

# Clinical placements in Victoria: Establishing a statewide approach



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## Victoria in 2016

- Overall workforce increasing by 18%
- Health and community services workforce to grow by over 35%
- Demand for healthcare increasing by over 50%

# Victorian Workforce Strategies

|   | Short term                            | Medium term   | Long term |
|---|---------------------------------------|---|-----------|
| HEALTH WORKFORCE  | <b>Improve workforce supply</b>       | Reduce training burden on health services   |           |
|   |                                       | Expand strategies to encourage re-entry   |           |
|   |                                       | Expand overseas recruitment and use of locally trained international students                                 |           |
|   |                                       | Increase funding for clinical placements  |           |
|   | <b>Improve workforce distribution</b> | Fund growth in early graduate positions   |           |
|   |                                       | Establish alternative approaches to management & allocation of early graduate & vocational training positions |           |
|   |                                       | Expand recruitment & retention strategies in priority services & occupations                                  |           |
|   | <b>Redesign the workforce</b>         | Fund projects to design & influence curriculum  |           |
|   |                                       | Support skills mix projects   |           |
|   |                                       | Expand training & utilisation of certificate trained staff  |           |
| Fund local workforce innovation projects which pilot work roles &/or design |                                       |   |           |

# National Reforms

- Supply growth from 2007
- Improved national linkages between health & education
  - National agreement on annual planning health education numbers through MCEETYA
- Clinical training costs
  - Productivity Commission & COAG
  - DEST review of undergraduate funding
- National health workforce taskforce
- National accreditation & registration

# Growth in undergraduate places

- Large growth in places in 2005-07 across disciplines
- Supply still doesn't meet demand – Victoria requested additional places for 2008 of 30 dentistry, 600 nursing, 20 occupational therapy, 55 physiotherapy, 25 podiatry, 15 speech pathology and 20 radiography places
- Growth in allied health places critical to delivering against preventative healthcare model, tackling chronic disease
- Clinical placements the main barrier cited by universities, particularly in nursing

# Clinical Placements: drivers for reform

- Positive: Growth in training numbers
- Changing service & workforce models
- Concerns regarding efficacy of existing models
- Reported difficulties sourcing sufficient placements in some disciplines (e.g allied health, Div 2 nursing)
- High level of interest in area, lots of activity, need to be strategic with investment of time and resources

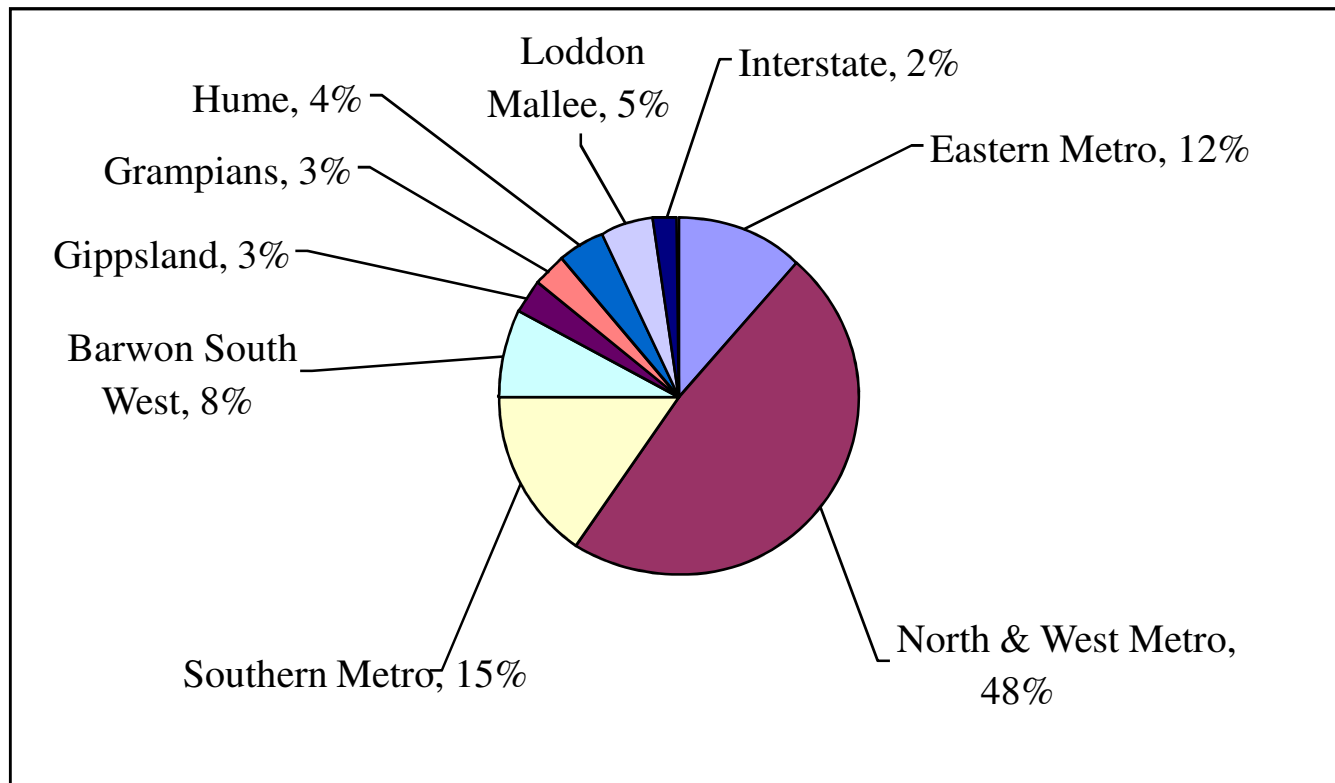
# Estimated growth in clinical placement requirements

