Queensland Health

Clinical Placement Capacity and Offers for Allied Health Professions

Guide for Hospital and Health Services

Queensland Government

Clinical Placement Capacity and Offers for Allied Health Professions - Guide for Hospital and Health Services

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1 Purpose

The provision of clinical education is critical to ensuring a safe, competent, and sustainable health workforce, as well as a professional and organisational obligation. The responsibility for the provision of pre-entry clinical education is shared between education providers (universities) and placement providers (e.g. Queensland Health) acting in partnership.

Expansion of allied health education programs across the state and nationally, and the increases in student enrolments within existing programs have served to increase the demand for clinical placements within Queensland Health. This guide provides advice for Hospital and Health Service (HHS) to adequately respond to increased demand for clinical placements whilst continuing to maintain a quality learning experience and deliver high quality, safe clinical services.

The purpose of this guide is to support Hospital and Health Service (HHS) decision making regarding determination of clinical placement capacity and offers of clinical placements to education providers for professional entry/pre-entry clinical placements for allied health students.

2 Scope

This guide has been developed to provide recommendations for Queensland Health, in collaboration with the education system, to maximise allied health student clinical placement opportunities. It provides information on:

- appropriate governance for clinical placements in allied health
- processes for offering clinical placements and factors determining clinical placement capacity and offers
- payment for clinical placements
- strategies for accommodating program and/or commencement of new programs
- stakeholder relationships that facilitate clinical placements

This guide is applicable to all Queensland Health allied health employees (permanent, temporary and casual) and all organisations and individuals acting as its agents (including other partners, contractors, consultants and volunteers). It applies to the following allied health professions:

- Audiology
- Clinical Measurements
- Exercise Physiology
- Medical Physics
- Medical Radiation Professions
- Music Therapy
- Nutrition and Dietetics
- Occupational Therapy
- Orthotics and Prosthetics
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Rehabilitation Engineering
- Social Work
- Speech Pathology

It is not the intention of this guide to provide advice to support achieving quality learning experiences.

3 Related documents

- Queensland Health Clinical placements
  - Queensland Health Education Provider Information
    - Queensland Health Contract management, including Clinical placements program – Fees framework
  - Queensland Health Student Information
- Queensland Health clinical placement resources, including Student Placement Deed
- Student Placement Deed holders
- Service Agreements and Deeds of Amendment

4 Clinical placement capacity and offers for allied health professional-entry students

Clinical education and training is one of five critical enablers in *Optimising the allied health workforce for best care and best value: A 10-year Strategy 2019-2029,*[1] and a critical component in supporting HHSs to deliver excellent healthcare and health improvement by ensuring that the current and future workforce have the capacity and capability to provide effective and safe health services. Health services can contribute to the State's responsibility for the education of health professionals through the provision of training placements consistent with and proportionate to health service capacity.

Six key principles underpin the provision of clinical education and training within and across HHSs:

- **Sustainability** - Clinical education and training programs are maintained, support investment in pre-entry clinical education and assist the development of a sustainable workforce.
- **Consistency** – Clinical education and training of clinicians is managed in a consistent manner across health services to support transparency, transferability and flexibility.
- **Efficiency** – Clinical education and training programs are managed in a way that promotes the efficient use and sharing of available resources within and across hospital and health services.
- **Collaboration** - Health services work with internal and external stakeholders to promote placement capacity building appropriate to the clinical workforce distribution and meet community needs.
- **Safety and quality** – Clinical education and training of students is provided with attention to clinical governance to ensure the delivery of safe and quality consumer services.
- **Evidence informed** - Clinical placement development and learning are evidence based, including patient centred.

Pre-entry clinical placements for allied health students are offered within Queensland Health across a wide continuum of settings including acute hospital and ambulatory/outpatient services, primary care and community health, subacute services, mental health services and non-traditional or emerging client groups and services. Clinical placements occur over successive weeks in a full or part time capacity.

4.1 Clinical placement structures and supports

Pre-entry clinical placements are governed by the Student Placement Deed.[2] Health Service Agreements also outline hospital and health service obligations to support development of allied health clinical education capacity through:

- continued implementation and retention of clinical educator positions provided through the *Health Practitioner and Dental Officer (Queensland Health) Certified Agreement (No.2) 2016 certified agreement*
- providing allied health pre-entry clinical placements

Each profession should have agreed, documented protocols that guide the management of requesting, accepting, withdrawing and cancelling of student placements within healthcare services. These protocols should also include information on payment for placements where these occur and how requests for additional placements from new entrants or existing Universities will be managed. Hospital and Health Services are encouraged to engage with profession specific systems and supports that already exist within Hospital and Health Services and statewide. The benefits of such engagement include reducing duplication, creating efficiencies and streamlining administrative procedures associated with the establishment, preparation and maintenance of clinical placements.

