ACU
AUSTRALIAN CATHOLIC UNIVERSITY

Australian Catholic University

Submission to the Queensland Health Clinical Placements Strategic Review

October 2020

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EXECUTIVE SUMMARY

Australian Catholic University (ACU) welcomes the opportunity to respond to Queensland Health's September 2020 *Clinical Placements Strategic Review: Discussion Paper* (the Discussion Paper). The review examines the frameworks that support the optimal operation of Queensland clinical placements over four areas: strategic governance; resourcing; risk; and, strategy and policy.

Clinical placements are a core activity for ACU. ACU enrols the largest number of undergraduate nursing students in Australia and organises clinical placements for approximately 8,000 nursing and midwifery students, in addition to our growing number of allied health students, each year.

ACU responds to 13 of the 14 questions raised in the Discussion Paper; however, our focus is primarily on resourcing. This is because ACU is becoming increasingly concerned about the growing shortage and rising cost of clinical placements in Queensland, as well as in other states and territories. Universities are spending more of their budgets on necessary clinical placements, and competition between universities to secure clinical placements is leading to rampant price inflation in several states.

For example, from 2016 to 2019, ACU's clinical placement costs for nursing, midwifery, and allied health at its Queensland campus increased by approximately 80 percent, even though its nursing, midwifery, and allied health enrolments increased by only half that rate (40 percent). Already, clinical placement costs consume nearly 29 percent of ACU's Faculty of Health Sciences' entire budget at its Queensland campus, compared to 19 percent for ACU nationally. Scarcity and price escalation of clinical placements are starting to affect ACU's ability to graduate students in a timely fashion, with many other universities facing similar problems.[1]

Minimum clinical placement experiences are a non-negotiable requirement of graduation, but their rising costs will soon have a significant flow-on effect for the sector's ability to educate the increasing numbers of health professionals required by hospitals and clinics, particularly in rural and regional areas. This situation has the potential in the medium term to create significant health workforce shortages.

These potential shortages intersect with national skills shortages that have been identified at various levels of government, including, for example, the recently legislated Job Ready Graduates package. Dysfunctional clinical placement arrangements run counter to the purpose of this package, which targets investment in national priorities to deliver more graduates in disciplines and regions where they are needed most, including nursing and health sciences. Queensland is not immune to national skills shortage in this area. For example, all health professions in Queensland in 2018 recorded a decrease in the proportion of vacancies filled compared to the previous year's survey, while the average number of suitable applicants per surveyed vacancy was also low, with the lowest being for sonographers and physiotherapists.[2] This problem will be exacerbated by continued cost blow-outs in clinical placements.

As Australia's only truly national university, ACU is in the unique position of having had experience interacting with health providers and regulatory regimes in multiple states and territories. From this unique perspective, ACU recommends the Queensland government introduce a standardised fee schedule for clinical placements, as occurs in Victoria.

Victoria's "Standardised Schedule of Fees for Clinical Placement of Students in Victorian Public Health Services" sets the maximum fees that public health providers can charge universities for placements. The costs in this schedule are still too high, but at least this transparency makes it easier for universities to budget. The Queensland government can take action to ensure it does not face a significant health workforce shortage by creating a "price ceiling" through the introduction of a

[1] See, for example, Universities Australia (Jan 2019), *2019–20 Pre-Budget Submission*, p. 19

[2] Australian Government Department of Jobs and Small Business, *Labour Market Research - Health Professionals: Queensland, June 2018*.

standardised schedule of clinical placement fees. This comprises the fifth, and most important, recommendation in ACU's submission.

ACU makes ten recommendations in response to the questions raised in the discussion paper, and these are listed below.

