



# A national health workforce agency

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Clinical training - governance and organisation

Co-chairs: David Roberts & Prof. Nick Saunders

26 February 2009





# Session 1

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## Setting the Scene

David Roberts, Chair Health Workforce Principal Committee  
Prof. Nick Saunders, Chair Clinical Placement Advisory Committee

26 February 2009



# Welcome

- Purpose of the day
  - To seek **input** and **feedback** from the University sector on alternatives and options for the **role of the new workforce agency** in future **management of and arrangements for clinical education**

# Format

- Sessions 1 and 2: Setting the scene
  - Background – how did we get here?
  - COAG reforms – what does it mean for clinical education?
  - What will the new agency do?
  - Current environment – understanding clinical placement management

# Format

- Session 3: Maximising current effort
  - What works well and should be retained?
  - What works well, but can be maximised, enhanced?
  - What do we need to change and overhaul?

# Format

- Session 4: Future directions: role of the new agency in clinical placements
  - Possible models for governance
  - What roles could the agencies involved take?
  - What is the ideal model of governance for the new workforce agency?

# Session 1

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Setting the scene:  
background, context and progress

Peter Carver, Executive Director, NHWT

26 February 2009

# COAG and health workforce reform

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- 2006 and 2007
  - National registration and accreditation scheme
  - Additional professional entry places
  - National Health Workforce Taskforce
    - Primary vehicle for driving reform
    - Created within existing AHMC/AHMAC structures
    - Funded until end 2009/10
    - Commenced in December 2007, primarily housed in Melbourne but operating nationally
    - Budget of approximately \$13M over 4 years (all sources)

# COAG and health workforce reform

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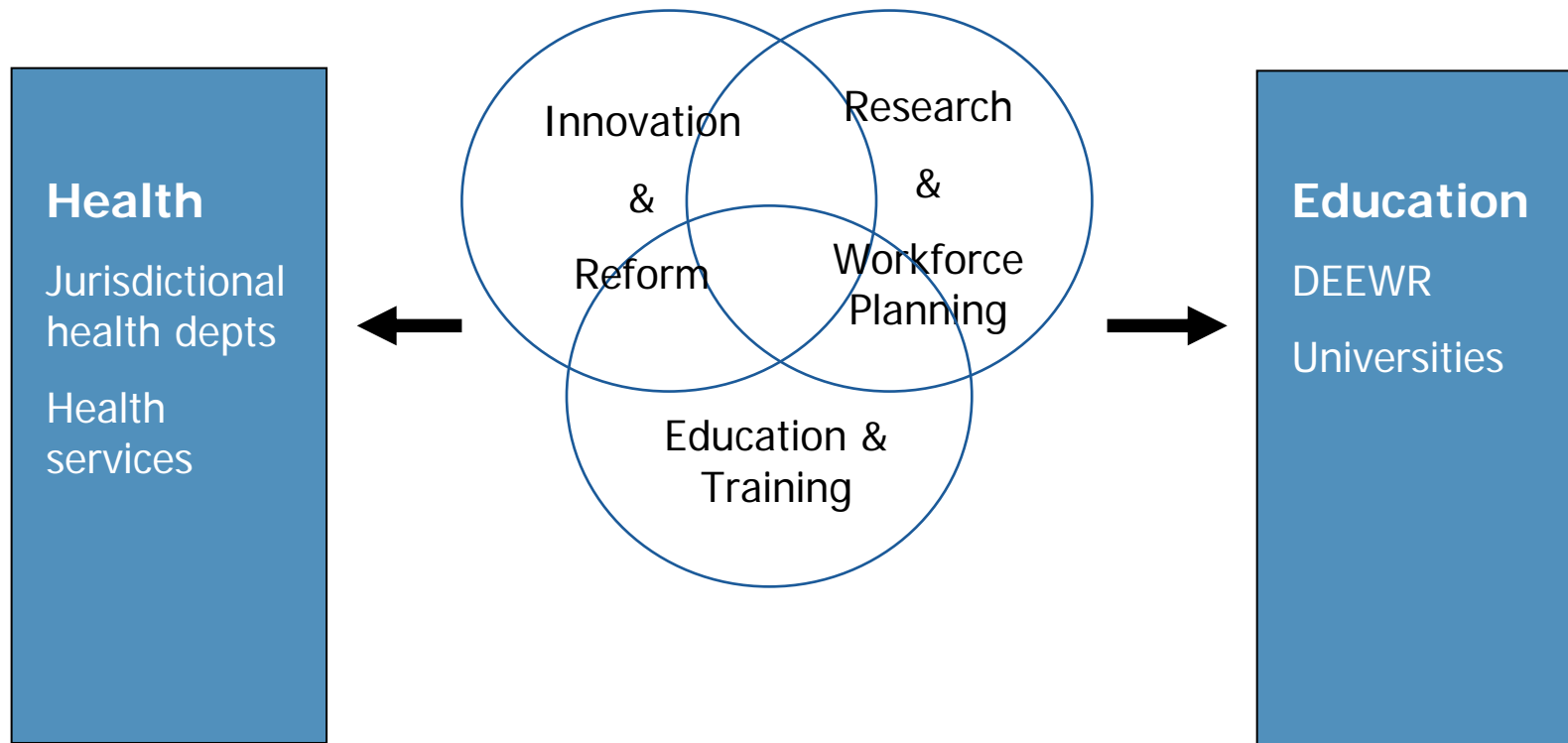
- 2008
  - Expanded clinical training capacity (subsidies, supervisors)
  - Expanded clinical training through SLEs and infrastructure
  - National health leadership program
  - Consolidating and expanding international recruitment
  - Additional GP and specialist training places
  - Workforce redesign strategies and programs