Statewide profession-specific collaborations for placement capacity building contribute to the sustainability of placement provision within and across Queensland Health facilities and services. These collaborations enable the development of flexible and responsive communications, innovations and resource sharing across and between professions.[3]

4.2 Determining clinical placement capacity and placement offers

Clinical placement capacity relates to the maximum number of students able to undertake their clinical placement within a health service facility or service at any one time whilst maintaining the quality of the student learning experience and the quality and safety of clinical service delivery. Placement capacity can be considered at multiple levels including the capacity of individual clinicians or supervisors, of a unit or service and the capacity of a Hospital and Health Service as a whole. Placement capacity is subject to change and cannot be considered a static measure.

Clinical placement capacity and number of placement offers are influenced by many factors within a health service at any given time such as staffing mix, caseload, placement and education models and available infrastructure (see Appendix 1). There is no guarantee or expectation by either education providers or Queensland Health that Hospital and Health Services will have sufficient capacity to meet all clinical placement requests, as while

Hospital and Health Services are major providers of allied health clinical placements, they are not the sole provider of clinical placements.

When determining clinical placement capacity and placement offers Hospital and Health Service clinical placement providers:

1. Determine the capacity of individual work units for student placement provision considering the factors influencing clinical placement capacity as described in Appendix 1 including service related and education model factors.
2. Consider historical capacity for placement provision (maintaining effort) and inherent (baseline) capacity for placement provision. As a minimum, at least 24 placement days should be offered per FTE per year (see Glossary for definition). This estimate assumes that clinical education should be integrated into core business and should therefore represent at least 10% of each allied health professional role. It is acknowledged that there will be some variation in the actual number of days that individuals contribute, as new graduates may provide fewer days, and in some professions dedicated clinical education positions may contribute and/or facilitate more than the average 24 days per year.
3. Review placement capacity within the Hospital and Health Service collaboratively with the relevant statewide profession groups and the education providers at agreed intervals.

4.3 Expectations and relationships

For Queensland Health to accommodate a request for a clinical placement the following should occur:

- Both education providers and Hospital and Health Services should comply with the Student Placement Deed Framework.
- Education providers should initiate the Student Placement Schedules and complete them within agreed timeframes and with the required level of detail in accordance with the Student Deed Framework, and in line with any additional information specified in the profession-specific protocols, prior to the commencement of placement.
- Education providers should provide a forward calendar of known placement requests to clinical placement providers at an agreed date for the following calendar year.
- Where appropriate, representatives from education providers and clinical placement providers should meet at agreed intervals to discuss processes for clinical placement offers. These meetings enable placement capacity building and guide efforts to support collaborations for the education and training of clinical educators.

Queensland Health will ensure the Student Placement Deeds are current.

4.4 Distribution of available clinical placements

Once clinical placement capacity has been determined for a specific time period, offers of clinical placement opportunities are made to education providers.

- All professions should utilise the agreed and documented processes for offering, accepting, withdrawing and cancelling of student placements to optimise clinical placement supply.
- Distribution of available clinical placement offers should be conducted through a transparent and equitable process that is made known to all parties.
- Information on placement offers is used by education providers to allocate student placements. Clinical placement providers may collaborate with the education providers on the process of allocation.
- Education providers should inform clinical placement providers of confirmed clinical placements that are no longer required as soon as possible. Where possible, there should be processes in place to enable reallocation of these un-utilised placement offers.
- Preference in the first instance will be given to placements for students from universities in Queensland. Placements for students from interstate universities will only be offered where a current student deed exists and additional placement capacity is available to accommodate the placement.

Queensland Health supports compliance with the Student Placement Deed Framework and as such requires the following:

- Where unforeseen circumstances arise that may require cancellation of placements, clinical placement providers make reasonable attempts to provide alternative arrangements prior to cancelling the placement.
- Clinical placement providers will not rescind placement allocations within the calendar year to then reallocate to another education provider.
- Students should not individually negotiate or renegotiate placements with clinical placement providers. Clinical placements must be arranged by the education provider in accordance with the procedures established by that profession for this purpose.

4.5 Payment for clinical placements

Providing clinical placements is a core responsibility of all allied health Queensland Health employees, and all Hospital and Health Services have an inherent capacity to contribute to education of health professional students through the provision of professional-entry clinical placements.

It is acknowledged that there has been unprecedented growth in health professional student numbers and that for some allied health professions payment for placements is currently occurring. This occurs with the explicit intent to release additional capacity to accommodate the growth in student numbers and associated requests for additional placements where placement capacity had been reached.