ACU RECOMMENDATIONS

No	Recommendation
1	Automate service agreement schedules and legal instruments, and create consistent pre-placement requirements.
2	Clarify who has responsibility for the administration of pre-placement training modules.
3	Introduce a centralised placement allocation system.
4	Introduce a central communication portal.
5	Introduce a standardised fee schedule.
6	Introduce greater university involvement in the selection, allocation, and training of clinical facilitators.
7	Introduce the principle that the host (in this case, HHS) pays for the technology access of students on clinical placements.
8	Clarify the terms of information use in student placement agreements.
9	Introduce a State-wide clinical placement management system.
10	Standardise requirements and ensure greater consistency in student immunisation, make-up placements, placements in rural, regional, and remote settings, and pre-placement training.

ACU RESPONSE TO DISCUSSION PAPER QUESTIONS

Focus Area 1: Strategic Governance

1. *Do the governance arrangements for the clinical placements program need to be strengthened or streamlined and how would this be best achieved?*

   Governance arrangements include specific contractual arrangements such as the "Student Placement Deed" and associated Schedule that sets out the conditions under which students can undertake clinical placements in Queensland hospital and health services (HHS). The Schedules reflect the operational agreement between the HHS and education institutions regarding the placement of students within the HHS.

   However, these service agreements between the Queensland government and Australian education institutions, and the detailed Schedules they contain, are inconsistent and time consuming to administer. The Schedules vary from place to place, and from discipline to discipline. They differ between Metropolitan (Metro) area and only last for a 12-month period. Hard copies are signed and posted by mail. There is significant scope to automate, centralise and streamline these agreements, to make them less time consuming to administer and more consistent across geographical areas and disciplines.

   Lack of consistency is also evident in the range of pre-placement requirements Queensland Health requires students to meet prior to the commencement of their placements. Generally, the requirements involve the completion of training modules mandated by Queensland Health that are documented in the student orientation checklist, but the requirements vary depending on placement site. This creates a potential risk in ensuring all students meet pre-placements. ACU recommends a consistent set of pre-placement requirements and induction protocols across all Metros to ensure consistency and compliance.

2. *Do the existing legal instruments provide a useful source of guidance for how the clinical placements program should operate and, if not, how could these be improved?*

   The forms are clear and are a useful form of guidance, but as with the service agreements, these legal instruments are conveyed in hard copy and are signed and posted by mail. Streamlining by automation would reduce administration and duplication.

Recommendation 1: Automate service agreement schedules and legal instruments, and create consistent pre-placement requirements.

3. *Do you consider that the responsibilities of all participants in the clinical placements program are clear, reasonable, and taken to the point of action and, if not, which aspects require attention?*

   Greater clarity regarding the responsibility of Queensland Health's pre-placement training modules is required. ACU's experience is that if there is a problem (e.g., a student cannot access the training), then help desk support is not easy to access. Invariably the student reports the issue to ACU student services, which reports back to the student that "it is not our system," which results in poor customer service due to a lack of clarity on role responsibilities.

Recommendation 2: Clarify who has responsibility for the administration of Queensland Health pre-placement training modules.

Focus Area 2: Resourcing

4. *Do you consider there are any state-wide or local program management resources changes or enhancements that should be made?*

   A centralised placement allocation system like other states (e.g. Victoria, New South Wales) is very much needed in Queensland to ensure an equitable and transparent allocation of clinical placements for health sciences programmes. Currently, education providers find themselves unable to negotiate clinical placements with placement providers where a commercial or "preferred provider" relationship exists with another education provider. As the discussion paper notes, "there may be value in providing a system that allows all stakeholders to keep connected to both program management and other stakeholders, while acknowledging the influence of commercial relationships of some parties." Preferred provider status can instil complacency on both sides by removing the spur to improvement that competition provides. It is also intrinsically unfair (if administratively efficient) in that it keeps effective education institutions and highly competent students out of placements. As placements are individually negotiated between education provider and placement provider it can be subject to "personal preferences" whereby a key stakeholder can act as a "gatekeeper" due to a personal affiliation with an education provider, to the detriment of equitable access by other education providers.

Recommendation 3: Introduce a centralised placement allocation system.

5. *What is your preferred channel for receiving information and keeping connected with the clinical placements program?*

   Email and regular meetings – face to face or online – are ACU's preferred communication channels.

