

**Our Ref:** G-04-104

19 March 2009

The Hon Nicola Roxon MP  
Minister for Health and Ageing  
PO Box 6022  
House of Representatives  
Parliament House  
Canberra ACT 2600  
[Nicola.Roxon.MP@aph.gov.au](mailto:Nicola.Roxon.MP@aph.gov.au)

Dear Minister,

### **Proposed National Agency for Clinical Education**

On 29 November 2008 the Council of Australian Governments announced a plan to establish a National Clinical Placements Agency ('the Agency'). Universities Australia commends the Government for its emphasis on clinical education of health students as part of the broader implementation of a national health workforce strategy.

Aspects of clinical education policy have been working well. These include the Practice Incentives Program (PIP) initiatives to encourage more clinicians to accept undergraduate student placements and the University Department of Rural Health (UDRH) and the Rural Clinical School (RCS) Programs, which enable greater numbers of health students gain clinical training experience away from their metropolitan bases. However, more needs to be done so that the expected increased numbers of health students can obtain the clinical education experience they require in ways that optimise the quality and location of services they ultimately deliver.

A correctly established and adequately funded Agency will alleviate many of the issues and concerns currently experienced by those involved in clinical education. Universities Australia is pleased to work with the Commonwealth and other agencies on this important matter.

Universities Australia understands that responsibility for developing the details of the new Agency's structure and role has been given via the Health Workforce Principals' Committee (HWPC) to the National Health Workforce Taskforce (NHWT). The NHWT has been tasked with producing a framework for the new Agency by April 2009. As part of its work it has undertaken a number of stakeholder meetings throughout January and February this year focussed primarily on governance and data management issues.

Universities Australia has been involved in the NHWT consultations through individual university participation and more formally through our Clinical Placements Advisory Group (CPAG).

The NHWT and CPAG co-sponsored a workshop in late February which specifically focussed on clinical education and the issues surrounding its funding and management. More than 80 senior health academics from almost all of Australia's universities participated. We are aware that a further consultation forum is planned for late March which will build upon the consultations to-date and include a wider range of stakeholders in addition to CPAG nominees.

Feedback and advice received by Universities Australia from individual university staff members and the CPAG has informed our view of the key features required in the new Agency, including its role, governance and powers.

#### **A: Role and Function of a National Clinical Placements Agency**

The primary purpose of the Agency should be to fund and facilitate clinical education. A brokerage role may be appropriate, if it is called upon by a university or health care provider. The Agency should not purchase clinical placements to subsequently allocate them, nor should it have a role in the practical implementation of clinical education at a local level.

- *Funding*

Universities and their partner health care providers have collaborated very effectively to-date in order to provide clinical education for health students. The parties have broad experience and knowledge and in many places hard won goodwill and support. What they currently do not have is adequate logistic and financial support from Governments and their agencies, which has led to some universities struggling to source enough quality clinical education opportunities for their students from cash-strapped health care providers.

A National Agency which can act as a facilitator and which can provide funding support for universities and health care providers will assist in solving these problems now and prevent them becoming exacerbated over coming years as increasing numbers of health students enter the system.

Given that universities are responsible for the education of health students to a standard determined by accreditation bodies, funding should flow from the National Agency to universities. The rules should require the great majority of the funds to be passed on to those providing the clinical education with strict limits and monitoring on the proportion that can be spent on administration and overheads.

- *Facilitating*

As a facilitator, the Agency's key role should be to create and maintain a framework for the negotiation of clinical places between universities and providers. A common framework would ensure that agreements are fair, equitable and compatible and follow the same set of common rules. It would allow for transparency and result in a streamlining of the ad-hoc arrangements currently in existence across Australia. It should be noted that any such framework must be flexible enough to address the differences which exist in regions (be they metropolitan or rural) and across different health disciplines.

As the number of clinical placements needs to be expanded dramatically in the next few years, one important role for the new Agency would be to investigate and promote new settings for clinical education,

particularly in the private sector, in individual/small group practice settings and in simulated clinical environments.

- *Administrative Support*

A facilitative Agency should have roles in establishing and creating benchmarks, undertaking data collection and statistical work, and taking carriage of the issue of indemnity arrangements. Insurance and indemnity arrangements for students, universities and health service providers are critical factors currently and so must form part of the enabling support provided by the new Agency.

As part of a central data collection role, it would be appropriate for the Agency to be empowered to ensure that all universities run compatible information technology systems. Previous work by Universities Australia has indicated that current incompatibilities of IT systems make it very difficult to obtain effective and comparable data and thus, a comprehensive national view of clinical placements.

- *Brokerage*

The Agency must have the power to broker clinical education places when gaps are evident in capacity, or for particular sub-specialties in disciplines where training is unique and crosses jurisdictional borders, for example Radiation Therapy. For the education of senior dental students (and the related professions of dental hygiene, dental therapy, oral health therapy and dental technology) a significant amount of their training is practical and interventionist. As such any new Agency needs to ensure that there are properly equipped surgeries in sufficient numbers in a single location to ensure the most efficient use of the tutor time and ensure the financial investment in the training program is viable.

## **B. Governance of the New Agency**

The Agency requires a governance structure which adequately reflects membership of all stakeholders which we define as universities, governments and health service providers. In this way there is established a partnership arrangement which will benefit all parties. The role of universities in the monitoring of the effectiveness of clinical education is important and their performance in this regard is frequently reviewed and oversights by professional bodies. An Agency governing Board would provide the benefit of both knowledgeable decision-making and equity in the process of managing clinical education in Australia.

## **C. Agency Model**

The Rural Clinical Schools Program (RCSP) is well regarded as a useful model which could guide the funding and development of clinical education. Universities Australia understands the RCSP is a national, unified program delivered at the local level by individual universities in cooperation with local health service providers. Through the Australian Government the RCSP provides adequate, specific funding to universities with explicit rules for the use of these funds. There are clear, measurable expectations placed on universities regarding the outcomes to be achieved, with flexibility to ensure that the implementation of the program is negotiated appropriately at the local/regional level.

The RCSP is regarded as a very successful program and Universities Australia recommends it be considered as a model for clinical education funding for a range of health disciplines not just medicine.

Universities Australia is also aware of developments in various states to develop a co-ordinated system overseen by the State and based on regional negotiation and implementation involving one or more universities and health care providers. These developments should strongly influence the role and function of the National Agency.

I would be pleased to discuss this or any other matter with you at your convenience and can be contacted on telephone (02) 49215101.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'N. Saunders', with a long horizontal flourish extending to the right.

**Professor Nicholas Saunders**  
Chair, Clinical Placements Advisory Group  
Member, Universities Australia Board of Directors