sustainability of the national system of clinical education if the goodwill on which it depends is eroded or lost."[8]

Proposed solutions

Explore new and flexible models for student placements, including a move away from the traditional model of one-to-one educator to student, to one educator to many students model, and the establishment of sustainable interdisciplinary service-focused placement models that address the identified needs of health organisations and local communities, such as workforce shortages, gaps in service delivery and benefits to patient care.[9]

Add value for sites and student learning by reconfiguring student placements, currently undertaken mainly in short blocks between 2-6 weeks, to follow the flow and needs of a workforce, including weekend and after-hours rosters and extend the placement duration. The Broken Hill UDRH and Lismore UCRH are already leading pilots of extended duration for nursing, physiotherapy and exercise physiology students to enhance integration of students into local communities, health and service-learning sites and for efficiencies in resourcing and managing student placements.

The reality of many universities paying for placements in some disciplines needs to be addressed in each state and territory, ideally under a common set of policy principles and a framework agreed between the

[6] South West Sydney LHD, 13 March 2023

[7] Independent Hospital Pricing Authority (now Independent Health and Aged Care Pricing Authority) (2022), National Efficient Cost Determination 2022-23, Table 1. Block-funded services, p.15

[8] Buchanan J, Jenkins S and Scott L "*Student Clinical Education in Australia: A University of Sydney Scoping Study" May 2014* http://sydney.edu.au/business/workplaceresearch

[9] The discipline of Speech pathology is working to address adult placement shortages through a pilot initiative with an aged care provider to send MSLP students to aged care sites with a clinical educator and expand capabilities of the on-campus speech clinic to offer adult placements as a service to the broader community.

Commonwealth, states and territories, and applied through the National Health Reform Agreement. Unlike Victorian Government and Queensland Health policies, NSW Health does not have a current clinical placements policy that facilitates clinical placements for students in NSW public health facilities and affiliated organisations (rescinded).[10]

There is also a need to review the current nursing facilitation model of 1:8 ratio, resulting in universities paying substantially for health services' facilitators, which can, in the case of externally employed staff, offer little control over quality, but with universities carrying all the risks.

Establishing positions in health services that are funded or co-funded by universities is another approach that the University of Sydney and other providers often pursue with their placement partners, to help build and sustain long-term clinical placement capacity.[11] These positions reflect the unique needs of health sites and their communities. With resources allocated proportionate to any clinical placement plans agreed to over a 3 to 5-year period this model can help ensure quality and certainty of placements with the partnering health sites.[12]

Universities, including University Centres for Rural Health (UCRH) and University Departments of Rural Health (UDRH) partners, and industry should continue their focus on deepening engagement across multiple disciplines in metropolitan, regional centres and rural and remote areas, and utilise funding models which meet desired clinical placement allocations aligned with local health needs and expand opportunities for extended placements.[13] [14]

Issue 2

Complex engagement/relationship management – short-term transactional versus longer strategic

The Faculty of Medicine and Health at the University of Sydney is well-known for its deep and longstanding partnerships with health organisations across NSW and further afield, having made significant investments in research, education and health infrastructure to benefit both health and medical research and patient care both locally and globally.

While relationships with industry have in many ways been critical to the Faculty of Medicine and Health's success, over time they have also led to the development of a myriad of relationships, oftentimes uncoordinated and sometimes lacking strategic import but which may be necessary for short-term solutions to immediate problems. The sheer number of these relationships can make it challenging to engage meaningfully and thus render them transactional in type and nature. Whereas once the value proposition of these relationships could be relied upon for student placements, health sites are likewise juggling multiple relationships and partnerships which may be utilised to meet budgets and address their current workforce needs.

In *Moving beyond solutionism: Re-imagining placements through an activity system lens*, Nisbet et al "argue that the health and education systems have become de-coupled. Learning and working are seen as distinct activities that are at odds with one another. Re-imagining the purposes and practices of clinical placements for the mutual benefit of patients, health services and students may fruitfully address this disconnect".[15]

Proposed solutions

Engage meaningfully with identified strategic partners, including LHDs, private and not-for-profit organisations, and develop formal service agreements with key priority sites (agreement on contracted