   An easily identifiable, central communication portal connecting Queensland Health to healthcare and education providers for Queensland Health-wide issues would be of significant value. A recent example is provided by COVID-19 where a central communication portal would have enabled timely access to policies and processes, and the assurance that these directives were the most up to date. Examples include confusion when a directive from Queensland Health regarding COVID-19 was misinterpreted by some agencies resulting in large placement groups being cancelled before being later reinstated. There were restrictions on numbers of students being accepted on placement, and the types of placements where students would be accepted (e.g. to avoid high-risk areas such as some emergency departments, aged care, etc). However, there was no one central location to source the most up to date information from the Queensland Government. Information needed to be sourced from different department websites, resulting in uncertainty about whether the information sourced was the most up to date, and complete. A central communication portal where all Queensland Health information is posted would assist.

   (See responses to Q.11 for further suggestions).

Recommendation 4: Introduce a central communication portal.

6. *Do you consider that the principles underpinning the fees framework provide a reasonable policy basis and, if not, why and how do you think these should be modified?*

Principle	ACU Response
Principle 1: Queensland Health maintains its long-term commitment to clinical education and the development of the future healthcare workforce as a major provider of clinical placements for healthcare students.	ACU supports this principle.

Principle	ACU Response
Principle 2: Queensland Health provides financial leadership in determining the costs of pre-entry clinical education, explicitly committing to quality in clinical placements, in consideration of fees paid by education providers to support clinical placements within HHS.	The intent of Principle 2 is not clear. If this relates to a standardised fee schedule based on a quality clinical placement experience, ACU strongly supports this principle. If it relates to Queensland Health determining the fee schedule for clinical placement, we would advocate for consultation with education providers.
Principle 3: Queensland Health is an education provider itself, with responsibility for teaching and training healthcare professionals.	ACU supports this principle.
Principle 4: Education providers are responsible for delivering pre-entry healthcare content and opportunity, to meet accreditation requirements. It is reasonable that education providers contribute to the cost of clinical placements for their students.	ACU accepts this principle but asserts that the contribution must be reasonable. Certainty, consistency and transparency in fee schedules are paramount, hence the need for a standardised fee schedule.
Principle 5: Medicine, oral health, nursing, midwifery, and allied health disciplines present unique clinical training requirements that may be recognised by differential fee structures appropriate to the complexity, length, location, and demands of each placement.	ACU supports a differential fee structure for different disciplines. Again, we advocate that such fee schedules are transparent, reasonable, and standardised.
Principle 6: Clinical placement fees represent a contribution to the cost of activities associated with clinical education and training and are not intended to achieve full cost recovery.	ACU supports both points raised under this principle.

Many of these principles implicitly point to the need for a standardisation of clinical placement fees. ACU supports the standardisation of fees, as is the case in Victoria. The value for education providers is in the certainty of a price ceiling. We recommend that the standardisation of fees be applied to private placement providers also (although we recognise this is outside the scope of this review).

Recommendation 5: Introduce a standardised fee schedule.

7. *What, if any, further guidance would you like made available in relation to the application of fees for clinical placements?*

ACU recommends that any payment terms, including cancellation terms, should be consistent across Metros, and be included in the overall fee schedule.

Another area for improvement is in the employment of "clinical facilitators"; i.e., those staff who supervise, provide education and assess health students whilst on placement.

ACU advocates for stronger university engagement in the selection and allocation of clinical facilitators provided by placement providers. As universities are paying for a service through

placement fees and are reliant on placement providers to provide a component of our accredited programmes, it is reasonable that we have some level of engagement in the selection and time allocation of clinical facilitators. ACU would appreciate transparency in how hospital-based clinical facilitator time is allocated by the placement provider to education providers. For example, if a clinical facilitator is employed by multiple education providers, it would be reasonable for education providers to be aware of this time allocation (See also response to Q.11).

Further, the Tertiary Education Quality and Standards Agency requires evidence of quality assurance of university professional placement experiences. ACU therefore recommends minimum education standards for clinical facilitators.

