

Department of Health

health

Victoria's strategic plan for clinical placements 2012–2015

Well placed. Well prepared.

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Foreword

The completion by health students of periods of supervised practice in health service settings has long been considered an essential element of their preparation as competent entry-level health practitioners. Ensuring that sufficient clinical placements of appropriate quality are available for health students who plan to work as practitioners in Victoria is a key step to securing the reliable supply of a competent and adequately sized workforce to meet the health and social care needs of the community.

Victoria has performed well in relation to clinical placements, increasing capacity substantially over the past five years. Many challenges remain, however. Achievement of Victoria's goal of self-sufficiency in the health workforce will require continuing increases in clinical placement numbers in many disciplines as well as changes in the way education and training are delivered in some healthcare settings.

In 2010, the Victorian Department of Health (the department) commenced the implementation of a new system of governance for health student clinical placements. The Victorian Clinical Placements Council (VCPC) is a peak statewide body established in early 2011. Its membership includes selected leaders from the healthcare and education sectors who participate on an honorary basis to lead clinical placement initiatives in Victoria, with a primary focus on increasing capacity for quality clinical placements.

The VCPC aims to enhance clinical education opportunities through a diverse remit including research, innovation and strategic planning for professional-entry student placements. It facilitates stakeholder leadership and collaboration in clinical placement coordination and delivery and will assist the department to establish priorities for investment in statewide capacity-building initiatives for clinical placements.

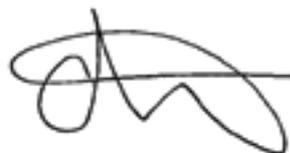
Geographically based networks called Clinical Placement Networks (CPNs), comprising all health services and education providers in a region, have also been established across Victoria (five in regional and six in metropolitan areas). Each is led by a committee, members of which work on an honorary basis, representative of

the CPN's membership base. CPNs will complement and operationalise the work of the VCPC by implementing initiatives 'on the ground' and contributing local perspectives to statewide agendas. CPNs will facilitate partnerships to improve the capacity for, and quality of, clinical placements across the network.

The intent of the new arrangements is to foster and support the strong culture of collaboration and innovation that already exists in relation to clinical placements in Victoria. The new governance framework is inclusive of all stakeholders and aims to build upon their existing drive and commitment, creating a platform from which they can share the benefits of existing and planned activities and facilitating wider uptake of successful strategies.

Over the period of this strategic plan, the department and the VCPC will further explore the potential for developing more integrated approaches to clinical education and training at an organisational, regional and statewide level. Over time, it is envisaged that the clinical education and training system will include all elements of education and training that occur in clinical settings – clinical placements, continuing education of the health workforce and postgraduate education and training of the healthcare professions.

The development of this strategic plan for clinical placements in Victoria for the period 2012–15 has been led by the VCPC. Extensive consultation with CPNs, the department and other stakeholders has informed the plan, titled *Well Placed Well Prepared*. Its strategic priorities and strategies, if implemented, will position Victoria as better placed and better prepared to deliver a sustainable, highly capable and adaptable health workforce that meets the changing health care needs of the community into the future.



Professor Chris Brook PSM
Chair, Victorian Clinical Placements Council

Terms and acronyms used in this document

BPCLE Framework	Best Practice Clinical Learning Environment Framework
Clinical placement (sometimes called practicum or professional practice experience)	Periods during which students work in health services under supervision, enabling them to apply and develop their knowledge in practical settings. Clinical placements must be completed as a mandatory element of many professional-entry courses in a range of health disciplines and by many students as a condition of completion of vocational education and training courses
Clinical supervision	The process of overseeing trainees or students on clinical placements
CPN	Clinical placement network
CSSP	Clinical Supervision Support Program
DEEWR	Department of Education, Employment and Workplace Relations, Commonwealth of Australia
The department	Department of Health, Victoria
Education and training	Used interchangeably, although education is usually used in relation to furthering knowledge while training is usually used in relation to gaining specific skills. In this plan, use of either term covers all possible meanings of both terms
Health service	Refers to any health or care setting, large or small, public or private, including hospitals, aged care services, mental health services, private allied health clinics and general practices
HWA	Health Workforce Australia
Inter-professional learning	Where two or more professionals learn 'from each other and about each other in order to cultivate collaboration and professional insights' ¹
Professional-entry students	Professional-entry students are those enrolled in either higher education or vocational education and training (VET) courses, where the course is required for initial registration or qualification to practise as a health professional in Australia
Simulation	Any teaching activity in which a real life situation is replicated
SBET	Simulation-based education and training
SLE	Simulated learning environment
TEQSA	Tertiary Education Quality and Standards Agency
VCPC	Victorian Clinical Placements Council
VET	Vocational education and training
WIES	Weighted Inlier Equivalent Separation

¹ St Vincent's (Melbourne) 2007, *Clinical skills facilitator's basic course manual*.

The clinical placement ‘plan on a page’

Partnerships in clinical placement, improving community health and wellbeing by supporting development of a quality health workforce

Strategic priorities and key strategies

To support innovation

- Develop, test and implement innovative models of education and training across existing and expanded settings.
- Disseminate the outcomes of funded projects across the sector.
- Lead statewide innovative ICT projects and projects to develop new models of education and training where there is potential system-wide benefit.
- Support the implementation of the SBET strategic plan
- Undertake ICT-based projects to address local needs.
- Work with HWA to allocate SLE funding
- Support CPNs to collaborate, sharing knowledge and approaches.

To enhance capacity

- Develop a standardised data profile for all CPNs.
- Develop and implement a framework, tools and supports for clinical placement planning and facilitation/negotiation.
- Develop an electronic clinical placement management system for clinical placement providers.
- Continue sponsorship of clinical placement projects across expanded settings and commence broader implementation.
- Identify and implement capacity-building strategies in aged care, community health, small rural health and mental health services and the private hospital sector.
- Work towards an improved funding system that rewards providers equitably for participating in the clinical placement system.
- Work towards developing a framework for integration of clinical training within professions (i.e. vertical integration) and between professions and organisations (i.e. horizontal integration).
- Collect data and monitor indicators of health service capacity and participation.

To assure and improve quality

- Support health services to adopt the BPCLE Framework and to monitor quality of their clinical placements.
- Identify reliable indicators of the quality of clinical placements.
- Collect data and monitor the quality of clinical placements at a CPN and system-wide level.
- Support projects designed to enhance clinical placement quality.
- Promote best practice supervision models.
- Develop clinical supervision capacity and competence through CSSP.
- Consider education and training requirements in all capital and investment planning.

To strengthen governance

- Develop and implement a communications strategy with a focus on roles, responsibilities and expected outcomes.
- Demonstrate strong cultural leadership of and advocacy for the clinical placement system
- Continue to strengthen the clinical placement policy framework, addressing key system parameters including funding and performance.
- Develop a performance monitoring framework and establish a performance monitoring system including targets for access and quality.
- Publish annual reports on performance at different levels in the system (provider, CPN, statewide).
- Continue to support the VCPC and CPNs to build their capacity
- Support health services to develop their clinical placement governance, management and capacity.
- Incorporate relevant expectations in statements of priorities.

Enabled by data and information; and funding support

Outcomes

An efficient system

- Resources allocated to clinical placements are used well.
- Unnecessary complexity is eliminated.

An equitable system

- There are sufficient clinical placements across an expanded range of settings, reasonably accessible to all education and training providers and health students who seek to work in Victoria.
- Funding is fairly distributed and reflects relative costs and contributions.

A high quality system

- The system supports the development of a skilled and competent workforce.
- Victoria remains at the forefront of innovation in clinical education and training.

A reliable and adaptive system

- Roles and responsibilities are clear.
- Partnerships are strong and enduring.
- Data and information are used well to plan the system and monitor its performance.

Introduction

The importance of quality education and training in healthcare

The quality of education and training of the health workforce is one of the key determinants of the quality of healthcare services. The health workforce needs to grow, develop and be better distributed across settings of care to continue to meet the increasing and changing needs of the Victorian community for access to high-quality healthcare services.

High-quality education and training in health service settings are necessary to prepare students to enter the health workforce, enabling them to gain essential experience in the theory and practice of delivering quality services in advance of assuming direct responsibility for patient care.

For decades, Victorian health services have worked in partnership with education and training providers to offer clinical placements to health students. The demand for clinical placements and the complexity of arranging them, however, have increased substantially with growth in both numbers of students and numbers of institutions offering education and training in healthcare disciplines. Student numbers and clinical training requirements are predicted to increase dramatically more than health training funding and activity through to 2013.²

Victoria has an opportunity to move towards self-sufficiency in its health workforce, but the supply, distribution and quality of clinical placements needs to keep pace with student numbers.

In addition, the needs of the Victorian community for healthcare are changing dramatically. A different approach to clinical placements is required to build a health workforce with the skills and capabilities to meet changing community needs.

While clinical placements already occur in a range of settings, there is an opportunity to comprehensively span the range of practice settings in which healthcare is delivered. Clinical placements in different settings offer students a broader range of education and training experiences and facilitate their exposure to different career options, as well as enabling more communities to experience the quality benefits that stem from integrating education and training with the delivery of healthcare.

