

Training and Development Grant: Professional Entry Students

2 December 2013

1. Background

The Victorian Healthcare Association (VHA) is the peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health service, aged care facilities and Medicare Locals. Established in 1938, the VHA promotes the improvement of health outcomes for all Victorians, from the perspective of its members.

The VHA welcomes the opportunity to respond to the Training and Development Grant: Professional entry students (the Grant) Starter Discussion Paper. The VHA agrees to this submission being treated as a public document and being cited in any reports that may result from this consultation process.

2. Introduction

Clinical placements play an important role in preparing professional-entry healthcare students for their part in the future health workforce. Victorian public health services play a vital role in students' tertiary education in health, medical and nursing fields, by placing them in working environments under supervision of experienced practitioners. To ensure that the provision of education does not impact the level of care or the underlying financial position of organisations, it is vital that health services are adequately funded to perform the role of educator.

3. VHA Response

1. How should facilities eligible for funding be determined?

The professional-entry student placement subsidy is currently allocated to support the delivery of professional-entry student placements within acute areas of public health services¹. However, major health services offer a range of essential clinical services across the continuum of care, including acute, subacute and ambulatory care programs. In addition to hospital services, Victorians benefit

¹ Source: "Training and development grant: 2013-14 professional-entry student placement subsidy Fact Sheet - Methodology and allocation" Victorian Department of Health, August 2013, Page 1

from a wide range of community health and community support services, public dental and community nursing services². Community health services for example provide a range of critical services spanning medical, dental as well as allied health and counselling services.

The VHA argues that restricting Grant eligibility to placements provided in ‘acute’ settings impacts the availability of appropriate placements for students across the continuum of care. Offering placements in non-acute settings will facilitate the development of a workforce that has experience across the full continuum of care.

Expanding funding eligibility to non-acute services will also bring the Grant into line with the *Victorian Health Priorities Framework 2012-2022*, which has the aim of further developing non-acute and community based service capacity³.

Recommendations:

1. The Department of Health should make the Grant available for non-acute placements taking place in hospitals, community health services, and other primary health care settings.

2. Does the list of eligible disciplines reflect current health workforce priorities?

In the VHA’s view the list of eligible disciplines does not reflect the current health workforce priorities. By 2025 there are projected to be highly-significant shortage of nurses⁴. The VHA is aware of interest within in the health sector to increase the number of assistant and support roles as a method of alleviating pressure on the nursing workforce. To adequately reflect workforce priorities, the list of eligible disciplines needs to be broadened to reflect the need for assistant roles in nursing and personal care. Other disciplines that the Department should consider for eligibility include massage therapists, aboriginal health workers, counsellors and music therapists. Expanding the list of eligible disciplines in this way would reflect the government’s commitment to developing community-based health services.

² Source: “Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan”, Victorian Department of Health, May 2011, Page v

³ Source: “Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan”, Victorian Department of Health, May 2011, Page 3

⁴ Source: “Health Workforce 2025: Doctors, Nurses and Midwives” Health Workforce Australia, March 2012

Recommendation:

2. The Department of Health should increase the Grant eligibility list to include assistant nursing and personal care roles and other non-acute disciplines currently in demand in the health sector.

3. Should funding of the Grant be limited to only minimum efficient pathway activity?

Funding of the Grant should not be limited to the minimum efficient pathway and must be flexible to enable health services to respond to the varying needs of students. As highlighted in the discussion paper, there is considerable variation in the range of the pathways reported⁵. The reported range for physiotherapy for example revealed at least on instance where a student has required twice as many hours as is provided under the minimum efficient pathway⁶. The data provided in the discussion paper clearly indicates that the minimum efficient pathway often does not align with the workload required to achieve student competency during the placement. If funding is restricted to the minimum efficient pathway approach:

- health services may tend to only provide the number of placement hours that attract funding;
- there is no funding allowance for learner variation, particularly if additional placement days are required to achieve competencies; and,
- training activities over and above the established minimum pathway result in a greater cost burden on health services.

In the VHA's view, a funding approach that lacks flexibility has the potential to negatively impact on students with additional needs and risks incentivising health services to push through students to meet a predetermined pathway and not incur extra costs.

