Dear Mr Cormack,

Thank you for inviting feedback on the ‘Clinical Supervisor Support Program (CSSP)’ discussion paper released by Health Workforce Australia (HWA) on 26 July 2010.

The University of Sydney strongly supports HWA’s plans to raise the quality, quantity and prominence of clinical supervision in Australia. To that end the University seeks to establish clear lines of communication to contribute to the final form of the CSSP and related programs.

Together, our Schools of Medicine and Nursing and our Faculties of Science, Dentistry, Pharmacy, Health Sciences and Education & Social Work contribute approximately 30% of NSW’s health workforce graduates annually across most of the professions covered by the CSPP.

Our submission has been prepared in consultation with the University’s faculties and schools that educate these professionals. It reflects the individual views of senior educators on behalf of their units and presents the University’s position in general.

The submission is in three parts:

- First, this covering letter provides a brief overview of the University’s position on key issues raised in the discussion paper.
- Second, two tables summarise the views of each faculty or school in response to the discussion paper’s ten policy options and 17 related questions.
- Third, full individual template submissions are included from units responsible for educating students in Aboriginal health, dietetics, exercise physiology, dentistry, medical laboratory science, medicine, nursing, occupational therapy, orthoptics, pharmacy, physiotherapy, psychology, social work, radiation science and speech pathology.

1. The University’s overall response

There is strong support across all of our academic units for HWA to develop a clinical supervisor support program as proposed. We see the expansion of clinical supervision capacity, quality and diversity across all of the eligible professional areas as vital to the long term quality and sustainability of the health system.

There is unanimous support across the University for action to be taken in the ten policy areas...
highlighted in the paper, with only a few reservations expressed about details. For example, a highly prescriptive approach is seen as undesirable.

There is strong support across the University for raising the profile of clinical supervision through the development of national principles; the clarification of roles and definitions; facilitating the sharing of leading practice and collaboration between professions; and the introduction of national recognition and reward systems to encourage innovation and the pursuit of excellence.

This strong support extends to high quality supervisor training courses that address generic competencies, but that are flexible enough to accommodate the requirements of different disciplines. Many such courses are already in place or under development at the University of Sydney and could be adapted for this purpose.

However, a delivery framework for supervisor training that is responsive to the diverse needs of clinicians in different fields is preferred to a generic approach across multiple professions. A funding model that is responsive to student choice, combined with financial and other incentives to encourage uptake by clinicians and collaboration between professions, is considered most likely to succeed over the long term.

2. Specific views from faculties and schools

There is strong agreement across all units that the single most important step that could be taken to improve clinical training capacity and quality would be to achieve recognition of supervision in the workloads of health professionals.

Uncertainty arising from the prospect of activity-based funding for all teaching and research in public hospital settings, combined with rapid growth in students requiring clinical experience in some disciplines, highlight the need to address the clinician workload issue as a matter of priority.

In often stressful hospital and other health service settings, clinical supervision remains an additional rather than core part of the clinician’s role. Clinical supervision should, in our view, be built into the contractual and remunerative arrangements for these health service professionals. The responses of our units indicate that there is much room from improvement in this area through initiatives such as: discipline-specific strategies; improved collection of data to measure progress; improved resources and other supports for supervisors; and financial incentives to expand capacity – especially in the private sector.

While we anticipate that the Clinical Training Funding Initiative will lead to improved training capacity over time, it is important that the CSSP work alongside that larger scheme to ensure that any expansion does not come at the expense of quality. Our faculties and schools have provided considerable detail in their individual submissions about the capacity challenges and opportunities facing different professions.

Several of our faculties and schools are concerned that in seeking to raise the quality of supervision HWA could inadvertently reduce the availability of training opportunities. When developing standard competencies, processes, agreements, documentation and assessment tools, several University groups felt that there must remain room for flexibility at the disciplinary and local administrative level.

The extent to which professional accrediting bodies give continuing professional development credit points for courses relevant to clinical supervision varies greatly between professions. The HWA might work with all the accrediting authorities to achieve the inclusion of such courses and provide financial or other incentives for clinicians who complete accredited programs.

Significant scope exists at the University of Sydney to improve the overall quality of clinical supervision, supports and administration through interdisciplinary collaboration, standardisation of approaches and documentation, and the sharing of leading practice in supervisor training. Recent reforms to the University’s governance and administration will assist in this regard. If
funding were to become available through the CSSP to support large institutions to implement such reforms that would be a most welcome development.

I would be pleased to facilitate discussions between HWA and the University’s relevant faculties and schools either individually or collectively, and encourage the agency to direct all future correspondence about the CSSP and other programs through my office.

In the meantime, if HWA requires further information about any aspect of this submission, enquiries should be directed to Mr Tim Payne, Director, Policy Analysis & Communication, in my office, tim.payne@sydney.edu.au, 02 9351 4750.

Tim will ensure that there is clear communication between my office and contact officers who have been appointed by the head of each faculty or school.

Yours sincerely

(Signature removed for electronic distribution)

Michael Spence

Attachments
1. Table 1, Summary of University of Sydney faculty and school responses to HWA CSSP policy options only
2. Table 2, Summary of University of Sydney faculty and school responses to HWA CSSP policy options and questions

Full Template submissions
3. Faculty of Science, School of Molecular Bioscience, Human Nutrition Unit (Dietetics)
4. Faculty of Dentistry, (Dentistry)
5. Sydney Medical School (Medicine, Aboriginal Health, Medical Laboratory Science)
6. Sydney Nursing School (Nursing, Midwifery)
7. Faculty of Pharmacy (Pharmacy)
8. Faculty of Science, School of Psychology (All Psychology professions)
9. Faculty of Education and Social Work (Social Work)
10. Faculty of Health Sciences (Exercise Physiology, Occupational Therapy, Orthoptics, Physiotherapy, Radiation Science, Speech Pathology)