# COAG and health workforce reform

- 2008
  - National health workforce agency
    - Specific focus on implementing workforce reform
    - Integrating workforce planning, policy and reform with complementary reforms to education and training
    - Will subsume the NHWT and its work program
    - Plan, manage and fund clinical training
    - Support clinical supervisors
    - Fund simulated learning environments
    - Deliver a national leadership program
  - Budget of approximately \$1.55B over 4 years (all sources)

# National agency

- NHWT will progress the reform agenda in consultation with jurisdictions and work of the new agency until it is established



# National agency

- Clinical training
  - Lack of clarity about the outcomes to be achieved from clinical education, and a reliance on time based, rather than competency based, assessments
  - Lack of clarity about funding contributions and responsibilities between education funders and providers and health services
  - Premium pricing environment emerging
  - A need for clinical education to better respond to service delivery changes
  - Governance arrangements characterised by inconsistencies and gaps

# National agency

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- Clinical training - priority areas
  - Planning, coordinating and funding professional entry clinical training across all disciplines
  - Mapping activity, capacity and demand and creating planning processes
  - Developing new funding approaches
  - Whole of system strategic development
  - Area based clinical placement planning and allocation
  - Clinical placement brokerage models
  - Formalising relationships between the education and health sectors at all levels

# National agency

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- Clinical training - Priority areas
  - Reforming modes and duration of clinical education, alternate training settings and innovative ways to improve efficiency and effectiveness
  - New clinical placement settings and models that reflect changes and developments in the service system
  - Simulated learning environments
  - Inter-professional learning and placements
  - Clarity around what is required of entry level practitioners

# National agency

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- Key questions
  - What should the role of the new agency be?
    - Funder?
    - Manager?
    - Coordinator?
    - Broker?
  - What do universities and health services need to support them to maintain and extend training capacity?
  - How do we find and set up new clinical training settings?
  - How do we ensure existing effort is maintained, supported and enhanced?

# State and territory roundtables

- Stakeholders indicated a preference for:
  - Greater capacity in all settings across the health
  - Support for supervisors and for students
  - Rich information relating to learning needs and placement's potential to provide relevant experience
  - Greater functionality and less administration
  - Elective comprehensive system locally
  - Nationally a minimum data set for planning
  - Agency, in consultation, to develop, implement (including training) maintain, assure data quality, ensure system flexible to facilitate innovation in training and fund appropriately)

# Communication

- Current consultations
  - Discussion paper on clinical training data and management
  - Discussion paper on governance and roles
  - Submissions being sought
  - State forums completed and national forums underway

# Communication

- Ongoing communication through:
  - Consultation during projects
  - Discussion papers
  - Reference groups, forums
  - Regular updates on the website [www.nhwt.gov.au](http://www.nhwt.gov.au)
  - Electronic newsletters, etc.

# Session 2

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## Setting the scene: current environment

Luisa Abiuso, Implementation Manager

26 February 2009

# Setting the Scene

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- What is involved in managing clinical placements?
- What are the major aspects of clinical placement management?
- What is involved in each step?
- How can we maximise existing effort?
- How can we streamline and improve current effort?
- What needs to change?

# Current Environment

<b>Finding/ negotiating</b>	<b>Allocating placements</b>	<b>Training</b>	<b>Administration</b>	<b>Quality Assurance</b>
Developing relationships				



# Session 3

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## Maximizing current effort

Luisa Abiuso, Implementation Manager

26 February 2009

# What works, what doesn't?

Key Function: e.g. Finding/negotiating

In the current environment, what works well and what shouldn't change? Why?
What works well, but could be enhanced, improved, maximised? Why? How?
What should be changed? Overhauled? Why?

# Session 4

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## Future directions: role of agency

Lucy Firth, Project Manager

26 February 2009

# What works, what doesn't?

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- Local relationships must be preserved while enabling equitable access
- Development of a 'national standard' for key areas including quality assurance and administration
- Train the trainer
- National IT system that supports local innovation and management
- Influence policy, regulation, accreditation, registration that may impact on clinical training

# Improving clinical training capacity

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- Comprehensive planning, coordinating and funding
- Linking funding to quality, efficiency and effectiveness
- Training numbers reflective of workforce needs
- Support at regional, local and health service levels
- Interdisciplinary learning through clinical education.

## Potential role for the agency

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- Funding role to allocate resources to achieve strategic goals of improved clinical training
- Establishing and managing a clinical training database
- Potential to have other roles in managing clinical placements – what is needed?

## Step to understanding your preferences

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- Table-based exercise on what you think the Agency could do, given the previous session on what currently works and does not work



# Next steps

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- Further consultation
  - Stakeholder forums
  - Discussion paper (submissions due 20 March)
- Directions paper (clinical placements governance)
- Directions paper (clinical placements data)

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