The need for a strategic clinical placements plan

In October 2007 the department published the document *Clinical placements in Victoria: establishing a statewide approach*, which articulated a broad strategy to promote an integrated approach to using resources wisely, stimulating innovation and facilitating more effective planning and funding of clinical placements. It described priorities in a range of areas including improving evidence and planning, building capacity, improving funding arrangements, maintaining effective relationships and governance structures, and promoting innovation. It also presented a plan for action.

The priorities and initiatives identified in that document have largely been achieved. Much has changed and improved over the four years since it was published. Many new clinical placements have been created to successfully accommodate a large increase in numbers of health students. There are more data available about clinical placement activity and quality. There has been substantial investment in clinical placement infrastructure and innovative education and training initiatives have been sponsored. Health services and education and training providers have worked collaboratively and productively to plan for sustainability. In collaboration with stakeholders the department has worked to establish innovative clinical placement stakeholder networks in every region of the state, to maintain and support that collaborative approach into the future.

2 Council of Australian Governments 2008, *National Partnership Agreement on Hospital and Health Workforce Reform*.

The goal has been to ensure that Victorian health services and education and training providers are optimally positioned to offer quality clinical placements to all health students who need them, contributing to the development of a skilled and competent health workforce that will meet the needs of the Victorian community.

Many stakeholders, however, recognise further opportunities to enhance the Victorian placement system. The VCPC has identified six key drivers for change.

Figure 1: Drivers for change in the clinical placement system

Drivers for change

1. The changing healthcare needs of the community – the population is growing and ageing and there is an increasing prevalence of chronic disease, necessitating a larger health workforce with different capabilities
2. The increasing number of students requiring clinical placements
3. Greater diversity of the education and training system, leading to a need to accommodate new providers in the clinical placement system
4. The opportunity to continuously improve the quality of students' clinical placement experiences
5. The opportunity to develop clinical placements in different health service settings:
 - a) to enable students to experience a range of careers in health before making final career choices; and
 - b) to enable a broader range of communities to benefit from the improved quality of healthcare which usually is delivered by health services that participate in education and training
6. Recognition of the need to ensure the efficiency and transparency of the clinical placement system

This strategic plan

This strategic clinical placements plan establishes a roadmap to address the needs and capture the opportunities that have been identified to enhance Victoria's clinical placement system. Its development has been led by the VCPC and it has been contributed to by a large number of stakeholders who were consulted about their views on challenges, opportunities and priorities. It identifies a vision, expected outcomes, strategic priorities and actions to be completed over the next four years, to ensure Victoria remains at the forefront of clinical education and training innovation nationally and Victorian communities continue to experience high-quality healthcare, no matter where they live or in which settings they receive healthcare.

The successful implementation of this plan will require collaboration by many stakeholders – the VCPC cannot achieve it alone. The VCPC will, however, demonstrate leadership by implementing the elements of the plan that fall within its mandate and working with other stakeholders to support achievement of the plan as a whole.

The rest of this document sets out the strategic priorities and strategies which need to be implemented to achieve the clinical placement system envisaged by the VCPC, including:

- a vision
- principles
- strategic priorities
- strategies
- enablers
- outcomes.

While the significant challenge of ensuring sufficient clinical placements in the right settings and of the appropriate level of quality justifies a dedicated clinical placements plan, the plan should be read in the context of Victoria's overall health workforce strategy. It is one of a number of plans and strategies designed to secure a sustainable health workforce for Victoria.

The context for clinical education and training

Requirements for clinical education and training in health courses

All professional-entry health courses and some vocational education and training (VET) courses include mandatory clinical training as an essential part of their curricula.

Australia now has a national system of registration of health practitioners. The Australian Health Practitioner Regulation Agency partners with ten national boards to regulate more than 520,000 health practitioners. Four new professions will join the national scheme.

Each profession has an accreditation authority that recommends accreditation standards to national boards for approval. Accreditation authorities also assess programs of study and education providers to determine whether accreditation standards are being met. Accreditation standards help to ensure that education providers and programs of study provide students with the knowledge, skills and professional attributes to practise their profession in Australia.

Victorian health policy and workforce governance

The department's objective is to achieve the best health and wellbeing for all Victorians. It seeks to do this by planning, policy development, funding and regulation of health service providers and activities that promote and protect Victorians' health.

The recently published Victorian Health Priorities Framework 2012–2022 has a number of components (Figure 2).

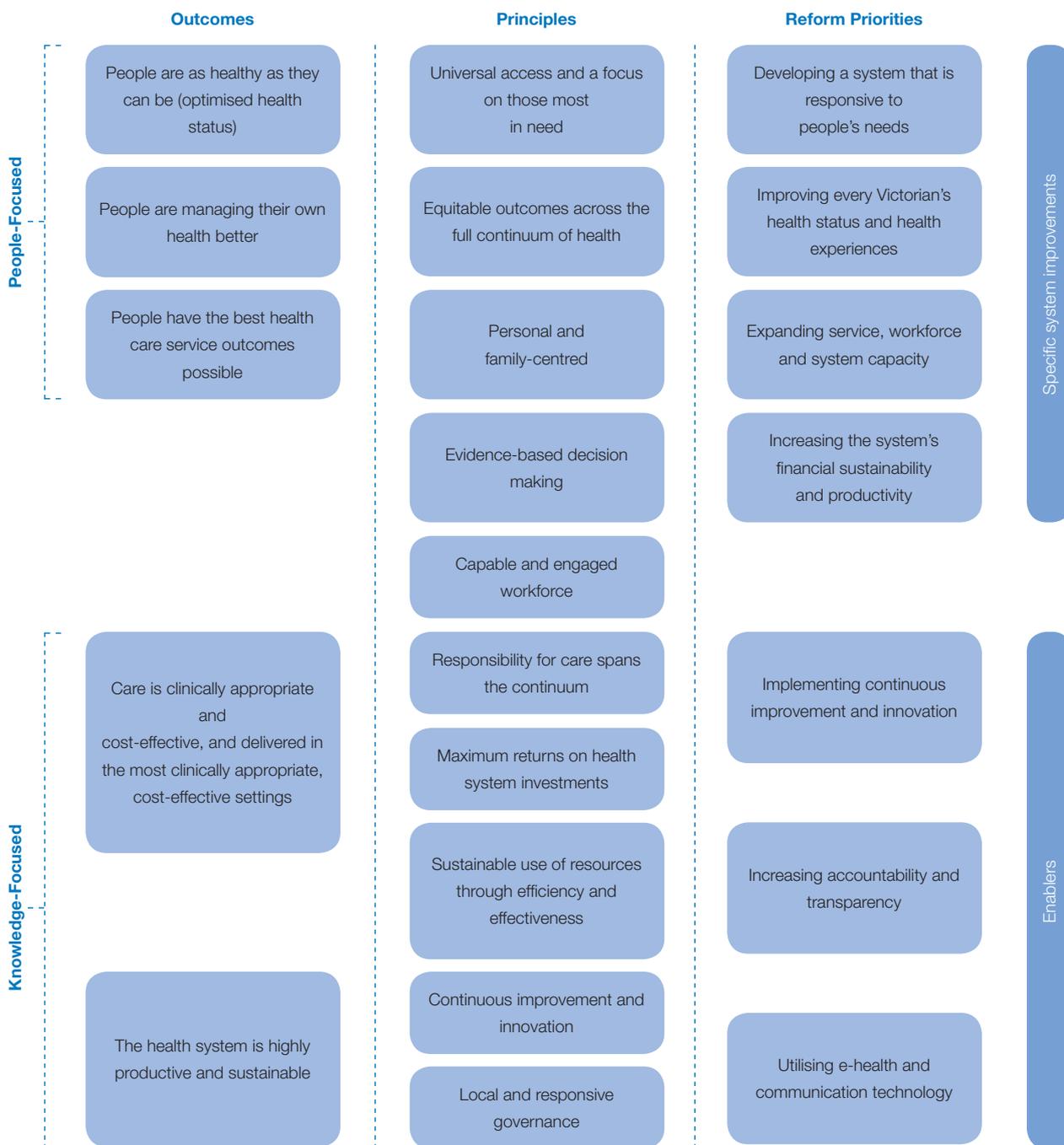
The framework (together with the Metropolitan Health Plan and supporting technical paper) has been released, with other components due for release later in 2011.

Figure 2: Victorian Health Priorities Framework



The framework identifies outcomes, principles and reform priorities:

Figure 3: The framework outcomes, principles and reform priorities



The Metropolitan Health Plan sets out seven priority areas for Victoria's public healthcare system, including 'expanding service, workforce and system capacity'. It notes that the health workforce is not currently well prepared to meet the future healthcare needs of the community and defines a specific priority of 'allocation of additional investment in workforce education, training, placements and role development towards a more interdisciplinary workforce with a more extensive range of skills, to improve clinical outcomes'.