[10] Clinical Placements in NSW Health Policy
[11] For example, Sydney Pharmacy School currently has three LHD co-funded Chairs of Clinical Pharmacy based in Sydney LHDs. These staff can take larger numbers of students on placement on site and work collaboratively with hospital staff to deliver innovating training opportunities.
[12] The discipline of physiotherapy has secured funding from SSHS to provide academic support for clinical placements to hospital physiotherapy departments in key partner LHDs – Sydney, South West Sydney and Western Sydney LHD with the purpose of building student placement capacity.
[13] Refer to the Faculty of Medicine and Health's Rural Health Strategy and support for rural health workforce through extended clinical placements.
[14] The Extended Nursing Placement Program in Far West NSW LHD model has significant potential to replicate in a variety of settings, to address rural workforce issues and to socialize students into roles when they graduate https://onlinelibrary.wiley.com/doi/full/10.1111/ajr.12880
[15] Nisbet G. et al "Moving beyond solutionism: Re-imaging placements through an activity system lens" *The Association for the Study of Medical Education* 2020:55:45-54, p.45

numbers of student placements over a 3–5-year period) and with agreed incentive models. Identification of a single lead University for each major health placement site would minimise transaction costs for health system providers (noting some health sites currently interact with 30 different education providers).

Work with governments and industry funding bodies to develop a coordinated approach to funding models to equitably support student placements across all cohorts, including all health disciplines and domestic and international students and which reflect the diversity and complexity of the health care system, the communities they serve and future workforce forecasts for metropolitan and rural/remote communities. Consider other funding models introduced internationally, and incentive models that are linked to innovative/enhanced capacity placement models and/or quality placements. Consider a government model whereby funding is allocated to clinical educators.

A partnering incentive for mutual benefit has already been proposed.[16] The perceived value of offerings such as conjoint and affiliated appointments and various options for formal and informal professional development are yet to be tested against the payment for placement model. The University of Sydney, including the Faculty of Medicine and Health, also engages in strategic partnerships with intended multiple benefits for research, education and development. The time and staff resources required to manage such relationships are extensive, may take several years to bear fruit and the partnering incentive not guaranteed to trickle down to those making direct decisions about clinical placements.

A reduction in the number of sites with which universities engage meaningfully, while at the same time increasing the ratio of educator to students is the desired state over the long term. The Precinct model is one example whereby universities can engage with health precincts for priority access and extended and embedded placements. Research will be required to identify these partners that are capable of providing equitable access to quality placements to meet the future needs of graduating students on a long-term basis. This would also help universities to project capacity for future student enrolments. Such research will require an analysis of the cost of and potential for building student placements into the development of new models of care or service re-design, workforce projections and staff capacity to support students and identification of where students' placements will likely be.

Clinical placement operations are complex and resource-intensive; thus sustainable models for universities to manage the volume of student placements are needed.

Issue 3

Need for new co-designed interdisciplinary placement models to better prepare the workforce of the future and enhance health outcomes.

As health care changes, and as new health issues emerge (including the immediate and long-term impacts of the pandemic), student placements are an opportunity for educators and health providers to partner for mutual interest and codesign placement models which not only engage students as a valuable resource, but also value-add to a diverse range of organisations (including the health sector, aged care, NDIS, schools and business) to address real health challenges and enhance patient care, including workforce shortages and gaps in community and primary health care services.

Interdisciplinary practice is still in its infancy in health education and disciplines generally build their curriculum and organise student placements as single disciplines and according to discipline accreditation and regulatory requirements. There are multiple examples of interprofessional learning, and interprofessional student placements but they are often resource intensive and not yet built to scale.[17]

Proposed Solutions

Obtain commitment from government, higher education providers and health services to allocate resources towards interprofessional placements at scale and enhance the processes and systems to support collaboration between professional disciplines and accrediting bodies.

Build support, including in-service education, clinical educator training and SIM to introduce interdisciplinary student-led clinics and new models of care that are scalable and sustainable and which address the needs of health services and their communities.

[16] Priority placement partners profile, SSHS March 2022
[17] See Interprofessional Facilitator Workshops FMH staff grow skills in interprofessional learning - Intranet - The University of Sydney

Work collaboratively with industry health workforce planners and health accreditation bodies to explore how assistant health positions eg. Assistants in Nursing and Assistants in Allied Health, can be recognised as connected to students' learning experiences, as well as providing them with paid employment and job-ready skills relevant to their future careers in health.[18]

Engage with accreditation bodies to ensure that student placement accreditation requirements are fit for purpose, are future proof and meet the essential characteristics of a competent practitioner in Australia and address the workforce needs of the future.