Recommendation 6: Introduce greater university involvement in the selection, allocation, and training of clinical facilitators.

8. *What are your expectations in relation to the resourcing of technology access for students on clinical placements?*

These technology access costs should be borne by the HHS, on the principle that the host provides data.

The discussion paper says that, "it is reasonable that education providers contribute to the cost of technology access for their students, due to the link with student learning outcomes." Yet there is a powerful link between clinical placements and health provider benefits, including:

- Cheap and productive labour.
- Identifying promising individuals to employ in the future.
- Developing the next generation of health worker.
- Prompting supervisors to reflect on their own practice.

Further, the principle of the host paying for data access is observed by education institutions and should be by HHS. HHS staff enrolled in a professional development course at university are not charged separately for data access, nor should students on placement at HHS.

More generally (rather than specifically about technology access for students), ACU recommends all Queensland HHSs adopt the same technological system to manage clinical placement demand and capacity, and that all Queensland Health placement providers use this mandated system.

In Victoria, Placeright is the channel of communication between Government and placement providers. Placeright maintains a history of communication, and changes to policy, guidelines, etc., that is of enormous value to education and placement providers alike.

Consistency would also be welcomed regarding the electronic credentials (sign-in) allocated to students. Currently, sign-in is health service specific (i.e. students need one sign-in for Metro South and a separate sign-in for Metro North).

ACU also recommends the iLearn orientation program be completed by all students prior to placement, and that this be a standardised program transferable between Metros.

Recommendation 7: Introduce the principle that the host (in this case, HHS) pays for the technology access of students on clinical placements.

Focus Area 3: Risk

9. *To what extent do the current governance and legal frameworks address risk within the clinical placements program? How could this be improved?*

   Students should be aware of their responsibilities as future health professionals. Specific requirements would be well placed as orientations at the commencement of placement experiences. If the approach to placement orientations could be standardised that would be helpful.

10. *What additional risks are there in the operation of the program at a local level that require further consideration by Queensland Health?*

    Currently, education institutions do not have a clear line of sight on the terms of use of information provided by students. ACU is responsible for its students and needs to advocate for them and their privacy of information. Yet to provide adequate advocacy, we need to fully understand how student information is managed by the placement provider. This should be clearly stated in the Student Placement Agreement and be consistent across all Queensland Health facilities / placement agreement templates.

Recommendation 8: Clarify the terms of information use in student placement agreements.

11. *Do you support the implementation of a state-wide clinical placement management system? Why or why not?*

    A state-wide clinical placement management system is a centralised mechanism that tracks clinical placement data and provides a source of aggregate data to inform management decision making.

    ACU supports the implementation of such a state-wide centralised compliance, booking and communication system. From this, system placements could be allocated, compliance monitored, and communication managed. The system could provide access to reports that would be beneficial to education and health providers alike. It would also help to "formalise" arrangements around specific student support issues (e.g. students needing special permission about immunisation status). Currently, there are individual negotiations between the education provider and health facility, but in the interests of improved business continuity, such arrangements and information should be centrally stored.

    ACU's experience of such systems in New South Wales and Victoria is of streamlined administrative processes regarding placement and student data, as well as reduced errors, omissions and duplication. One standard system enables education providers to view availability and submit placement requests for additional placement hours in real time and include reports on individual student performance, which provide benefits for both education and placement providers. Clinical facilitator rosters can be accessible from the system, and the reporting of incidents and near misses included, providing a link between health and education providers on important issues that occur during clinical placement.

    Importantly, a state-wide system will enhance transparency regarding the procurement of placements and create a more level playing field between education providers and reduce preferential deals and gatekeeping.

Recommendation 9: Introduce a state-wide clinical placement management system.

Focus Area 4: Strategy and Policy

12. *What, if any, further policy guidance would you like made available for the clinical placements program?*

    Consistent, justified and critically reviewed requirements for student immunisations and screening set by Queensland Health rather than placement providers would be welcome, as would assurance that placement-related policy is applied consistently across Metros. Standardisation requirements and processes for determining "compliance" nationally would be a significant improvement for placement providers, education providers and students.