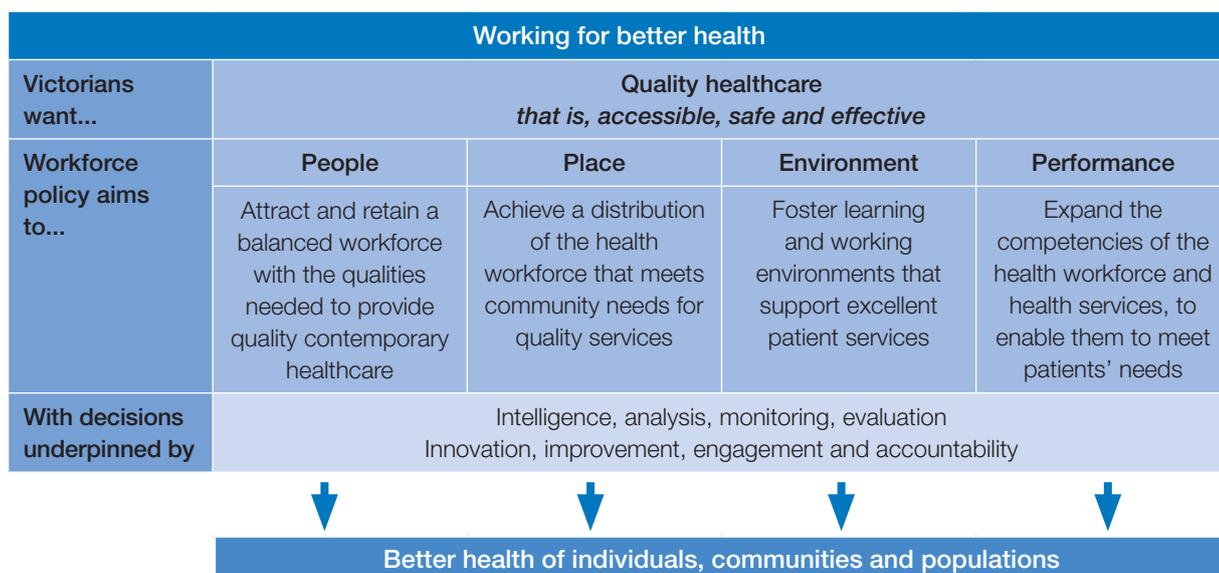
The Rural and Regional Health Plan (together with a supporting technical paper) will be available in late 2011. It will apply the overarching Victorian Health Priorities Framework 2012–2022 to the specific context and challenges of rural and regional Victoria.

Within the department, the Sector Workforce Planning Unit undertakes a range of activities to grow and develop the health workforce. The Sector Workforce Planning Unit has adopted a strategic framework for sector workforce policy (Figure 4), which focuses on the needs and expectations of consumers for a well-trained and highly competent health workforce, located in communities where people reasonably expect to access healthcare services.

'Workforce planning and the definitions of workforce roles and responsibilities need to depart from the traditional silo approach to a more flexible approach. Workforce training needs an increased focus on interdisciplinary expertise and skills, and to better model anticipated future workforce needs to ensure that our health system is capable of responding to the future specific needs of our community.'

Victorian Health Priorities Framework 2012–2022:
Metropolitan Health Plan

Figure 4: The Sector Workforce Planning Unit strategic framework



National health reform

In February 2011 all Australian governments, through the Council of Australian Governments, agreed to work in partnership on national health reform. To give effect to these commitments, every Australian government signed a Heads of Agreement on National Health Reform and a revised National Partnership Agreement on Improving Public Hospital Services, and committed to signing a full National Health Reform Agreement by 1 July 2011. The National Partnership Agreement supports and is complementary to the National Partnership Agreement on Hospital and Health Workforce Reform, through which Health Workforce Australia (HWA) was established.

Key components of national health reform include:

- new funding arrangements for public hospitals, with the Commonwealth assuming greater responsibility for funding activity, activity-based funding to public hospitals from 1 July 2012 and establishment of a national body to administer the funds
- the establishment of the National Health Performance Authority (NHPA) and the Independent Hospital Pricing Authority (IHPA). The NHPA will produce reports on the performance of hospitals and primary healthcare services and IHPA will set the efficient price for services provided by public hospitals
- establishment of an expert panel to provide advice on the effective implementation of a four-hour target for emergency departments and national access guarantee for elective surgery
- implementation of Medicare Locals as a basis for coordinating primary healthcare services at a local level
- devolution of public hospital management to local hospital networks
- significant investment in the health workforce, at both professional-entry and postgraduate levels.

Education and training reform

The Australian education and training system is undergoing major reform. In response to the December 2008 Review of Australian Higher Education, the Australian Government published a major policy document: Transforming Australia's higher education system. The government's objective is that by 2025, 40 per cent of all 25- to 34-year-olds will hold a qualification at bachelor level or above.

A new approach to higher education funding will be introduced from 2012, with removal of the cap on the number of undergraduate student places universities can offer (with the exception of medical student places) and funding for student places based on demand. Caps will remain on postgraduate programs, however, including many professional-entry health programs. Incentives will be established for nursing graduates to take up careers and remain employed as nursing professionals. The impact of these significant policy changes on demand for clinical placements in Victoria is unknown.

There will be an increased focus on quality, with legislation to establish a Tertiary Education Quality and Standards Agency (TEQSA) passed in June 2011. TEQSA will have powers to regulate university and non-university higher education providers, monitor quality and set standards. Its primary task will be to ensure that students receive a high-quality education.

Nationally, a new VET quality framework and standards for VET-accredited courses, together with a new national regulator – the Australian Skills Quality Authority (ASQA) – have been established. From 1 July 2011, a new National Standards Council assumed responsibility for providing advice to the Ministerial Council for Tertiary Education and Employment (MCTEE) on national standards for quality assurance; performance monitoring; reporting; risk; audit; review and renewal of providers' accreditation status; and accreditation of VET qualifications. The standards put forward by the NSC (if approved by the MCTEE) will be implemented by ASQA.

Victoria has elected to retain responsibility for regulating registered training organisations (RTOs) in its jurisdiction, but has agreed to enact mirror legislation to ensure the same standards of operation and accountability across Australia's VET sector.

Clinical placement roles and responsibilities

There are multiple stakeholders in clinical education and training. It is important that their roles and responsibilities are clear and their activities are integrated so as to ensure effective governance and management of the clinical education and training system.

Health services

Sustainability and continuing excellence in healthcare require a corresponding focus by health services on the accessibility and quality of clinical placements.

Clinical placements enable students to gain skills in clinical care, professional socialisation and integrated learning before they assume responsibility for caring for patients. There is a strong public interest in health students gaining such skills.

Health services and communities benefit from the presence of students. Health students contribute to the creation of positive environments of learning, reflection and inquiry and to the sustainability of the health workforce. Clinical education and training also supports recruitment of health workers into communities of need, because health students are more likely to consider longer-term careers in settings in which they have undertaken quality clinical placements.

To develop their skills and competence, health students should be exposed to a rich variety of education and training opportunities across primary care, acute care, mental health and aged care in both institutional and community settings. Clinical placements in Aboriginal health settings also have the potential to benefit students and Aboriginal communities considerably. Development of appropriate opportunities should be progressed as a priority.

Health services need to allocate resources to support clinicians in their educational roles and to ensure appropriate management and governance arrangements for education and training. Health services also should support members of CPNs and the VCPC to undertake their leadership roles.

All public health services should offer high-quality clinical placements in accordance with their size and expected capability, contributing to system sustainability and bringing benefits to their communities in terms of service quality and local workforce sustainability. Private hospitals and community health, Aboriginal health, aged care and mental health services, which have traditionally played a less active role in clinical education and training, need to be supported to develop their capability.

Health services should:

- *recognise education and training as core responsibilities and as good business*
- *allocate appropriate resources to the governance, management and delivery of education and training*
- *identify where capacity exists to offer clinical placements*
- *invest and participate actively in clinical education and training*
- *work collaboratively with education and training providers, their CPN, the VCPC and the department to plan and coordinate the clinical placement system*
- *support clinicians in their education and supervision roles*
- *offer quality clinical placements including high quality supervision to health students*
- *support research, development and innovation in clinical placements*
- *submit qualitative and quantitative data and be willing to demonstrate accountability for their participation in the clinical education and training system (to students, education and training providers, the department and the community).*

Education and training providers

Individual health courses are subject to periodic accreditation, which requires compliance with established standards specific to that discipline. Clinical education and training is a mandatory requirement for successful completion of all professional-entry university health courses and some VET courses.

Education and training providers and health services need to collaborate to ensure health students access the type and quality of clinical education and training they need in order to become skilled and competent health workers.

There is a need for highly effective communication between education and training providers and health services and a shared approach to planning, to ensure available clinical placements are used well and distributed fairly. There is also a need to reduce the complexity of the system of relationships which has been established over time between education and training providers and health services, while respecting the quality relationships that have been established. Education and training providers must plan their course development responsibly, in the knowledge that clinical placements are an essential element of their courses and that they therefore need to negotiate reasonable access to clinical placements in advance of growth in student numbers. They also should communicate their reasonable needs clearly and take a system-wide view of access to clinical placements. Education and training providers also should support members of CPNs and the VCPC to undertake their leadership roles.