Issue 4

Barriers to rural and regional placements

Addressing workforce shortages in rural and regional Australia is a focus for governments, Australian universities, higher education providers and local communities.

In the Faculty of Medicine and Health it is mandatory for most Sydney School of Health Sciences students to undertake a rural clinical placement. In other disciplines it is encouraged and despite the availing opportunities the allocations are not always filled. Sites and staff shortages, including clinical educators for some disciplines in some rural and remote locations, may also limit clinical placements.

Currently, the availability of funding from universities, government and industry is variable to support students undertaking rural and remote placements and it often does not cover students' full costs of travelling and living for a period in a rural or remote area. RHMT funding is available only for domestic students on clinical placements for a minimum of 2 weeks. Through Medicare, GPs are eligible for subsidies for medical students only to undertake placements in GP clinics, not other health professions. There is some funding to support some disciplines on student placements in the NDIS sector, but this is under-utilised and not well understood. The value of HETI clinical placement scholarships vary per discipline, are capped at one scholarship per calendar year and are available only to domestic students.[19]

The RMHT funding for extended medical placements is predicated on the model of developing a rural medical workforce, but it does not address the possibility that the skills shortage in rural and regional Australia could also be addressed through international students who intend to stay in Australia after graduation through either extended working visa arrangements or seeking permanent residence. As extended placements lead to a greater likelihood of choosing a job in a rural/remote area on graduation[20] (research available based on medical student experience) the extended rural placement model and funding for more disciplines and for both domestic and international students ought to be explored further to support local communities' health needs and address the workforce shortages in rural and remote Australia.

There is also inflexibility in the timing of the preference system for new graduate positions and sometimes limited graduate employment opportunities. For example, a nursing student who wants to change their new graduate preferences after having undertaken a rural placement is unable to do so after the closing of the graduate preferences with NAMO in NSW Health. For the first time in 2023, the Northern NSW LHD introduced an allied health graduate program with limited identified disciplines.

There are additional barriers that have been identified by health-profession students about rural placements including:

- Costs involved, including travel and accommodation whilst also paying for long-term rent and loss of income from employment while on placement.
- Carer responsibilities.
- Many students do not have a driver's license and/or access to a car to attend clinical placements.
- Variable support mechanisms for students who may never have lived away from home or anxiety about isolation or managing extreme events such as COVID-19, floods and bushfires.

[18] Health partners are keen to recruit health students as AINs and AAH to their workforce. These students can potentially be on a placement in ward X which is recognized as practice learning then start work on the same ward/unit as an AIN or AAH doing similar work but which is not counted as part of their practice learning.
[19] NSW Rural Allied Health Clinical Placement Grants | HETI
[20] Extended Nursing Placement Program Sydney Nursing School in 2022 found 7 out of the 8 students wanted to choose rural/remote for their graduate year.

- Limited opportunities for many international students to undertake rural placements, with the Commonwealth Department of Health's current policy against international students benefiting directly from RHMT funding a contributing factor.
- Limited awareness about the benefits of rural/remote placements.
- Workforce shortages in some rural/remote areas limits capacity for supervision and hence to allocate student placements.

Health services themselves often give preference to their local students over students from outside the area, as local students are thought to be more likely to want to stay and work in their local area on graduation. While this may be true, in times of workforce shortages, students from outside the local area can help support health service delivery and potentially bring diversity and innovation. Students may be more likely to consider a job (subject to availability) in the region after graduation if they have had the opportunity to undertake a clinical placement and become acquainted with living in the area while a student.

Proposed Solutions

Ensure equitable funding to support students from all disciplines to attend placements away from their usual area of residence/study/work and provide financial support to balance the loss of RHMT funding to centres that host international students.

Engage with local health services and communities about how they wish to build student education and clinical placements into the design and delivery of healthcare to their communities (refer to the Healthy Communities Foundation Australia, [21] UCRH and UDRH), noting the centrality of health services to local communities and the churn of students on short term placements may involve considerable resources to accommodate and involve them in the life of their communities. Look to the Extended Nursing Placement Program as a model of good practice for partnership between Broken Hill UDRH and Sydney Nursing School. There is much interest in this model being extended. The current investment in a new nursing leadership role in Dubbo/Orange will also enable the ENPP to be extended to Western NSW LHD. An adapted model in Northern Rivers is being explored and Western Australia is also interested in adopting this model.

