

# A national health workforce agency

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Clinical training - governance and organisation

27 March 2009

# Welcome

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Peter Carver, Executive Director, NHWT

27 March 2009

# Welcome

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



# Program

- Session 1: Setting the scene
  - Background, context, COAG package
  
- Session 2: Clinical placement functions
  - Options and possible models
  - Progress to date
  - Validation and further inquiry
  
- Session 3: Role of HWA in clinical placements
  - Who should do what and how?

# Session 1

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Setting the scene:  
background, context and progress

Peter Carver, Executive Director, NHWT

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# Education and training – the problems

- Supply of undergraduates has increased dramatically in recent years

Students	2002	2003	2004	2005	2006	2007	2008	2009	2010
Nursing	8,042	8,541	9,265	9,675	10,246	11,093	11,298	12,395	13,895
Medicine	1,470	1,511	1,700	1,871	2,071	2,560	2,943	2,831	3,074

- Current capacity constraints impede the education and training of new health practitioners - student clinical placement days

	2005	2013
Medicine	640,705	1,273,405
Nursing	1,123,125	1,736,875
Allied Health	728,763	811,750

# Education and training – the problems

- Lack of clarity about 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 health workforce reform agenda

- National consensus view developed on the critical impact workforce has on the health system
- Will more of the same solve the problem?
- 2006 Productivity Commission provided 21 recommendations for reform
  - Focused on significant structural reform of governance, education and training and funding structures
  - Emphasis on multidisciplinary approaches
- COAG negotiations and reform packages in 2006, 2007 and 2008

# National health workforce reform agenda

## COAG and health workforce reform - 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

# National health workforce reform agenda

## COAG and health workforce reform - 2008

- Medium and long term
  - Expanded clinical training capacity (training subsidies and training and development of clinical supervisors)
  - Expanded clinical training through SLEs and infrastructure
  - Workforce redesign strategies and programs
  - National health leadership program
  - ICT systems to support workforce planning and management
- Short term
  - Consolidating and expanding international recruitment

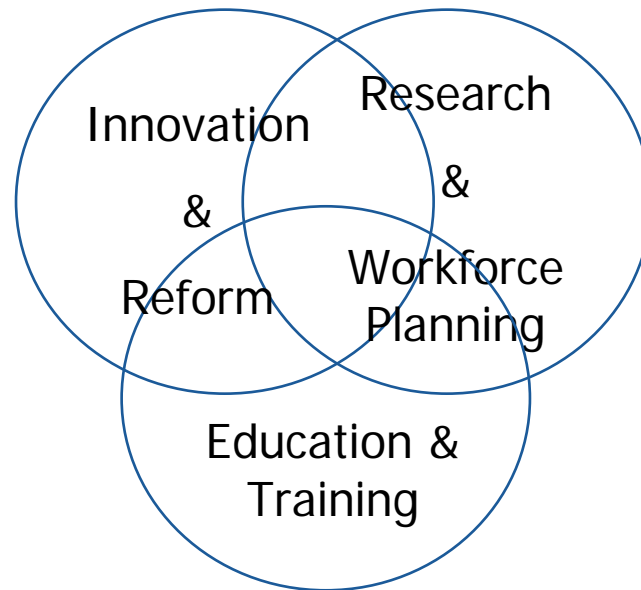
# National health workforce reform agenda

## 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 implement most of the COAG workforce reforms
  - Will subsume the NHWT and its work program
- Budget ~ \$1.55B over 4 years
- Governance
  - Operate across health and education sectors
  - A national body

# Progressing the reform agenda

- The national agenda is three pronged



- NHWT and the national agency (Health Workforce Australia) will progress the agenda

# Reforming education and training

Maximise the capacity of the health and education systems to provide sufficient appropriately trained graduates to meet demand

- To manage current, planned and projected increases in graduates
  - Nursing 98% and Medicine 65% increase in training days 2005 - 2010
- Fund, plan and coordinate clinical training to provide effective, streamlined, integrated placements
- Attach \$'s to students to follow into whatever setting they train
- Increase number of places and expand into non traditional settings
- Support NFP and private sectors to expand clinical training
- Train and support clinical supervisors
- Fund training infrastructure and simulated learning environments

