Dear Ms Cody,

National Clinical Supervision Support Framework – Consultation Draft

Many thanks for providing the University of Sydney with an opportunity to comment on the draft National Clinical Supervision Support Framework. This response has been prepared in consultation with the University’s newly formed Clinical Training Advisory Committee (see attached). It follows the detailed submission we provided on the Clinical Supervision Support Program (CSSP) Discussion Paper in September 2010.¹

Embedding an educational culture

In our earlier submission we offered broad support for HWA’s plans to raise the quality, quantity and profile of clinical supervision in Australia. In doing so, we stressed that the single most effective step that could be taken to improve clinical training capacity and quality would be to achieve formal recognition of student supervision responsibilities in the workloads of health professionals. We are pleased therefore to see that the Framework (p.12) emphasises the importance of achieving such explicit recognition, while the Directions Paper acknowledged the broad support across the health and education sectors for an educational philosophy to be included in the corporate documentation of health providers (p.17) and in position statements of health service roles (p.44).

We note, however, that despite the recognition in both the Framework and the Directions Paper of the need to embed an educational culture as a core and valued part of the health system, Strategy 4 in the Directions Paper (p.20 & pp.24-25) contains no initiatives targeted specifically to achieve this objective. While the early initiatives set out in the Directions Paper under Strategy 4 should deliver benefits, these are likely to be at margins of what is required if meaningful improvement in the status, quality and capacity of clinical training is to be achieved. The proposed initiatives are focussed on providing additional recognition and support to individual professionals, when the leadership of health systems, services and workplaces also have key roles to play if we are to elevate the standing of clinical supervision.

Notwithstanding the tensions inevitable between achieving a heightened focus on clinical training in workplaces, and workload, financial and time constraints, we feel that Strategy 4 would be strengthened by the inclusion of a specific action item that is consistent with the strong statements in the Framework document about the need for organisational leadership and formal recognition.

Success against the achievement of these objectives could then be monitored through period desktop audits of corporate documentation and the position accountability and competency requirements for leadership roles in particular.

Engagement with universities

We note and welcome the fact that the Framework is designed to provide a platform for dialogue about clinical training and student supervision across professions, jurisdictions and educational institutions (p.4). We are keen to be part of that dialogue. Given the key role that universities will need to play in order to achieve HWA’s objectives for clinical training, we feel that universities should be identified alongside vocational education providers as a key stakeholder group in the ‘Intended Audience’ and ‘Scope’ section of the Framework (p.4).

The recognition of the vital importance of collaboration and communication between participants in the system is also welcome (p.12). Nevertheless, to date much of HWA’s dialogue with the University appears to have occurred indirectly through the involvement of our academic staff in discussions with HWA through their professional networks. When it comes to implementation, however, HWA clearly expects the University to deal with it as a single entity. Partly in response to these developments, we have recently established a high level clinical training advisory body, comprising representatives from all relevant areas of the University. The membership of the group is attached.

With the University of Sydney producing some 30 per cent of NSW’s new health graduates annually, across arguably the widest range of fields covered by any university in the country, we feel that we have much to offer HWA in the development of its strategies, their implementation and through the ongoing provision of information and advice. While we recognise that it may not be feasible for HWA to engage regularly in discussions with every Australian university, we feel there would be great mutual value in having our cross-disciplinary clinical training expert group meet with senior HWA staff on an annual or bi-annual basis. We feel that HWA could also improve significantly its dialogue with the university sector as a whole through enhanced engagement with Universities Australia, or through utilising the networks of the various university sub-groupings.

The role of the Integrated Regional Clinical Training Networks

Both the Framework and Directions Paper make much of the role that the proposed IRCTNs will play in the implementation of the CSSP and other HWA strategies. From the limited information available about the functions of the networks, we hold concerns about the potential for duplication and a reduction in the flexibility available to educational providers to plan, pursue, and coordinate clinical training arrangements that align with their strategic priorities. How, for example, will the IRCTNs relate to the new Local Health and Primary Care networks, State Health Departments and education providers? As a well established entity the University of Sydney already has extensive clinical training networks across public, private and community care settings. We feel that it will be vital for HWA to release a detailed proposal about the role and practical operation of the IRCTNs, and then to consult closely with the university sector in particular, before progressing with their implementation.

Clinical supervisor quality and support

We are keen to work in collaboration with other stakeholders to develop a core set of competencies for clinical supervisors in order to enhance the overall quality of student supervision, and underpin
supervisor training programs. Moreover, we strongly support the development of consistent competency-based clinical placement assessment tools, aligned to national accreditation, for the efficiency and comparability benefits these would bring. As the Directions paper notes, in some fields this work is already completed, while in others it is well underway. If adequately resourced, the process of developing and refining core supervisor competencies and assessment tools has significant potential to facilitate inter-professional learning and cooperation.

We agree that supervisors should have access to high quality training and support, and accept that education providers are not only obliged to provide this support on an ongoing basis, but to ensure that the clinical training experience of students aligns with the underpinning educational program. The proposal to develop guidelines only to promote minimum university support standards is preferable to a more prescriptive approach, which as noted in the Directions Paper (p.17) has the potential to stifle innovation and healthy competition. In settings that are accessed by students from multiple educational providers we certainly see value in the use of standard template agreements (as are already in place in NSW) and in ensuring that all providers engaged with a particular setting deliver support that at least meets an appropriate minimum standard agreed between the workplace and providers.

### Promoting inter-professional education

The only other comment we would make about the Framework document is that in its current form it appears to give rather less emphasis to the importance of encouraging inter-professional approaches than the 2010 Discussion Paper, the CSSP Directions Paper and indeed HWA Strategic Framework for Action. Here we observe that the both Framework and Directions papers stress that developing new models of health care and facilitating an inter-professional approaches to teaching and learning are core elements of HWA’s overall mission. While inter-professional learning is included in the Framework’s list of the education attributes that should underpin clinical training programs (p.11), we feel that the document would be strengthened by the inclusion of references to the value of inter-professional practice and collaboration in the Purpose section (p.4) as well as in the relationships and/or learning environment parts of the Culture section (p.12).

Please do not hesitate to contact me or the Chair of our Clinical Training Advisory Committee, Professor Ben Freedman, ben.freedman@sydney.edu.au, if you require any further information arising from our submission.

Yours sincerely

(Signature removed for electronic distribution)

Professor Stephen Garton
Provost and Deputy Vice-Chancellor

**Attachment**  Membership of the University of Sydney’s Clinical Training Advisory Committee
University of Sydney Clinical Training Advisory Committee (CTAC)

MEMBERSHIP

Ben Freedman (Chair)
Professor of Cardiology
Cardiology
Discipline of Medicine

Caroline Hunt
Associate Professor
Clinical Training Director
Clinical Postgraduate enquiries
School of Psychology

Jonathan Morris
Associate Dean and Head
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Elaine Blignaut
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Faculty of Dentistry Curriculum Review
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Professor of Clinical Pharmacy (St Vincent's Hospital)
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