Extend community engagement during student placements to include outreach activities with local schools to promote careers in health to local children. The rural placements could take on multiple pillars of community engagement.

Identify students with a genuine interest in rural/regional health issues and desire to work in rural/regional health to provide them with resources and access to blended short-term and extended clinical placement blocks.[22] Track the success of extended rural placements including their impact on health service delivery and the likelihood of students choosing to work in a rural/regional area after graduation.[23]

Model the cost and increase availability of student bursaries to incentivise students to undertake extended rural placements and work closely with university rural health centres and departments to fill allocations and to meet local needs.[24]

Undertake a campaign to help students understand what to expect and promote the benefits of rural placements and service provision and raise awareness of rural and remote graduate training programs to students at all universities.

Issue 5

Student experience and student safety

[21] Letter from Rural and Remote Australia to Minister for Health (thcfa.org.au)
[22] See recommendations from Independent Evaluation of the Rural Health Multidisciplinary Training Program Independent Evaluation of the Rural Health Multidisciplinary Training Program
[23] Rural origin of students and length of rural placement are critical to returning to rural/regional area after graduation https://www.mja.com.au/journal/2022/216/11/influence-rural-clinical-school-experience-and-rural-origin-practising-rural
[24] A pilot for extended rural placements for final year Master of Physiotherapy and Master of Exercise Physiology students introduced in 2023 intends to enable the School of Health Sciences and UCRH to support the faculty's rural health strategy through efficient program planning of student placements in a range of settings that meet multiple course competencies and which provide direct service provision to local communities in the Northern Rivers region, including meeting the complex needs of indigenous communities and service gaps which are not otherwise filled by local services. Students on placement through the UCRH also benefit from a suite of services, including lectures, a service-learning program and pastoral care.

As universities continue to compete for limited clinical placements and spend significant time and resources sourcing placements, there are reputational issues for universities if they are unable to place students with advanced notice and cannot graduate students on time. Also, importantly, there are direct impacts on students' learning and experience.

Financial security for students is an important consideration and may determine students' capacity to commence or continue their studies. Undertaking clinical placements locally or in regional and rural areas may impact on students' capacity to earn an income and undertake caring responsibilities, potentially limiting the diversity of the student cohort.

Student verification requirements for access to health sites is a complex and ongoing issue for universities and health organisations alike, made more challenging since the pandemic in 2020. Additionally, managing student safety while on placement and travelling to and from sites, including at night, and during times of extreme events, such as bushfires and floods, have added extra burden on universities, host sites and students alike.

Student feedback surveys provide important insights into the perceived quality and variability of student placements and clinical supervision. The National Clinical Placement Evaluation tool for nursing schools and the Student Quality Feedback reports currently generated by the School of Health Sciences are examples where quantitative and qualitative data can record the value of clinical placements to students' learning and experience. They also serve as alerts to any issues which may require attention, including communication between the university and clinical placement sites and complaints of sub-optimal learning experiences and personal safety issues.

Proposed solutions

Work with governments and health organisations to enhance equality of access to all sites regardless of domestic or international student status, and work to obtain earlier allocation of students to sites to enable students to prepare for the placement and make any adjustments needed in their personal and professional lives to fulfil the preparatory requirements for student placements.

Work with government policy makers and registration bodies to formalise the responsibility of registered health professionals to teach students in practice, including mentoring, assessing their competence and development and establish designated roles to sign off on students' competencies. Such an initiative would address the current facilitation model in nursing. It would also reflect genuine partnerships of real mutual benefit, whereby healthcare providers engage with universities and plan their future workforce while also sharing the burden, benefits and risks.[25]

Explore efficiencies in the student verification process to ensure students are verified on time to fulfil student placement allocations.

Offer bursaries for students undertaking placements, local and rural and regional.

Develop standardised student feedback evaluation reports across all disciplines along with educator and site feedback to help monitor the quality of student placements across the health sector and utilise effectively the results for quality assurance and relationship management with partner sites.

Look to best practice in student support systems and pastoral care[26], such as those offered by UCRH and UDRH, to enhance safety and support mechanisms for students while undertaking clinical placements in rural and remote areas.

[25] For example, in many countries it is part of a nurse's registration to supervise, mentor and teach students in practice and reflects a shared commitment to the education of the future workforce.
[26] For example, the UCRH Lismore and BH UDRH offer student life program and pastoral care to students undertaking rural placements in the Northern Rivers and Far West and North West regions.