    Improvements in the availability of "make-up" placements would also be welcome. Currently, it is difficult to access make-up placements for students because placements are allocated in "blocks" of more than one week. A system that could identify where shorter placement opportunities of one week or less were available would facilitate make-up placements with potentially impinge less on the "standard" clinical placements.

    Related to this is the need for greater consistency between facilities regarding time frames around bookings and when notifications of "placement no longer required" are expected. This could include more flexibility with minimum timeframes around student allocation to the placement and when changes to placement allocation are required.

    Finally, more flexible arrangements around student orientation would be welcomed so that placement opportunities are maximised (e.g., the provision of alternative sessions on various dates/times).

13. *Which aspects of the clinical placements policy framework are working well and how can it be improved? In your answer, please consider how it has borne the impacts of the COVID-19 pandemic.*

    Nil feedback.

14. *Which clinical placement requirements, if any, are the most difficult to implement and how could compliance be further supported?*

    ACU encounters more difficulty with clinical placement allocation at health providers in rural, regional and remote settings, which is in part due to an apparently higher staff turnover in key positions. Again, a central process would be useful here.

    As mentioned in our response to question three (and in our second recommendation), there are currently different versions of the pre-placement requirement training modules which leads to the communication of incorrect information. The existing system is not intuitive and requires many workarounds to meet the expected requirements. A simplified and standardised system would be most helpful.

Recommendation 10: Standardise requirements and ensure greater consistency in student immunisation, make-up placements, placements in rural, regional, and remote settings, and pre-placement training.

Attachment A: Australian Catholic University Profile

Australian Catholic University (ACU) is a publicly-funded Catholic university, open to people of all faiths and of none and with teaching, learning and research inspired by 2,000 years of Catholic intellectual tradition.

ACU operates as a multi-jurisdictional university with seven campuses across four states and one territory. Campuses are located in North Sydney, Strathfield, Canberra, Melbourne, Ballarat, Brisbane and Adelaide. ACU also shares a campus in Rome, Italy with the Catholic University of America.

ACU is the largest Catholic university in the English-speaking world. Today, ACU has approximately 34,000 students and 2,200 staff.

ACU graduates demonstrate high standards of professional excellence and are also socially responsible, highly employable and committed to active and responsive learning. ACU graduates are highly sought-after by employers, with a 93 per cent employment rate.[3]

ACU has built its reputation in the areas of Health and Education, educating the largest number of undergraduate nursing and teaching students in Australia[4] and serving a significant workforce need in these areas. Under the demand driven system, ACU sought to focus and build on these strengths.

Since 2014, ACU has had four faculties: Health Services; Education and Arts; Law and Business; and Theology and Philosophy.

As part of its commitment to educational excellence, ACU is committed to targeted and quality research. ACU's strategic plan focuses on research areas that align with ACU's mission and reflect most of its learning and teaching: Education; Health and Wellbeing; Theology and Philosophy; and Social Justice and the Common Good. To underpin its plan for research intensification, ACU has appointed high profile leaders to assume the directorships, and work with high calibre members, in six research institutes.[5]

In recent years, the public standing of ACU's research has improved dramatically. The 2018 Excellence in Research for Australia (ERA) assessment awarded ACU particularly high ratings in the fields of research identified as strategic priorities and in which investment has been especially concentrated. For example, ACU more than doubled the total number of top scores of 5 (well above world standard) in the 2018 ERA. In health sciences, ACU did not receive a single score below 5 while in education, ACU is one of only four universities in Australia to achieve a top score of 5 in the 4-digit fields of research. ACU's rapidly growing reputation in research is in line with its steady expansion.

3 Quality Indicators for Learning and Teaching, 2018.
4 Department of Education and Training, *2018 Higher Education Data Collection – Students, Special Courses*. Section 8, table 8.3
5 Australian Catholic University, *ACU Research*, acu.edu.au/research