Education and training providers should:

- *plan their course intakes responsibly, taking into account the reasonable availability of clinical placements*
- *work collaboratively with health services, CPNs, the VCPC and the department to plan and coordinate the clinical placement system*
- *prepare their students well for clinical placements*
- *work collaboratively with health services to ensure a common understanding of the required content and quality of clinical placements and to match students to placements*
- *support their students to access appropriate clinical placements*
- *support their students while they are undertaking clinical placements*
- *communicate effectively with health services about their needs and any changes that emerge over time*
- *support research, development and innovation in clinical placements*
- *submit qualitative and quantitative data and be willing to demonstrate accountability for their utilisation of clinical placements (to students, health services, the department and the community).*

Health students

Health students are the health workforce of the future. They need to experience quality clinical placements in order to develop the skills and competencies they require to be effective members of the health workforce and to develop satisfying careers.

Students are important members of the healthcare environment when they are undertaking clinical placements. They need to prepare well and optimise the experience and the contribution they make to the culture of learning, reflection and inquiry in health services in which they undertake clinical placements.

Health students should:

- *work with their education and training providers to identify their reasonable clinical placement needs*
- *consider the range of settings and types of health services which may deliver the clinical placement experiences they require*
- *in collaboration with their education and training institutions, plan and prepare for their clinical placements carefully*
- *work with their education and training providers and health services to optimise their clinical placement experience*
- *contribute to continuous improvement by providing constructive feedback on the quality of their clinical placements*
- *demonstrate appropriate accountability for their work and contribution as students undertaking clinical placements.*

Health professionals

Engaging in education and training of health students has long been viewed as an important responsibility of all health professionals.

With support from the health services in which they work, health professionals need to develop their competency as educators and to dedicate appropriate time and resources to education and training. They need to be competent, up-to-date professionals who work collaboratively with education and training providers, acting as role models, mentors and coaches who are dedicated to teaching the next generation's health workforce.

Health professionals should:

- *ensure their competency as clinicians and educators*
- *work collaboratively with education and training providers*
- *act as role models, mentors and coaches*
- *demonstrate appropriate accountability to their health services and professions for their engagement in education and training.*

The Victorian Clinical Placements Council

The stakeholder-led Victorian Clinical Placements Council (VCPC) is responsible for overseeing the performance of Victoria's clinical education and training system and advising the department and Health Workforce Australia (HWA) on its coordination and development. Members of the VCPC include selected leaders from the healthcare and education sectors who participate on an honorary basis to lead clinical placement initiatives in Victoria, with a primary focus on increasing capacity for quality clinical placements.

The VCPC aims to enhance clinical education and training opportunities through a diverse remit including research, innovation and strategic planning for professional-entry student placements, and seeks to facilitate stakeholder leadership and collaboration in clinical placement coordination and delivery. The expertise of the VCPC will inform the department's priorities for investment in statewide capacity-building initiatives for clinical placements. Its membership and terms of reference are available at the following website: <http://www.health.vic.gov.au/vcpc/membership.htm>

Clinical placement networks

CPNs are geographically based networks comprised of all health services and education providers in their regions. Membership encompasses the tertiary and VET sectors and public and private health services operating in hospital and community settings. Each of the CPNs is led by a committee that represents the CPN's membership base. The committee members, who work on an honorary basis, represent the different sectors involved in clinical education in the CPN. The CPNs complement the work of the VCPC by undertaking clinical education initiatives at a local level.

CPNs are responsible for compiling and maintaining data on clinical placement activity in their region, assisting in facilitating clinical placements, supporting health services to participate in clinical education, expanding placement capacity, monitoring quality indicators and implementing quality improvement initiatives as appropriate. The implementation plan for each CPN links its activities to funded deliverables agreed by the department with HWA.

The VCPC should:

- *in collaboration with the department and HWA, guide and lead a strategic vision for clinical education in Victoria, promote and advance the interests of the Victorian community in quality clinical education and training and foster a culture of capacity building, reform and innovation*
- *support CPNs to design and implement local solutions*
- *in collaboration with the department, prioritise, lead and implement projects of statewide significance*
- *monitor performance of the Victorian clinical education system, and advise the department on its development*
- *identify emerging national and statewide issues and priorities and advise CPNs, the department, HWA and other stakeholders on how they should be addressed*
- *demonstrate appropriate accountability to the department and other stakeholders.*

CPNs should:

- *demonstrate strong local leadership, working collaboratively with providers within and across relevant sectors*
- *plan for and facilitate an efficient, equitable and high-quality clinical placement system in their region*
- *monitor the effectiveness of the clinical placement system in their region, in accordance with agreed statewide indicators of performance*
- *prioritise local projects, lead their implementation and share their outcome*
- *support research, development and innovation in clinical placements*
- *collaborate with other CPNs and the VCPC to lead system development and undertake projects of multi-regional or statewide significance*
- *demonstrate appropriate accountability to the VCPC and the department.*

There are five key performance indicators which represent minimum performance for all CPNs:

- documentation of supply and demand per profession in the CPN, including oversupply and undersupply of clinical placements at a local regional level, with data to be provided at the lowest point of aggregation if not available at the geographical level
- documentation of all clinical placement activity in the CPN, including identification of growth in clinical placement activity since the last reporting period
- documentation of actions to engage with all sectors
- documentation of management support for clinical placement providers offered by the CPN
- documentation of support for stakeholders to implement a quality learning environment.

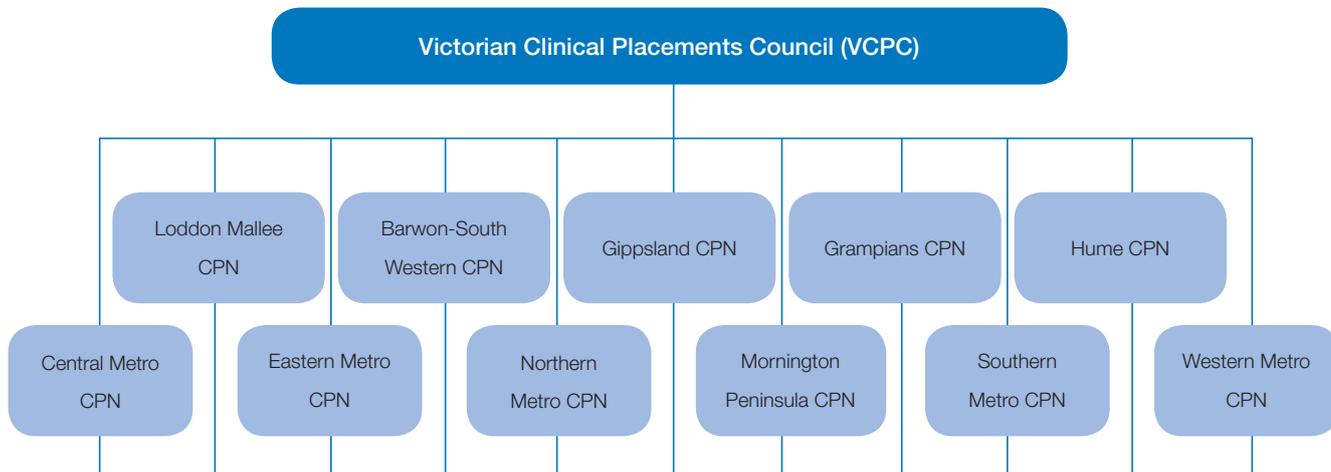
Each CPN has also been allocated funding to undertake priority projects in their region, addressing themes including clinical placement quality (including supervisory capacity), new clinical placement models and inter-professional learning.

At a statewide level, several projects of potential relevance to all CPNs are being led by the VCPC:

- establishment of an electronic system for health services to manage clinical placement information
- collection and reporting of CPN-level information on clinical placements
- facilitation of planning for clinical placements.

Figure 5 below demonstrates the relationship between the VCPC and the 11 CPNs.

Figure 5: Victoria's clinical placement network system



The Department of Health

The department's core objective is to achieve the best health and wellbeing for all Victorians. It has a wide range of functions related to the leadership, funding, operations and development of the public healthcare system and regulation of the private healthcare system. It is responsible for workforce policy and planning in the health and aged care sectors.

CPNs are regionally based and the regional offices of the department have an important role in supporting progress of CPNs in their regions to implement their plans locally, contributing to an integrated healthcare approach to clinical placement governance, planning and development.

Health Workforce Australia

HWA was established in 2010 as an initiative of the Council of Australian Governments to meet the future challenges of providing a health workforce that responds to the needs of the Australian community. It is a Commonwealth statutory authority that reports to the Australian Health Ministers' Conference.

HWA is charged with developing policy and delivering programs across four main areas – workforce planning, policy and research; clinical education; innovation and reform of the health workforce; and the recruitment and retention of international health professionals. HWA will also consider the adequacy and availability of workforce data.

HWA is developing a national training plan to assist Australia in achieving a goal of self-sufficiency in the supply of doctors, nurses and midwives by 2025. The plan will provide the estimated numbers of professional-entry, postgraduate and specialist trainees that will be required between 2012 and 2025 to achieve this self-sufficiency goal.