Capacity is determined by the analysis of supply and demand for clinical placements and is considered to have been reached when the Health Service, the profession and the education providers agree this is the case and the education providers have agreed to pay for placements to realise additional capacity.

The determination of payment for placements must occur through a centralised, transparent and equitable process and in line with any details included in profession protocols. Where

required, each relevant profession will have an agreed consultative process for determining payments for clinical placements and this will be outlined in the Student Placement Schedule as per section 21 of the Student Placement Deed. The determination of payment for placements must occur through a centralised, transparent and equitable process and in line with any details included in profession protocols.

Where payment for placement is occurring, fees should be capped at $105 per student per week. Payments can and should include in kind contributions such as supervisor training, research expertise and joint funded positions.

4.6 Accommodating growth in programs and / or the commencement of new programs

It is recognised that, at a university program level, planning typically occurs across a cycle of two to four years. Accommodation of placements within each cycle occurs within the limitations of unforeseen changes to placement provider capacity to provide those placements (e.g. significant reduction in workforce numbers, cessation of services).

When new programs commence or if there are increases in cohort numbers within existing programs:

- There is no obligation for Hospital and Health Services to meet any increases in demand for student placements from existing university programs or new entrants.
- Prior to the introduction of a new program(s) or growth in intake for a current course requiring clinical placement opportunities within Queensland Health, education providers are advised to discuss the availability of clinical placement opportunities with representatives from Queensland Health who are directly involved with education and training. This should occur as early as possible in the course planning process.
- Reasonable new/additional clinical placements offers will only be provided where it is mutually agreed and additional clinical placement capacity exists.
- Reasonable new/additional clinical placements offers may also be provided where there is identified workforce need, either on a geographic or profession basis and additional clinical placement capacity exists with the intent to address workforce supply needs.

4.6.1 First right of refusal for growth placements

Where educational institutions invest in growth placements, the first right of refusal of these placements by the institution must be maintained. First right of refusal in this instance means that the investing educational institution has the option to accept the associated growth placements prior to any other education provider.

Where education providers do not exercise first right of refusal, unallocated placements will be offered to other providers as part of usual placement allocation processes.

Profession agreements and protocols for offering and distributing clinical placement capacity must include first right of refusal principle, as well as information on how growth in student numbers will be managed.

4.7 Clinical placement governance

Disputes between education providers and Hospital and Health Services regarding clinical placement offers and distribution of available clinical placements, should be addressed in the first instance through local negotiations using agreed profession mechanisms or protocols. Unresolved disputes can be escalated to the Department of Health for mediation.

5 Glossary

Term	Definition / explanation / detail
Clinical placement	A clinical placement is an activity that contributes or counts towards clinical/professional education and training requirements for an accredited course. It is an essential requirement that is necessary for successful course completion (and therefore would exclude voluntary extra placements). Clinical placements: • Occur in a clinical setting (i.e. generally outside the university educational setting) • May include a variety of activities (e.g. rotations, observation, selective placements) across all or some years of a particular program, depending on the accredited course requirements. • Could potentially, in some cases, include a simulated component which meets the curriculum objectives of a clinical placement. Also known as field placements, fieldwork placements, clinical training, practice education.
Clinical placement capacity	Clinical placement capacity relates to the maximum number of students able to undertake their clinical placement within a health service facility or service at any one time whilst maintaining the quality of the student learning experiences and the quality and safety of clinical service delivery. Capacity can be considered at multiple levels including: • capacity of individual clinician or supervisor • capacity of a unit or service • capacity of a Hospital and Health Service. Placement capacity is subject to change and cannot be considered a static measure.

Term	Definition / explanation / detail
Clinical placement model	As a result of professional-entry program requirements there is significant diversity in clinical placement approaches / models across allied health professions. These include but are not limited to: • Apprenticeship/traditional: one clinical educator / supervisor to one student in any clinical setting (1:1) • Shared supervision / multiple mentoring / shared responsibility: multiple clinical educators work as a team to supervise a single or multiple students • Collaborative: one clinical educator supervises two or more students with an emphasis on peer and self-directed learning • Role emerging: completed in a setting where clinical services are not currently provided, however potential exists for the role
Clinical placement provider	The organisational unit of Queensland Health which is providing an opportunity for a clinical placement.
Education provider	The University, TAFE Queensland Institute or other accredited provider of tertiary education offering the program, requesting clinical placements.
FTE	The number of full-time equivalent staff within a hospital and health service for that profession or service and who meet profession-mandated requirements with regard to eligibility to undertake assessment /supervision of students on clinical placement.
New Graduate	Any clinician with less than 2 years' experience working within an Hospital and Health Service, whether this be in a designated 'New Graduate' position or not.
Professional-entry course (or pre-entry)	A course undertaken in a higher education facility in Australia at diploma, undergraduate, graduate-entry and postgraduate level, where the course is required for initial registration for, or qualification to, practice as a health professional in Australia.
Queensland Health Student Placement Deed	The Queensland Health legal framework for clinical placements in Hospital and Health Service facilities and covers aspects such as insurance, indemnity, obligations. NB: Mater Health Services has its own Student Deed with education providers
Queensland Health Student Placement Schedule	A planning and recording tool for clinical placements. The Student Placement Schedule ensures and documents that both parties have agreed to certain placement details. It is a legal requirement that a Schedule is completed for each placement (group) before students can commence a placement.

