Dear Mr Cormack,

Consultation on the Draft National Guidelines for Clinical Placement Agreements

Thank you for the opportunity to provide feedback on HWA’s Draft National Guidelines for Clinical Placement Agreements. Our brief comments have been prepared based on advice from our Clinical Training Advisory Committee (CTAC), which comprises representatives of all health disciplines offered by the University where students must undertake clinical training in order to complete their studies and satisfy the registration requirements of their chosen professions. These include the disciplines of Medicine, Dentistry, Pharmacy, Nursing and Midwifery, Psychology, Social Work, Dietetics and Nutrition, and the Allied Health disciplines of Exercise and Sport Science, Health Informatics, Medical Radiation Sciences, Occupational Therapy, Orthoptics, Physiotherapy, Rehabilitation Counselling and Speech Pathology.

Our comments on the draft guidelines build on submissions we have made previously regarding HWA’s development of the Clinical Supervision Support Program (September 2010), the Clinical Supervision Support Framework (May 2011) and its overarching Strategic Framework for Action (May 2011).

As an introductory comment, we reiterate the University of Sydney’s strong support for the strategic directions for the future of the Australian Health Workforce that have been agreed by COAG Health Ministers, and as a key part of that strategy, for enhancing the national approach to the delivery of clinical education across and between jurisdictions and disciplines.

We are very pleased to see the emphasis given in the National Supervision Support Framework to the importance of embedding an education and training culture as a core component and responsibility of health service providers, in collaboration with education providers. While enhancing clarity and quality are unquestionably important, the creation and maintenance of an appropriate culture towards education and research in clinical settings is absolutely critical.
In particular, we strongly support the inclusion in the framework of the principle of recognizing clinical supervision responsibilities in the workloads of health professionals, and of service providers having strong and measurable commitments to education, training, innovation and improvement as acknowledged and valued aspects of their role in serving the community. Indeed, recognizing these different dimensions to the contributions of service providers will highlight the symbiotic relationship between hospitals, universities and research institutes whose collaborative undertakings enhance both the skills of health professionals and the quality as well as the efficiency of health care services.

**Question 1: Do you perceive that these Guidelines would be useful when developing and/or reviewing clinical placement agreements?**

Yes, particularly in terms of improving future iterations of the standard NSW Health Student Placement Agreement, and in developing new agreements with community and private sector health care organisations. Nevertheless, as suggested below, in order to maximise the impact of the initiative, consideration should be given to working with stakeholders to transform the proposed guidelines into a nationally agreed model “Template Clinical Placement Agreement” capable of being used “off the shelf” by health organisations and education providers.

**Question 2: If yes, what part of the draft Guidelines would be most useful?**

**Question 3: If no, please describe (as specifically as possible) what guidance, from a National level, would be most useful when developing and/or reviewing clinical placement agreements.**

As HWA is aware, the placement of students in NSW Health settings has, since 2011, been governed by a template student placement agreement that education providers must enter into with each Local Health District (LHD) covering each discipline in which they may wish to place students in that LHD.¹ These agreements have been helpful in terms of standardizing arrangements across the State’s 15 LHDs and associated agencies; formally recognising the importance and mutual value of clinical training occurring in NSW public health settings through collaboration between health services, education providers, staff and students; clarifying the scope of the agreement and key definitions; and setting out the responsibilities of Public Health Organisations and education Institutions respectively.

One of the strengths of the current NSW SPA agreement compared to the Draft National Guidelines is the recitals section of the NSW template. This sets out the objectives of the agreement clearly, along with the principles of recognised mutual benefit, collaboration, distinct and shared responsibility that underpin the agreement. Importantly from our perspective as a research-intensive university, the NSW SPA acknowledges in the recitals section, the fact that all parties (not just universities) have responsibilities for both education

and research to support the development of a sustainable health workforce and the constant improvement of the quality of patient care and service delivery.

While page 9 of the Draft refers to the scope and objectives of the Agreement needing to be covered in the Agreement Terms and Conditions Section, we recommend that in the interests of maximizing consistency nationally, HWA provide further guidance in the document about the sort of wording that should be included here. The text from the recitals section of the NSW SPA provides a good starting point for consideration of these issues, while the National Clinical Supervision Framework provides content that could be drawn upon to provide summary text, which places each agreement within the context of the health workforce reform strategy that has been agreed by COAG Health Ministers.

One of the strengths of the Draft National Guidelines compared to the NSW SPA template is the inclusion in the Draft of distinct guidance about those issues for which responsibility is best shared between education providers and service providers. Two key matters, however, that are missing from the list are the need for shared responsibility for delivering introductory and continuing education for clinical supervisors, and for maximising inter-professional collaborative approaches to training. Given the importance of both of these issues to both the HWA CSSP and CSSF, they do not appear to be given sufficient emphasis in the current Draft. It is critical that health services and education providers work collaboratively on, and share responsibility for, enhancing interdisciplinary approaches and the supervision skills of clinicians.

Question 4: Please provide any additional comments you may have

The inclusion in the Draft National Guidelines of definitions of key terms, combined with advice about the suggested structure and matters to be dealt with under the responsibility and other sections should, with good will and resources from all State and Territory Governments, result in greater levels of consistency between jurisdictions. Perhaps most importantly, the existence of National Guidelines should simplify the process of establishing new placement agreement in non-traditional training settings, thus expanding training capacity at a time when the public health system is experiencing high levels of demand for placements in many disciplines.

Nevertheless, rather than simply produce guidelines as proposed currently, in order to maximise take-up and therefore likely impact, we would urge HWA to go one step further by turning the guidelines into a National Clinical Supervision Template Agreement, which can be updated regularly following consultation with State health services, community and private sector representative bodies and education providers, and which is made available “off the shelf” for optional use with flexibility allowed for modification as agreed by the parties.

The ultimate aim would be the collaborative production of a National Template Agreement capable, with built in flexibility to allow for modification at the local level, of gaining the support of the majority of public and private health care organisations nationally as accurately
reflecting in legal terms their respective rights and obligations pertaining to all collaborative education and research activities.

State and Territory Ministries of Health, private and community health services, and education providers would need to work collaboratively on the drafting. The capacity exists for the University sector to contribute expertise to such a project through Universities Australia and Society of University Lawyers (SOUL) structures, particularly if funding could be found to dedicate to the project in recognition of the benefits that would result in terms of enhancing consistency, reducing duplication, simplifying negotiation processes, and delivering on other key components of COAG Health Ministers’ agreed national health workforce reforms. We would expect that having such a nationally endorsed template available would be especially helpful for establishing (or formalising) clinical placement agreements in non traditional settings, which will be essential given the rates of growth in student numbers and the projected demand for graduates to meet the community’s future health care needs.

We would therefore recommend that HWA proceed by releasing the guidelines in early 2013, but at the same time announce the intention to work with the States and Territories, the university and vocational education sectors, and non-government health services, to transform the guidelines into a model agreement document capable of being used off the shelf by healthcare organisations and education providers to establish formal collaborative arrangements by the end of 2013.

We trust that these comments are helpful as you look to complete this phase of this important initiative.

Yours sincerely

(Signature removed for electronic distribution)

Professor Duncan Ivison
Acting Provost