The department should:

- *in collaboration with HWA and the VCPC, guide and lead a strategic vision for clinical education in Victoria, promote and advance the interests of the Victorian community in quality clinical education and training and foster a culture of capacity building, reform and innovation*
- *support health services to participate in the clinical education and training system and ensure their appropriate accountability for performance*
- *work locally with CPNs to support and monitor achievement of their objectives*
- *collaborate with and support CPNs and the VCPC to design and implement health workforce solutions*
- *support the VCPC to prioritise, lead and implement projects of statewide significance*
- *establish statewide data collections, monitor performance of the Victorian clinical education system and in collaboration with the VCPC implement strategies to support its performance and development*
- *identify emerging national and statewide issues and work with CPNs, the VCPC, HWA and other stakeholders to address them*
- *work with HWA to attract workforce planning and development resources for Victoria*
- *demonstrate appropriate accountability to government and the community.*

The strategic clinical placements plan 2012–2015

Vision

The VCPC's vision for the Victorian clinical placement system is:

Partnerships in clinical placements: improving community health and wellbeing by supporting development of a quality health workforce

Principles

The VCPC has endorsed the following principles relating to the Victorian clinical placement system.

Principles

1. Supporting clinical education and training is a core responsibility for all education and training providers and health services.
2. Clinical education and training resources should be valued, distributed fairly and applied efficiently.
3. Clinical education and training should be evidence based.
4. Clinical placement systems should be integrated across and within disciplines.
5. The best outcomes will be achieved if stakeholders collaborate to identify and implement solutions that meet local needs.
6. Clinical placement systems should be transparent and accountable.

Outcomes

The strategies identified in this plan are expected to lead to the following outcomes:

An efficient system

- Resources allocated to clinical placements are used well.
- Unnecessary complexity is eliminated.

An equitable system

- There are sufficient clinical placements across an expanded range of settings, reasonably accessible to all education and training providers and health students who seek to work in Victoria.
- Funding is fairly distributed and reflects relative costs and contributions.

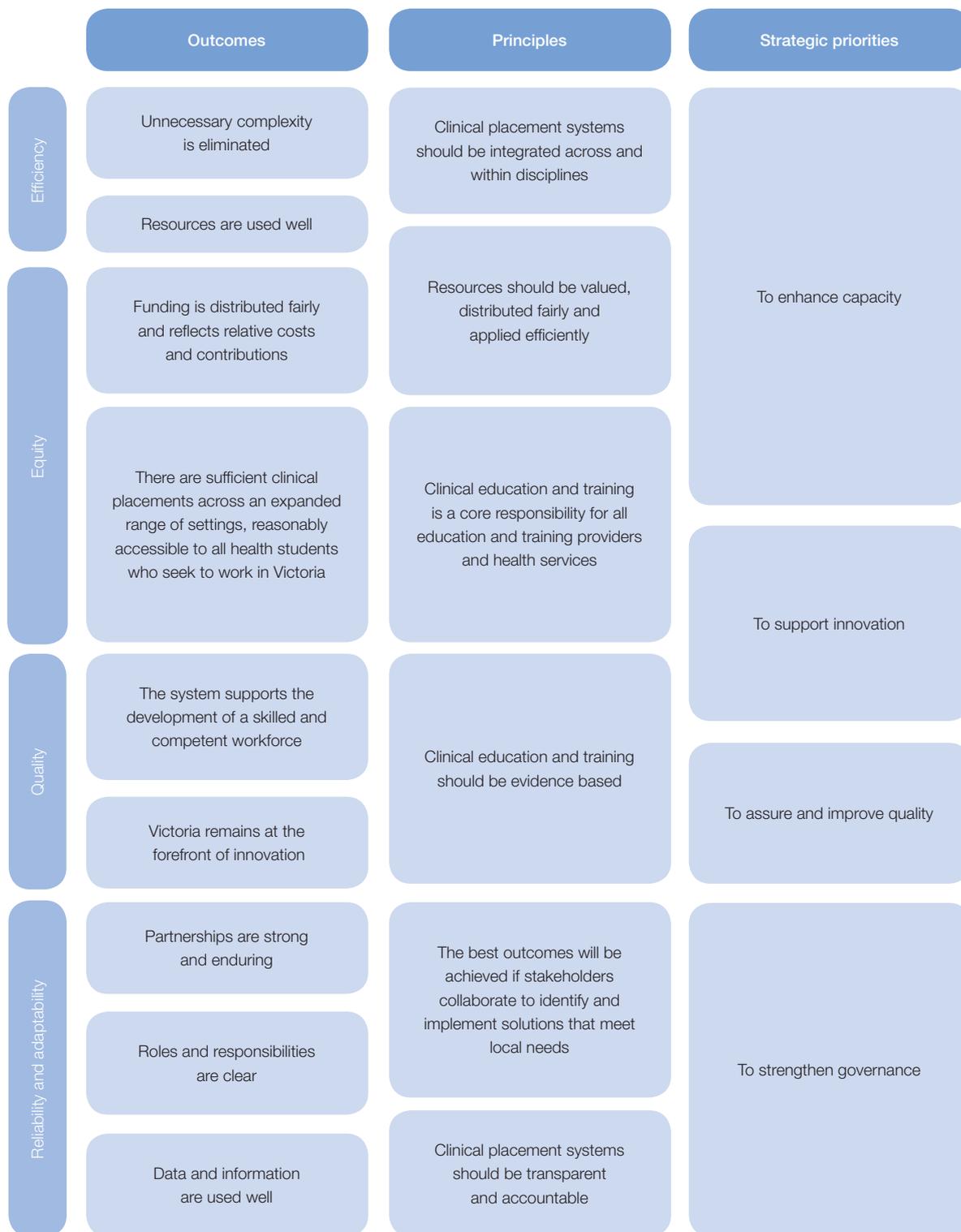
A high-quality system

- The system supports the development of a skilled and competent health workforce.
- Victoria remains at the forefront of innovation in clinical education and training.

A reliable and adaptive system

- Roles and responsibilities are clear.
- Partnerships are strong and enduring.
- Data and information are used well to plan the system and monitor its performance.

Figure 6: Clinical placements 2012–2015 outcomes, principles and strategic priorities



Strategic priorities

To support innovation

Where we were	Where we are	What we aim for
<p>2006</p> <p>Clinical education and training were usually organised on a single-discipline basis.</p> <p>Technologies were rarely used to support clinical education and training, and initiatives were local and not well coordinated.</p>	<p>2011</p> <p>The department has sponsored a number of innovative projects in a range of areas including inter-professional learning and technology-supported clinical education and training.</p> <p>Simulation infrastructure is widespread but its use is not yet optimised.</p>	<p>2015</p> <p>Stakeholders collaborate to develop new clinical placement opportunities and methodologies.</p> <p>State-of-the-art technologies optimally support the management and delivery of clinical education and training in a range of settings.</p> <p>Victoria remains a leader in innovation in clinical placements.</p>

Approaches to clinical education and training are changing. Advances in teaching methods together with new simulation applications and information and communications technologies offer opportunities to educate and train students more effectively and efficiently. Evidence is emerging of the benefits of innovative teaching and learning models, including inter-professional learning.

Victoria aims to stay at the forefront of innovation in clinical placements. Opportunities to advance the science and practice of clinical education and training need to be captured, at both a regional and statewide level.

At a system level, there is a need to move from a predominantly hospital-based system of clinical placements to a more distributed system, with more education and training occurring in a broader range of settings under different organisational arrangements. Innovation in the design and delivery of clinical placement systems is needed if clinical placement capacity and quality are to develop in expanded settings.

The VCPC is strongly committed to implementation of an evidence-based approach to clinical education and training across all CPNs. It recognises the need to sponsor the development of innovative ideas and practices and evaluate and disseminate their outcomes.

Simulation

Simulation refers to any educational method or experience that evokes or replicates aspects of the real world in an interactive manner. Simulation, simulated learning environments (SLEs) and simulation-based education and training (SBET) have been identified by stakeholders as useful mechanisms to increase clinical training capacity and efficiency, without negatively impacting on patient, learner, educator or staff safety.

SBET is increasingly being adopted in healthcare to increase clinical training capacity and efficiency and influence the adoption of new and innovative training techniques. Simulation may involve the use of actors, learners, manikins or part-task trainers to mimic the real life situation.³ Simulation is an important tool for clinical learning that complements but does not replace traditional patient-based learning experiences.

Simulation can incorporate one or more of:

- verbal role playing
- standardised patients (actors)
- part-task trainers (physical; virtual reality)
- computer patients (computer screen; screen-based virtual world)
- electronic patients (replica of clinical site, manikin-based; full virtual reality).

³ bid.

Simulation infrastructure exists in a range of public and private settings in Victoria under diverse ownership and operational arrangements. In 2010 a clinical skills SLE infrastructure review undertaken on behalf of the department noted that most, if not all, CPNs now have adequate infrastructure but most is not fully utilised, predominantly because of staffing limitations and broad stakeholder accessibility constraints. The review recommended that funding needs to be tailored and the use of simulation infrastructure needs to be coordinated across CPNs.

HWA has also identified increasing the use of simulation as a strategic priority and has initiated a \$94 million national program to support the development of SLEs. Through this program approximately \$11 million in capital and establishment funding and \$3.5 million per annum in recurrent funding will be available between 2011–12 and 2012–13 to support SLE development in Victoria. Additionally, HWA is currently developing simulation educator and technician training programs. Further funding will be available to support the implementation of this training in Victoria. The department will manage the allocation of this funding in collaboration with CPNs, the VCPC and HWA.

The VCPC, in collaboration with an expert advisory group, has overseen the development of an SBET strategic plan for Victoria. The aim of the plan is to optimise the use of simulation in clinical education and training of the health workforce. The SBET strategic plan builds on this plan's principles as they apply to simulation and supports the development of HWA's SLE program. Proposals for HWA's SLE funding will be required to align with the strategic objectives of the plan.