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Appendix 1 - Factors influencing clinical placement capacity and placement offers

Placement capacity is influenced by many factors within a health service such as staffing mix, caseload, placement model and infrastructure. Hospital and Health Services can maximise and grow available clinical placement capacity by actively addressing barriers and supporting enablers to clinical placement availability.

It is important that, when working to maximise clinical placement capacity, Hospital and Health Services consider the following:

1. Service Related

Recommendations to maximise placement capacity include:

- Available clinical workload and case mix: Facilities and services regularly undertake service mapping tasks to identify clinical placement opportunities where students are able to access an appropriate volume and complexity of clinical and non-clinical learning experiences to meet student learning objectives. Education providers and services should also investigate opportunities to collaborate and provide joint placements across services and organisations.
- Staffing and skill mix: Health services should implement measures to aid in the early identification, training and support provided to new / developing clinical educators to maximise the availability of suitably training clinical educators / supervisors as per profession mandated requirements. Local flexible rostering strategies for both students and staff may increase available clinical educators / supervisors.
- Staff workload: Facilities and services should investigate local strategies to manage the clinician's workload when supporting student education such as flexible rostering and timetabling for students and staff, continued investment in the Clinical Education Workload Management Initiative (CEWMI) resource and maximise opportunities for inter-professional learning.
- Clinical communication resources: Health services should continue to invest in and support students' access to relevant clinical communication resources to ensure patient safety.
- Clinical and non-clinical space: The resources and facilities that are required to enhance or facilitate clinical learning will vary between health professions, health services and levels of learners. Local planning and development for new buildings or redevelopment might involve consultation with health professions to identify the capital infrastructure educational facilities (including clinical and non-clinical space) and amenities needed to optimise clinical education and learning experiences and to build future capacity for clinical placements.
- Integrated timetables and planning: Integrated timetables and planning across an hospital and health service, service or facility would assist in ensuring equitable access for clinical education placements across all health professions (within a health service or

facility), maximise opportunities for inter-professional learning (tutorials, workshops, case discussions) and student-led service provision, and reduce duplication of tasks such as orientation and OHS training.

- Resources: Continue to invest in teaching and learning, IT and communication resources that support clinical education including access to computer workstations, ieMR and other digital technologies, internet access, phones, library resources, clinical equipment, models and simulation resources.
- Accommodation, work and travel support: Advocate for equitable access across all health professional students to accommodation and travel support particularly for placements in rural and regional areas.
- Rural and remote: Maximise opportunities for inter-professional learning and support through collaboration with medicine, nursing and allied health; working closely with service partners and systematically determining the carrying capacity of the current clinical placement sites and identifying additional placement opportunities, either in health facilities already taking students or in new locations such as other non-government organisations or in outlying communities.
- Culture: Embedding a culture within the Hospital and Health Service that values clinical education and training at all levels of the organisation by embedding education elements in role descriptions and performance appraisal and development discussions across all levels of the organisation; establishing and maintaining education and research committees; sustaining dedicated clinical educator roles; ongoing liaison with higher education partners, internal education committees and professional groups.[4]

2. Clinical Education Model

Working collaboratively with education providers and professional accrediting bodies to investigate opportunities to utilise a range of clinical education models, program structures or placement approaches can be an enabler to maximising placement capacity.

Recommendations to maximise placement capacity include:

- Collaborate with education providers on the most clinically efficient clinical placement model/approaches for individual clinicians, services or facilities e.g. traditional apprenticeship model, shared or multiple mentor supervision, collaborative / peer placements, role emerging placements, student-led services and interprofessional placements.[5-7]
- Support staff to access training to enable uptake of a range of placement models or approaches (e.g. peer learning, reflective practice).
- Utilise evidence-based ratios for students to supervisors where these are available.
- Investigate local service gaps or high-volume service areas that would be suitable for establishment of student led clinics to support service provision and student learning requirements.[8-10]
- Rural and remote: consider negotiation of longer placements or flexible placement design to accommodate the rural context and fluctuations in staffing.[11-14]