# Reforming education and training

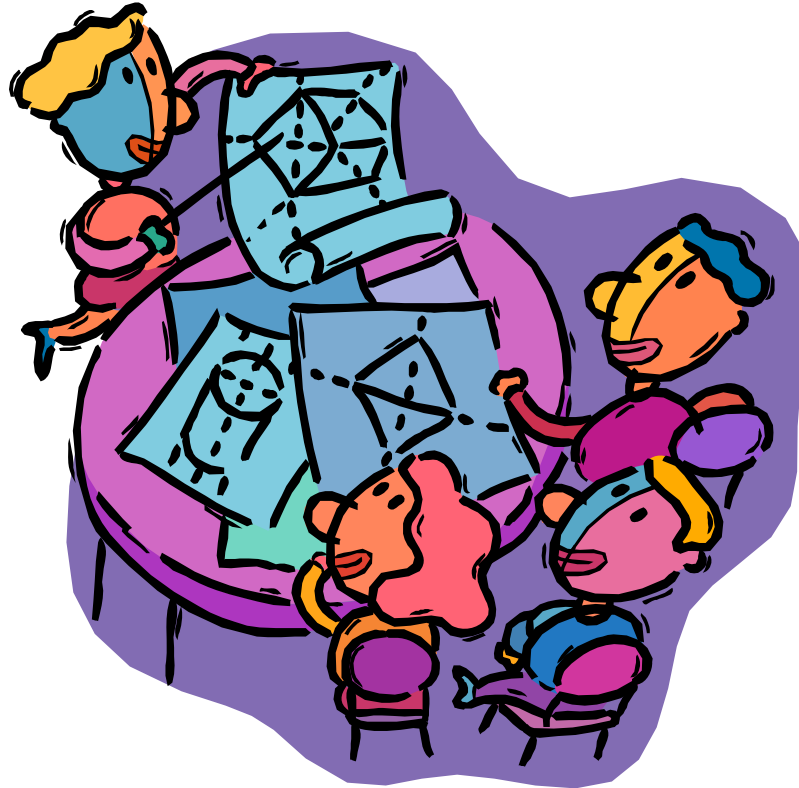
Ensure education and training is appropriate, responsive and relevant to changing health system needs and supports innovation and reform

- National health leadership strategy and programs
- New clinical placement settings and models that reflect changes and developments in the service system
- Inter-professional learning and placements
- Explore accreditation standards that consider efficiency and effectiveness parameters
- Competency based rather than time based learning
- Common competencies in health professions and greater consistency in curriculum within and across professions

# Reforming education and training

- HWA has both a policy, standards setting and implementation role
- Resources are available to support national and local needs in terms of planning and clinical placement management
- Where should support should be placed for various components – local/regional/state/national?
- Who is best placed to deliver?
- Objective is to maximise, utilise existing arrangements and networks and not duplicate functions and resources **but** ensure outcomes are achieved with clear and unambiguous accountabilities allocated

# Questions



# Session 2

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## Clinical Placement Management: functions

Luisa Abiuso  
Implementation Manager

# Workshop outcomes

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- Session 2:
  - Identify current needs and gaps (functions) in the management of clinical placements
- Session 3:
  - Identify options for the future role of the agency and other partners in management of clinical placements

# Clinical Placement Functions

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- Setting up Health Workforce Australia
  - some key questions
    - What could be improved, enhanced, streamlined?
    - What are the gaps in the current system which could be addressed and met?

# Clinical Placement Functions

- Some possible roles identified as needs in first national forum
  - Finding/negotiating placements
    - Identifying and building capacity around placements, including private, not for profit or alternative settings
    - Managing or brokering relationships between education and service providers
    - Monitoring and benchmarking capacity via development of capacity indicators
    - Developing national template agreements between education and service providers
    - Facilitating interstate placement requests

# Clinical Placement Functions

- Some possible roles identified as needs in first national forum
  - Allocating/matching placements/students
    - Matching supply and demand for placements at all levels
    - Appropriately distributing placements and funds
    - Matching students to service providers
  - Education delivery
    - Developing national key performance indicators and standards for student outcomes and supervision
    - Facilitating consistent qualification structure and definition of professional entry level
    - Training supervisors and preceptors

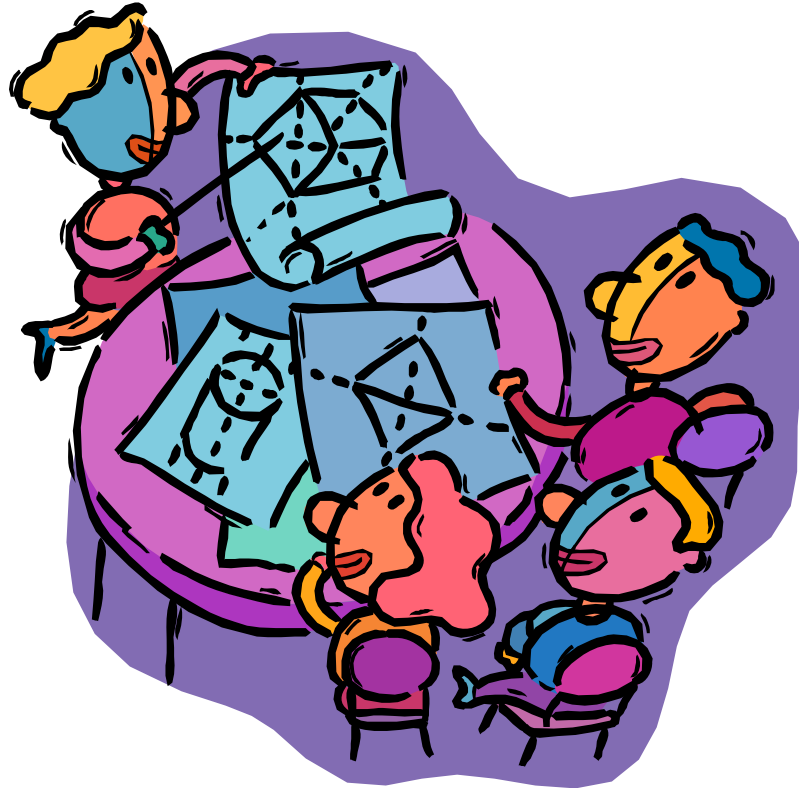
# Clinical Placement Functions

- Some possible roles identified as needs in first national forum
  - Administration
    - Developing and managing ICT that has local functionality and meets all data needs (local, state and national)
    - Streamlining administrative, pre-placement, regulative and legal requirements for students and service providers
    - Allocating and providing funds for student placements
    - Developing standardised and consistent support materials for placement providers
    - Brokering student accommodation and support