Information and communications technology

Information and communications technology (ICT) can support both students and educators in the clinical placement system. There is potential for ICT to be applied to:

- preparing students for placements in different settings
- developing and delivering educational and training materials, to complement the clinical learning experience
- facilitating orientation
- assisting students to access clinical information and manage their learning obligations
- planning, coordinating and administering clinical placements
- strengthening networks of students and educators
- sharing educational material within and between clinical placement sites
- delivering education and training
- facilitating communication between supervisors and students
- supporting off-site supervision models
- continuing education for supervisors.

Innovative ICT projects are occurring at a statewide and CPN level. The VCPC is endorsing the development of a web-based information management system to support local clinical placement administration and planning. The system will be capable of generating reports and will contribute to improving the accuracy of a statewide clinical placements data set. At the CPN level, various value-adding ICT projects are progressing.

Innovative use of ICT in clinical placements should continue at both the CPN level, addressing local needs and testing innovations on a smaller scale, and the statewide level. Strategies to support innovation will need to interface with and complement the department's strategic directions in tele-health. The VCPC will play an important role in supporting CPN-level projects and ensuring their consistency with broader departmental directions, leading statewide projects and ensuring positive outcomes are identified and disseminated.

New models of education and training

Victoria aims to be at the forefront of developing and testing new models of education and training.

The CPNs are leading a range of projects aimed at demonstrating innovation in inter-professional learning and testing and implementing new education and training models, including projects to:

- develop models of inter-professional learning and supervision
- develop preceptorship models
- develop flexible placement models, incorporating student self-rostering
- utilise ICT to prepare students for clinical placements
- implement new models of education and training in out-of-hours and private settings
- implement new supervisor training models
- develop new student learning models including via student-led clinics.

The VCPC will continue to:

- support CPNs to develop, implement and evaluate new models of education and training
- lead statewide projects of significance.

Collaboration and knowledge distribution between CPNs

Each CPN is pursuing different projects within a statewide framework and it is expected that each will develop specialised skills and knowledge about successful approaches to the priorities identified in this strategic plan. Dissemination of that knowledge will be the key to sustainable system-wide improvement.

The VCPC will support the CPNs to evaluate and disseminate the results of their activities to other CPNs and more broadly.

Strategies to support innovation

Victoria aims to maintain a national leadership position for its innovation in clinical education and training. In the strategic period 2012–2015:

The VCPC will:

- support CPNs to develop, test and implement innovative models of education and training across existing and expanded settings
- assist CPNs to disseminate the outcomes of funded projects across the sector
- lead statewide innovative ICT projects and projects to develop new models of education and training where there is potential system-wide benefit
- support the implementation of the SBET strategic plan 2012–2015
- support CPNs to undertake ICT-based projects to address local needs.

The department, in collaboration with the VCPC, should:

- work with HWA to allocate SLE funding in Victoria
- support CPNs to collaborate, sharing knowledge and approaches.

Expected outcomes

The strategies identified above are expected to contribute to the following outcomes:

- Resources allocated to clinical placements are used well.
- There are sufficient clinical placements across an expanded range of settings, reasonably accessible to all students who seek to work in Victoria.
- Funding is fairly distributed and reflects relative costs and contributions.
- The system supports the development of a skilled and competent workforce.
- Victoria remains at the forefront of clinical education and training.

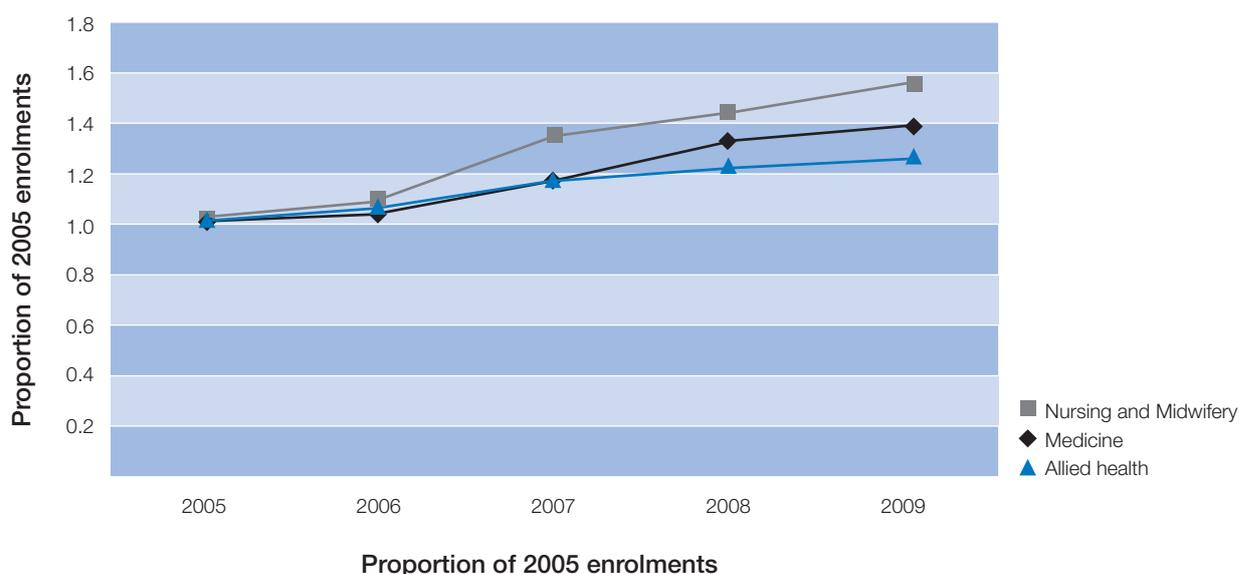
To enhance capacity

Where we were	Where we are	What we aim for
<p>2006</p> <p>19,488 full-time equivalent students were enrolled in health courses (DEEWR, 2007).</p> <p>Most placements were in acute hospital settings in metropolitan and larger regional areas.</p>	<p>2011</p> <p>27,213 full-time equivalent health students are enrolled in health courses (HWA, 2011).</p> <p>Awareness of the need to capture placement opportunities in other settings has grown, and the distribution of students in rural and regional areas has improved.</p>	<p>2015</p> <p>Growth to achieve the requirements for a sustainable health workforce will be informed by the outcomes of the National Training Plan (due for release in 2012).</p> <p>There will be a substantial increase in the number and type of participating health services. Students will be placed in a wide variety of rural and metropolitan settings, across different provider types.</p>

Over the past several years, there has been a progressive increase in the numbers of students enrolled in health courses, with a corresponding increase in demand for clinical education and training placements. Figure 7 demonstrates the proportional increases in student enrolments in Victoria for the period 2005–2009. During that period, there was a 27 per cent increase in the number of allied health students, a 38 per cent increase in the number of medical students and a 54 per cent increase in the number of nursing and midwifery students.

In the past, universities have been funded by a system that caps the number of places for which public funding is provided, but from 2012, other than for medical students (for whom a cap will remain), the Australian Government will fund a Commonwealth-supported place for all undergraduate domestic students accepted into an eligible, accredited higher education course at a recognised public higher education provider.⁴ It is unclear how this change will affect the number of health students requiring clinical placements, and it may variably affect demand in different

Figure 7: Proportional increases in student enrolments in Victoria, 2005–2009



⁴ Australian Government 2009, *Transforming Australia's Higher Education System*.

disciplines. An agile system which is sufficiently flexible to respond to varying demand will be required, as long as that demand is reasonable in the context of responsible planning to meet future workforce requirements.

Stakeholders have made considerable efforts in recent years to improve access by all professional-entry students in Victoria to appropriate clinical placement opportunities. Further increases may not be absorbed readily, without more strategic approaches to planning and capacity building.

In addition, a large and increasing number of students in the VET sector require clinical placements which are currently not subject to specific funding arrangements.

The present system has evolved progressively, with health services and education and training providers forming multiple collaborative partnerships in the absence of any overarching planning framework designed to ensure best use of available resources. Traditionally, education and training providers and health services have collaborated on a bilateral basis, leading to the development of some highly effective partnerships. Some education and training providers who have entered the system more recently, however, have experienced difficulty establishing appropriate arrangements. In addition, the traditional bilateral approach to clinical placements has led to undue complexity in some circumstances, with some stakeholders managing an excessive number of relationships with a correspondingly high administrative burden.

Many stakeholders describe the current system as incoherent and inefficient, with considerable pressure on some health services to accommodate more students during particular periods of the year, while in other periods and settings there is significant unused capacity. Lack of certainty for some education and training providers about the availability of clinical placements results in over-booking and, consequently, wasted resources.

Better planning and coordination, led by the VCPC and CPNs, will improve the efficiency of the clinical placement system by increasing reliability and reducing complexity. In 2011, the department and the CPNs worked with Victorian

stakeholders to trial a new process for clinical placement planning (multilateral negotiations). The process aimed to assist clinical placement coordinators to plan and allocate student clinical placements for the 2012 academic year through a series of collaborative, face-to-face meetings. Evaluation of the 2011 trial will inform the subsequent revision and development of the clinical placement planning (multilateral negotiations) process for future iterations in upcoming placement planning cycles.