- By discipline, increases in clinical placements is broken down as follows:
  - **occupational therapy** will require an estimated 32,268 days in 2012 compared to 27,817 days in 2007 (an increase of 16%)
  - **physiotherapy** will require an estimated 38,802 days in 2012 compared to 28,957 days in 2007 (an increase of 34%)
  - **podiatry** will require an estimated 7,447 days in 2012 compared to 2,967 days in 2007 (an increase of 151%)
  - **social work** will require an estimated 48,863 days in 2012 compared to 39,726 days in 2007 (an increase of 23%)
  - **speech pathology** will require an estimated 7,517 days in 2012 compared to 5,965 days in 2007 (an increase of 26%)

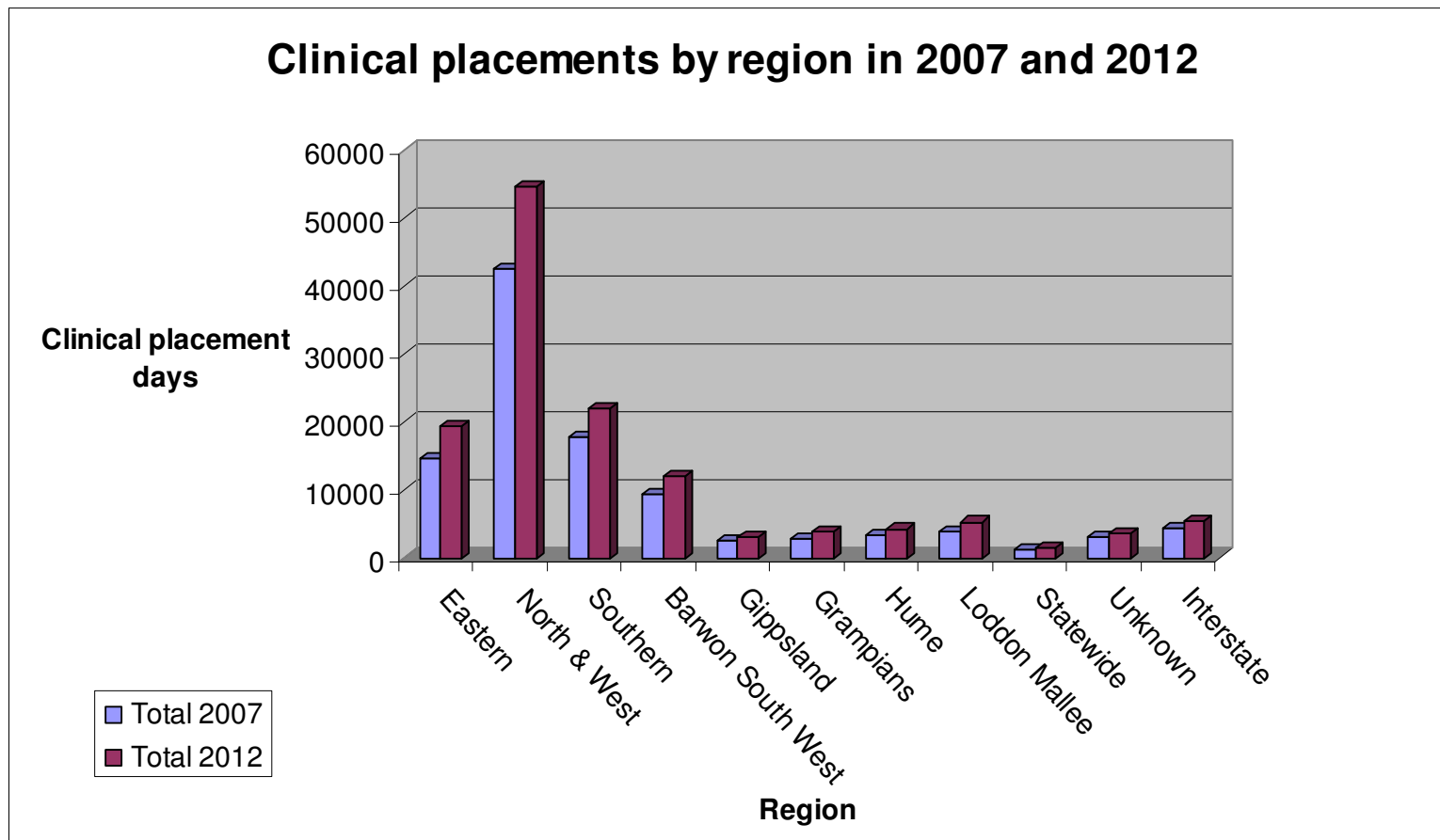
# Allied health scoping exercise

- Three exercises for medicine (completed), nursing and allied health
- Started 2007, completed for first five disciplines in January 2008
- Remaining disciplines to start shortly
- Department will fund follow up planning between educational institutions and health service to agree statewide plan

# Allied health current clinical placement data



# Predicted growth in allied health clinical placements



# Clinical placements timing issues – example: physiotherapy

| PHYSIOTHERAPY                        | Jan                          | Feb | March            | April            | May | June                  | July                         | August | Sept  | October | Nov | Dec |
|--------------------------------------|------------------------------|-----|------------------|------------------|-----|-----------------------|------------------------------|--------|-------|---------|-----|-----|
| <b>LaTrobe University</b>            |                              |     |                  |                  |     |                       |                              |        |       |         |     |     |
| Year 1                               |                              |     |                  |                  |     |                       | 4.5                          |        | 4.5   |         |     | 4.5 |
| Year 2                               |                              |     |                  |                  |     |                       | 4.5                          |        | 4.5   |         |     | 4.5 |
| Year 3                               |                              |     |                  |                  |     |                       | 45 - 67.5 days in Semester 2 |        |       |         |     |     |
| Year 4                               | 22.5 - 45 days in Semester 1 |     |                  |                  |     |                       |                              |        |       |         |     |     |
| <b>Monash University</b>             |                              |     |                  |                  |     |                       |                              |        |       |         |     |     |
| Year 2                               |                              |     |                  |                  |     |                       |                              |        | 1 day |         |     |     |
| Year 3                               |                              |     |                  |                  |     | 75 days               |                              |        |       |         |     |     |