Recommendation:

3. The Department of Health should not limit funding for health services to the minimum efficient pathway.

4. How can the Grant program promote greater efficiency in training pathways?

⁵ Source: "Training and Development Grant: Professional entry students. Starter Discussion Paper for the Teaching and Training Funding Industry Advisory Group", Victorian Department of Health, November 2013, Page 4

⁶ Source: "Training and Development Grant: Professional entry students. Starter Discussion Paper for the Teaching and Training Funding Industry Advisory Group", Victorian Department of Health, November 2013, Page 4

From the perspective of health services, greater efficiency in the Grant program would be achieved by implementing a funding model that reflects the actual costs to health services of placement programs. The current discipline based funding approach fails to account for the costs incurred during placements that involve input from multiple disciplines (such as interprofessional placements and placements requiring cross-disciplinary supervision). The current model is also blind to the costs of different teaching arrangements such as an individual preceptorship, group teaching arrangements, or placements with a high level of independent practice. A funding model that would be more efficient for health services would provide funding according to the style of placement and teaching model.

Recommendation:

4. The Department of Health should consider alternative funding arrangements which are sensitive to the costs associated with different placement and teaching models.

5. How should disciplines without a nationally defined minimum efficient pathway be treated?

Any minimum efficient pathway that is adopted for any profession needs to be based on evidence regarding the likely level of input needed to achieve the specified learning outcomes. A consultative process with education providers, peak industry bodies along with discipline practitioners, clinicians and placement providers will need to be undertaken to determine an acceptable and sustainable minimum efficient pathway that will ensure quality and safe outcomes.

Recommendation:

5. Nationally efficient pathways should be developed with reference to:
 - health sector consultation
 - the need for the funding model to enable responsiveness to learner need, and the flexibility to support the time required to achieve a specified learning outcome;
 - the relevant teaching model (observational, direct one-to-one supervision, group teaching, independent practice with regular mentoring); and,
 - the set curriculum placement hours.

6. Are there discipline-based variations in the costs of providing clinical training?

Health services experience discipline based variations in the cost of providing clinical training due to several factors. The VHA notes that variation occurs due to:

- differing student numbers across disciplines;
- variations in placement hours across disciplines;
- models of teaching vary – for example 1:1 models of teaching that are used in high risk, intensive or mentorship style placements are more costly to deliver than models where one supervisor may support two or three students at once;
- models of supervision vary – for example a two week Community Nursing Placement may involve task supervision of 12 staff members to one student plus overall supervision of a team leader or manager, whereas a Social Work Student maybe on placement for three months but involve a smaller number of staff; and,
- the salary costs of the staff providing teaching and supervision vary.

Recommendation:

6. The Department of Health's Grant funding model should provide funding to health services which reflects variations in the cost of providing clinical training across disciplines.

7. Given that education providers contribute towards the direct costs of clinical training (eg. Supervision), should the department's contribution to the costs of delivering clinical training be limited to indirect costs (eg. administration, infrastructure, student amenities)?

It is important to emphasise that community health services providing clinical placements for allied health students do so largely at their own cost. In providing placements, community health services receive little or no support from education institutions in providing supervision. In acute settings, education providers also often do not provide supervision – leaving supervision to be provided by other disciplines (for example midwives supervising medical students) with no additional funding being allocated for such circumstances.

The VHA also argues there is a need for a funding model that provides specific funding to meet the costs associated with administration, infrastructure and student amenities. Such funding would encourage and enable the development of comprehensive, quality programs. The provision of funds to cover administrative costs, for example, would help minimise the risk associated with cancelled placements. At times, cancellations are unavoidable (due to student illness for example). A significant amount of work has often been invested in preparing for and setting up a placement, whether it proceeds or not. Current funding arrangements do not reflect the true cost of providing supervision and teaching in the clinical setting.

For community health services, the contribution of Grant funding to the delivery of training would enable those services to increase the amenities available to students, help offset supervision and coordination costs and increase in the number of community health placements available in Victoria.

Recommendations:

7. The Department of Health should allocate funding to health services and community health services to cover the true costs of supervision.
8. The Department of Health should provide specific payments to health services to cover the indirect costs associated with placements.

8. What alternative reporting measures could be used to demonstrate that government investment is resourcing student clinical education?

The use of a single system for reporting for all disciplines could be used to demonstrate that government investment is resourcing student clinical education. The use of a single system will ensure transparency in the funding of placement providers, better accommodate the requests from education institutions, and will make reporting streamlined and consistent.

The VHA opposes the option raised in the discussion paper which would see health service and education provider partners agree and jointly sign off on funding expenditure from the Grant. For large metropolitan health services, which offer thousands of clinical placement days to students from multiple education provider institutions, this would impose a substantial administrative burden.

Recommendation:

9. The Department of Health should not implement a model which would see health service and education provider partners agree and jointly sign off on funding expenditure from the Grant.

4. Further information

For further information, please contact:

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