The clinical placement planning (multilateral negotiations) process is underpinned by six principles:

- broad participation and inclusion (all clinical education stakeholders in Victoria, including higher education and VET providers, interstate education institutions that place students within Victoria,⁵ public and private health services, aged care providers, mental health services, community health services, Aboriginal health services, general practices and other providers have an opportunity to participate in clinical placement planning)
- transparency and openness
- consistent approach
- collaboration and collegiality
- facilitation, not allocation
- respect for existing relationships.

During the period of this strategic plan, CPNs will seek, through such facilitation and negotiation, to improve the clinical placement allocation process, with a particular focus on reducing unnecessary complexity in relationships between health services and education and training providers and supporting new providers to enter the system. In doing so, they will need to be cognisant of the depth and purpose of relationships between some health services and education providers, which extend in many circumstances beyond clinical placements. Some, for example, encompass important research relationships, which need to be maintained. Finding a balance between supporting existing important relationships and establishing opportunities for new education and training providers will be an important and complex planning, negotiation and facilitation task for CPNs.

⁵ Noting that the primary intent of the strategic plan is to provide for the sustainability of the Victorian health workforce. While some cross-border flows of students are expected, Victorian health services do not seek to prioritise clinical placements for students whose likely future work location is not in Victoria.

Clinical placements have predominantly but not exclusively been undertaken in acute hospital settings. In the future CPNs, supported by the department, will also focus on developing clinical placements in an expanded range of settings including private hospitals and community health, Aboriginal health, small rural health, mental health and aged care services. The objective will be to substantially increase numbers of placements in those settings, which offer significant education and training capacity and can provide health students with a more rounded learning experience and exposure to a broader range of career opportunities.

Recognising that there is a public interest in all health students experiencing clinical placements in diverse settings, each CPN will seek to ensure all health students have reasonable access to quality clinical placements across an appropriate range of practice settings.

The work of the CPNs and the VCPC in clinical placement planning, development and distribution will be facilitated by:

- reliably establishing total health student training numbers, which will be undertaken in collaboration between the health and education sectors at both a state and national level
- reliably understanding Victoria's future health workforce needs, which will be modelled collaboratively at both state and national levels
- development of data-capture tools at regional, state and national levels
- building a clinical placement planning process through negotiation at a CPN level, to match supply and demand
- sponsoring innovative approaches at a CPN level to develop capacity in expanded settings and to disseminate knowledge learnt from those processes across the system
- enhancing and improving funding for clinical placements in expanded settings.

The coordinating work of the VCPC and each CPN will be assisted by better predictions about health workforce needs in each discipline. This predictive work, which is being led by HWA and supported by the department, will assist all stakeholders to assess whether student supply will be adequate to meet future workforce needs and the number of clinical placements required in each CPN region.

CPNs will monitor education and training activity and clinical placement supply in their regions, predict demand and supply mismatches and formulate appropriate responses. The VCPC will monitor and ensure appropriate availability and distribution of clinical placements across the state, and resolve demand and supply challenges at a CPN level.

It is expected that this work at a state and CPN level, which is aimed at both capacity building across the system and better distribution of resources, will enable achievement of a balance between demand for and supply of clinical placements and increasing equity in accordance with the expected outcomes of this strategic plan.

The success of this approach will depend on:

- education and training providers appropriately planning student intakes in the context of the reasonable capacity of the healthcare system to offer clinical placements
- all health services participating actively and in reasonable proportion to their capacity and capability in the provision of quality clinical placements.

This strategic plan emphasises the need for both health services and education and training providers to plan well and participate responsibly in the clinical placement system. It is anticipated that CPNs and the VCPC will play a key facilitation role, promoting responsible participation and assisting to resolve demand and supply mismatches at a local and statewide level as appropriate.

Some education and training providers are concerned about potential additional transaction costs associated with negotiating clinical placements in the primary healthcare sector, noting that many more transactions will be required to achieve the equivalent number of placements that otherwise could be provided in institutional settings. The prospect of developing a brokerage arrangement involving, for example, newly formed Medicare Locals or continuing Divisions of General Practice has been raised. Although not included as a strategy in this plan, transactional costs and complexity need to be monitored and, if necessary, limited, and relevant opportunities may need to be further explored during the strategic period.

There are opportunities to better integrate elements of the clinical education and training continuum, both vertically (within professions) and horizontally (between professions and organisations) to improve utilisation and coordination of resources. Over the period of this strategic plan, the department and the VCPC will further explore the potential to develop more integrated approaches to clinical education and training at an organisational, regional and statewide level.

Although the department is only one of a diverse range of funding sources for clinical placements, its resources need to be applied in a manner that promotes achievement of the strategic priorities identified in this plan. Over the strategic period, the department will work with HWA and other stakeholders to reform the clinical placements funding system so that it supports and rewards clinical placement activity in expanded settings.

Strategies to enhance capacity

Building clinical placement capacity will be critical to Victoria's efforts to maintain a skilled and competent health workforce. In this strategic period:

- The VCPC in collaboration with CPNs will oversee the development of:
 - a standardised data profile for all CPNs, incorporating CPN-level data about a range of factors relevant to clinical placements including health service activity and education and training provider requirements, to support effective clinical placements planning
 - a framework for clinical placement planning, facilitation and negotiation which will be piloted by CPNs in selected disciplines
 - tools and supports to assist stakeholders in the planning process
 - an electronic system for placement provider sites, to manage clinical placement information.
- The CPNs will progressively implement the framework for clinical placement planning, facilitation and negotiation developed by the VCPC across all disciplines.
- The department, in collaboration with the VCPC and CPNs, should:
 - continue to sponsor clinical placement projects in aged care, community health, small rural health, Aboriginal health and mental health services and

the private hospital sector which aim to identify broadly applicable strategies to increase clinical placements in those settings

- commence broader implementation of capacity-building strategies in each of these sectors
- work towards an improved funding system that rewards providers equitably for participating in the clinical placement system
- work towards developing a framework for integration of clinical training within professions (vertical integration) and between professions and organisations (horizontal integration)
- collect data and monitor indicators of health service capacity and participation.

Expected outcomes

The strategies identified above are expected to contribute to the following outcomes:

- Resources allocated to clinical placements are used well.
- Unnecessary complexity is eliminated.
- There are sufficient clinical placements across an expanded range of settings, reasonably accessible to all students who seek to work in Victoria.
- Data and information are used well to plan the system and monitor its performance.

To assure and improve quality

Where we were	Where we are	What we aim for
<p>2006</p> <p>While historically many clinical placements were of high quality, the elements of a quality clinical placement were not defined and quality was not systematically measured or monitored.</p>	<p>2011</p> <p>The department has sponsored the development of the Best Practice Clinical Learning Environment (BPCLE) Framework and in collaboration with the VCPC and CPNs is supporting its uptake.</p>	<p>2015</p> <p>The BPCLE Framework is embedded in all participating health services. There is a uniform understanding of the elements that contribute to the quality of clinical placements. There is strong leadership and appropriate resourcing of clinical education and training in health services. Students can reliably expect a quality placement. Quality is recognised, measured, reported and rewarded.</p>

In 2009 the department published the Best Practice Clinical Learning Environment Framework (the BPCLE Framework), which aims to support the creation and maintenance of positive educational cultures within health services and is expected to improve clinical training experiences for all stakeholders by informing policies, practices and behaviours. It is intended to be broadly applicable across disciplines, models of clinical education and settings from primary care to acute health. It provides guidance in relation to six key elements that are the underpinnings of a quality clinical learning environment. It is not intended to be prescriptive and acknowledges that many effective models of education and training exist and that discipline-specific requirements must be met. It presents a set of objectives and encourages individual health services to explore the most effective and appropriate mechanisms to achieve them.

The BPCLE Framework defines the following six elements of a quality clinical learning environment:

- an organisational culture that values learning
- best practice clinical practice
- a positive learning environment
- a supportive health service-education provider relationship
- effective communication processes
- appropriate resources and facilities.

It is expected that at the conclusion of this strategic period, the BPCLE Framework will be firmly embedded as a common basis for designing, delivering and monitoring the quality of clinical placements in all settings in Victoria.

A number of indicators and measures have been identified for each element of the BPCLE Framework, to enable health services to monitor their performance and to enable external reporting and monitoring. Stakeholders will be supported to implement the BPCLE Framework through work of the CPNs, VCPC and the department.

HWA is developing a national \$28 million Clinical Supervision Support Program (CSSP) under the National Partnership Agreement on Hospital and Health Workforce Reform. It aims to promote high standards of clinical supervision, to extend capacity and capability, and to cultivate public trust in health professional education and training. Strategies developed under the CSSP will focus on under-serviced areas and new settings, such as rural and remote areas, primary care, mental health, Aboriginal health, aged care, dental and private sector settings.

Strategies to assure and improve quality

All clinical placements should meet minimum quality standards and health services offering clinical placements should foster an environment of continuous quality improvement. In this strategic period:

- The VCPC, in collaboration with CPNs and the department, will:
 - support health services to adopt the BPCLE Framework and to collect data relevant to indicators of the quality of the clinical placements they provide
 - identify reliable indicators of the quality of clinical placements
 - collect data and monitor the quality of clinical placements at a system-wide level
 - support projects designed to enhance clinical placement quality, including projects aimed at identifying the needs and effective methods of supporting the clinical supervisor workforce
 - promote best practice supervision models.