| Year 4                               |                              |     | 60 days in Sem 1 |                  |     |                       | 50 days in Sem 2             |        |       |         |     |     |
| <b>University of Melbourne</b>       |                              |     |                  |                  |     |                       |                              |        |       |         |     |     |
| Year 1                               | 3 days in Sem 1              |     |                  |                  |     |                       | 4 days in Sem 2              |        |       |         |     |     |
| Year 2                               |                              |     |                  |                  |     | 4                     |                              |        |       |         |     |     |
| Year 3                               |                              |     |                  | 72 days in Sem 1 |     |                       | 75 days in Sem 2             |        |       |         |     |     |
| Year 4                               | 60 days in first Semester 1  |     |                  |                  |     |                       | 50 days in Semester 2        |        |       |         |     |     |
| <b>Charles Sturt University</b>      |                              |     |                  |                  |     |                       |                              |        |       |         |     |     |
| Year 1                               |                              |     |                  |                  |     |                       | 2 days                       |        |       |         |     |     |
| Year 2                               | 21 days                      |     |                  |                  |     |                       |                              |        |       |         |     |     |
| Year 3                               |                              |     |                  |                  |     | 20 days               |                              |        |       |         |     |     |
| Year 4                               | 35 days in Sem 1             |     |                  |                  |     | 65 days in Semester 2 |                              |        |       |         |     |     |
| <b>University of South Australia</b> |                              |     |                  |                  |     |                       |                              |        |       |         |     |     |
| Year 2                               |                              |     |                  |                  |     |                       | 21 days in Semester 2        |        |       |         |     |     |
| Year 3                               | 60 days in Semester 1        |     |                  |                  |     |                       | 40 days in Semester 2        |        |       |         |     |     |
| Year 4                               | 30 days in Semester 1        |     |                  |                  |     |                       | 30 days in Semester 2        |        |       |         |     |     |