# Clinical Placement Functions

- Some possible roles identified as needs in first national forum
  - Quality Assurance
    - Facilitating development of national standards for credentialing, qualifying, rewarding preceptors
    - Ensuring standards for clinical placements reflect competencies required for work readiness
    - Monitoring service provider quality and safety
    - Identifying, promulgating and fostering cultural change, excellence, best practice, innovation, research
    - Assessing delivery of COAG outputs and effectiveness of new arrangements

# Questions



# Clinical Placement Functions

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- Workshop
  - Consider each of the identified functions
  - Do you agree that there is a need for each of these functions to be undertaken?  
Is there a gap in the current system?
  - Can you identify any other gaps in the system?

# Session 3

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## Future Directions: roles in clinical placements

Lucy Firth  
Manager Education and Training

## Roles of HWA in clinical training

- HWA has both a policy, standards setting and implementation role
- Resources are available to support national and local needs in terms of planning and clinical placement management
- Where should support should be placed for various components – local/regional/state/national?
- Who is best placed to deliver?
- Objective is to maximise, utilise existing arrangements and networks and not duplicate functions and resources **but** ensure outcomes are achieved with clear and unambiguous accountabilities allocated

# Roles to improve the system

- Possible role(s) to remediate the gaps identified in Session 2
  - Finding/negotiating placements
  - Allocating/matching placements/students
  - Education delivery
  - Administration
  - Quality Assurance

# Roles to improve the system

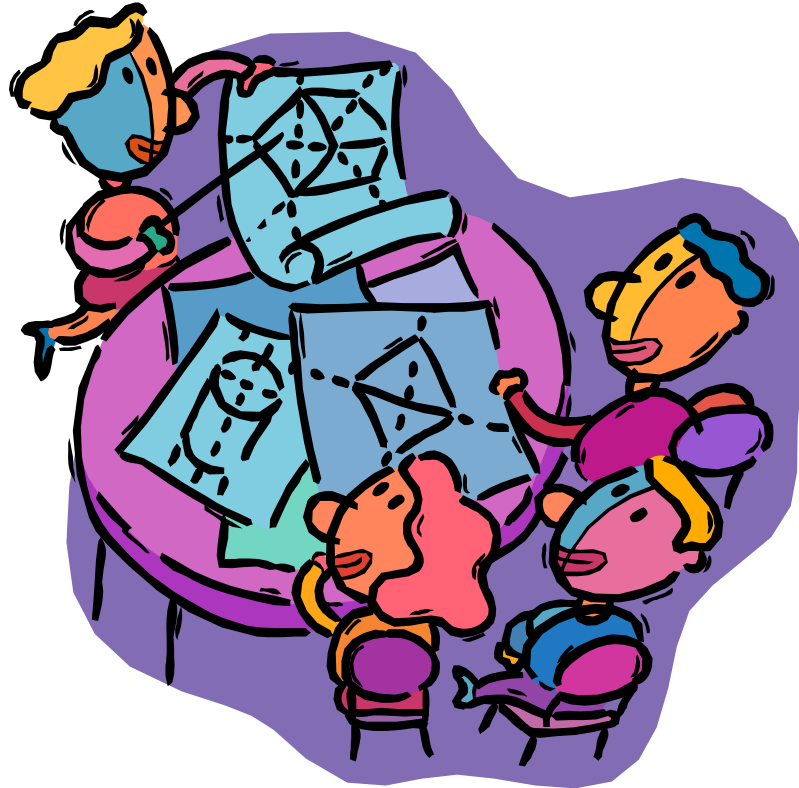
- Workshop
  - What level (e.g. local, state, national) should have responsibility for the roles that would remediate the gaps identified in the clinical training system?
  - How should this be done?
  - Given current arrangements in the health and education systems and the creation of HWA, please draw up your preferred model for the governance of clinical training

# Wrap up

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Peter Carver  
Executive Director

# Questions



## Next Steps

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- Key questions are yet to be answered
- Stakeholder input paramount
- Effective cooperation between education and health and the public, private and not for profit sectors critical
- What do all parties need to support them to maintain and extend training capacity and improve outcomes?
- How do we ensure existing effort is maintained, supported and enhanced?

## Next Steps

- Communication with stakeholders 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
- Current consultations
  - Discussion paper on governance and roles released
  - Submissions being sought
  - 1<sup>st</sup> national forum 26 February, with 2<sup>nd</sup> on 27 March
  - Decisions expected April 2009

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