- The department, in collaboration with the VCPC and CPNs, will:
 - work with the HWA to access resources and capture opportunities to develop clinical supervision capacity and competence, through the CSSP
 - incorporate education and training facilities into all capital planning.

Expected outcomes

- The strategies identified above are expected to contribute to the following outcomes:
- Resources allocated to clinical placements are used well.
- The system supports the development of a skilled and competent health workforce.
- Victoria remains at the forefront of clinical education and training.
- Data and information are used well to plan the system and monitor system performance.

To strengthen governance

Where we were	Where we are	What we aim for
<p>2006</p> <p>There was no specific governance framework for clinical placements. Neither activity nor quality was measured and relationships were based on history and were not transparent.</p>	<p>2011</p> <p>The VCPC and CPNs have been established and initiatives are underway to establish robust data collection, streamline relationships and monitor quality.</p>	<p>2015</p> <p>The VCPC and CPNs will be robust, high-functioning, stakeholder-led organisations that have strong knowledge of clinical placement structures, processes and outcomes in each region and across the state. Roles and responsibilities will be well understood, there will be strong strategic planning, effective leadership and clear outcome measures, and performance will be monitored and reported.</p>

The importance of clinical education and training in the delivery of quality healthcare is increasingly recognised and necessitates good governance of the system.

Good governance requires:

- strong and accountable leadership
- clarity of roles and responsibilities
- monitoring and reporting of performance
- effective risk management.

The VCPC is the primary body responsible for leading and monitoring the clinical placement system in Victoria. This strategic plan will form the basis for a communications strategy that highlights the vision and strategic priorities for clinical placements in Victoria as well as the roles and responsibilities of key stakeholders.

Establishment of a strong policy framework defining parameters for the management of a system is a key element of good governance. The VCPC will work with the department to establish policy frameworks addressing critical system parameters including funding and performance.

In collaboration with the CPNs, the VCPC will develop a framework to support performance monitoring at all levels of the system – health service or education and training provider, CPN and statewide. The aim will be to develop a balanced performance framework which enables a range of indicators including clinical placement capacity, access, quality and system complexity to be monitored. Many of the strategies identified in this plan will support the development of that framework.

The VCPC will also monitor progress against the strategies and outcomes defined in this strategic plan.

The framework and this plan will form the basis for the VCPC's monitoring of system performance and publication of VCPC annual reports incorporating meaningful information about clinical placement structures, processes and outcomes (including access, activity, quality and system complexity).

The VCPC and the CPNs will need continuing departmental support to consolidate as high-performing entities and to build their capacity to lead, influence and monitor the performance of the clinical placement system. Continuing investment in support and capacity building will be necessary.

There is a public interest in healthcare providers across all settings participating actively in the clinical education and training system, but current levels of participation are believed not to be uniform. Health students contribute to improving quality of care by stimulating a culture of reflection and inquiry. In addition, clinical placements enhance the prospects of future recruitment of healthcare professionals from groups that have experienced positive clinical placements. All public healthcare providers should, therefore, participate actively in the clinical placement system in accordance with their reasonably expected capacity and capability. Public healthcare providers should also establish robust systems of clinical placement governance and management within their organisations.

There is an opportunity to incorporate measures of and to drive participation by public healthcare providers in clinical education and training, through inclusion of relevant indicators in statements of priorities, which establish an agreement between each health service board and the

Minister for Health on priorities and how organisational performance will be measured and monitored. A focus on activity as well as quality should be introduced through these mechanisms.

Strategies to strengthen governance

In this strategic period:

- The VCPC will:
 - develop and implement a communications strategy with a focus on roles, responsibilities and expected outcomes
 - in collaboration with CPNs, demonstrate strong cultural leadership of and advocacy for the clinical placement system
 - advise the department on key policy parameters including those relating to funding and performance
 - lead development of a performance monitoring framework that can be applied at all levels of the system
 - monitor performance against agreed targets and achievement of this strategic plan and develop strategies to respond if performance gaps are identified
 - publish annual reports incorporating meaningful information about clinical placement structures, processes and outcomes (including access, activity, quality and system complexity).
- The department should:
 - continue to strengthen its policy framework for the clinical placement system
 - continue to support capacity building by the VCPC and the CPNs

- support health services to develop their clinical placement governance, management and capacity
- work with the Minister for Health to incorporate indicators of participation and contribution to clinical education and training in health service statements of priorities.

Expected outcomes

The strategies identified above are expected to contribute to the following outcomes:

- Resources allocated to clinical placements are used well.
- Unnecessary complexity is eliminated.
- Funding is fairly distributed, reflecting relative costs and contributions.
- There are sufficient clinical placements across an expanded range of settings, reasonably accessible to all students who seek to work in Victoria.
- The system supports the development of a skilled and competent health workforce.
- Victoria remains at the forefront of innovation in clinical education and training.
- Roles and responsibilities are clear.
- Partnerships are strong and enduring.
- Data and information are used well to plan the system and monitor its performance.

Enablers

Funding support

Activity undertaken to support education and training needs to be adequately funded, to ensure its sustainability. All participating health services need appropriate funding for the operational and capital costs of clinical placements. Historically, funding arrangements have been fragmented and inconsistent in both areas.

Under its commitment to the National Partnership Agreement on Hospital and Health Workforce Reform (Schedule B: Workforce Enablers), the Victorian Government increased the subsidy for student placements to \$35.74 million in 2011–12 (a 95 per cent increase compared with 2009–10).

From 2010–11, payments to health services have been based exclusively on their proportion of total (weighted) clinical placement activity for students enrolled in a professional-entry higher education course of study in medicine, nursing, midwifery and allied health. Placements for 21 disciplines or professions are funded under this arrangement. Placements undertaken by non-Victorian and international full-fee-paying students enrolled in an Australian course are also included. The placement activity of students who, for some disciplines, are in paid employment arrangements is also included if the employed time counts towards the achievement of clinical learning objectives and is associated with supervised clinical support.

Between 2007 and 2012, the department has invested \$53 million in rural health services to provide the capital infrastructure to support growth in medical student enrolments. To complement capital investment, \$5.15 million (ongoing, per annum) is also being invested in rural academic infrastructure. Additionally, HWA has recently provided substantial capital funding to health services to support infrastructure development and support for simulated learning facilities.

The funding system for clinical placements is complex and funding comes from multiple sources including the department, HWA and education and training providers. While the department will work with HWA and education and training providers to facilitate an integrated funding strategy, the department's direct influence on funding for clinical placements is necessarily limited to its own contribution to public health services. The department needs to ensure its funding drives and enables achievement of the outcomes identified in this strategic plan, in particular:

- Resources allocated to clinical placements are used well.
- Funding is distributed fairly and reflects relative costs and contributions.
- There are sufficient clinical placements across an expanded range of settings, reasonably accessible to all education and training providers and health students who seek to work in Victoria.

Consistent with the principles of fair distribution of resources and transparency and accountability, it is recommended that, during the period of this plan, the department, HWA, health services and education providers give consideration to the way in which funding support can stimulate the further development of clinical placements in non-acute settings (for example mental health, aged care, Aboriginal health and community health).

Data and information

Reliable data and information are critical to the effective governance and management of the Victorian clinical placement system. This strategic plan incorporates a number of commitments to:

- establish data and information systems
- utilise the data and information provided by those systems to shape the clinical placement system for the future.

The following initiatives are planned over the strategic period:

- develop a standardised data profile for all CPNs
- develop an electronic clinical placement management system for clinical placement providers
- identify reliable indicators of the quality of clinical placements, collect data and monitor clinical placement quality at a CPN and system-wide level
- develop a performance monitoring framework to facilitate implementation of quality-related data collection and reporting
- publish annual reports on performance at different levels in the system (provider, CPN and statewide).

At the conclusion of this strategic period, it is expected that there will be a strong planning, management and governance system which supports Victoria's clinical placement system, based on robust data which are available in a timely manner and which enable evidence-based decision making.

Conclusion

The ability of Victoria's healthcare system to meet the changing healthcare needs of the community is entirely dependent on the availability of a competent health workforce. While Victoria has experienced workforce shortages in some professions in recent years, there is an opportunity to plan for workforce self-sufficiency over the coming decade. The availability of an adequate number of well-distributed, high-quality clinical placements will be a critical success factor in the achievement of this goal.

Quality clinical placements benefit health students, healthcare services, education and training providers and communities. There is a strong public interest in ensuring Victoria's clinical placement system is well governed and well managed.

Victoria has performed well over the past several years in increasing its clinical placement capacity to accommodate a substantial increase in health student numbers. There is an opportunity in the upcoming strategic period to consolidate this good work by further stimulating the sustainable development of capacity across expanded settings and strengthening the quality of clinical placements in accordance with an agreed quality framework.

This strategic plan has been developed by the VCPC in collaboration with Victoria's CPNs and the department. It establishes a road map for development of the Victorian clinical placement system for the period 2012–2015. Its success will depend on continuation of the strong collaborative culture and systems that have been developed in Victoria involving all stakeholders.