# Allied Health Research – Key conclusions (barriers)

- Organisational commitment
- Supervision
- Significant organisational barriers to effective use of available capacity – booking through to assessment
- Requires local managers to look hard at ways to increase efficiency

# Allied Health Research – Key conclusions (opportunities)

- Making more efficient use of academic year and supervisors' time
- Collaboration in planning placements, inc local consortia
- Expanding settings for placements
- Distance learning and telehealth
- Support for skills and competence of staff with supervision role – especially the next generation of supervisors /teachers
- Action taken forward in context of wider statewide framework for clinical placements

# A statewide strategy for clinical placements



# Improving workforce supply

The clinical placements Strategy aims to:

- Ensure there is sufficient clinical training capacity in this state, and that the organisation, allocation and delivery of undergraduate clinical training:
  - is as efficient and effective as possible
  - does not place unnecessary burdens on health services, their staff and their patients
  - produces outcomes that align to the expectations and needs of services and the community
- Emphasis on cross disciplinary approaches, maintaining quality

# Improve evidence and planning

- Consolidate statewide planning processes
- Support and disseminate research and evidence
- Establish priorities for growth in training numbers
- Establish consistent data collections
- Locally – need your input and data to improve understanding and accuracy of payments

# Build capacity

- Create templates and other resources to formalise roles and responsibilities
  - Relationship agreement for public hospitals: medicine, nursing, and planning allied health
  - Developing template for community health
- Establish an IT system for clinical placements data
  - STaRT: reduces burden on allied health staff and provides data for activity-based funding
- Explore the concept of a clinical placement agency
  - Discussion paper
  - Allied health input required

# Improve funding models

- Activity-based funding model, already in place for allied health disciplines
- Advocate for increases in Commonwealth funding
- Introduction of cost-sharing arrangements
- Targeted infrastructure and rural clinical academic supports
- Identify best ways to support increasing capacity for allied health supervision

# Promote innovation

- Clinical placement innovation projects trial innovative approaches to clinical training
- Progress reforms to accreditation systems
- Increase the use of simulation in clinical training where the evidence supports it
- Progress competency-based approaches to clinical training

# Improve relationships and governance

- Joint planning through the Education Liaison Committee, bringing together education providers, health services, and State and Commonwealth government
- Project to identify statewide plan for the first 5 allied health disciplines to start before July 2008
- Establish alternative processes for ongoing State/Commonwealth engagement
- Locally, promote inter-provider and inter-disciplinary dialogue to reduce inefficiency and team-based learning

# Considering a clinical placement agency

- Clinical placements are an increasing load on health services, and student numbers are growing
- Education providers indicate rising difficulty in obtaining placements
- DHS view that an 'agency' might increase efficiency, quality, and transparency in clinical placement organisation
- An agency could take many forms, and may promote innovation widely

# What are the options?

- Option 1: Create a new stand-alone structure to manage a single statewide clinical placement agency
- Option 2: Create a number of agencies linked to designated health services
- Option 3: Alternative cluster-based models
- Other options: suggestions from stakeholders

# Feedback

- What functions should the agency perform?
- Which model is the most appropriate?
  - How would you time the implementation of this model?
- What alternative models should be considered?

# Thank you

- Questions, comments?
- More information can be obtained at [www.health.vic.gov.au/workforce/placements](http://www.health.vic.gov.au/workforce/placements)