Clinical Supervisor Support Program (CSSP)
Discussion Paper Submission Template

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Submission Process:

Interested parties are requested to provide a submission addressing each of the policy options raised in the Discussion Paper. Submissions should be emailed to CSSP@hwa.gov.au in Word format only by COB **3 September 2010.**

CSSP Discussion Paper Policy Options and Questions:

General Comments

Catholic Health Australia (CHA) has been a strong advocate of the work of Health Workforce Australia, and as such has been looking forward to seeing the development of policy and delivery of programs across workforce planning, policy and research; clinical education; innovation and reform; and the recruitment and retention of international health professionals.

It has now been a number of years since the original COAG agreement to form HWA was struck, and it appears that on the ground, where services are delivered, progress has been slow, and the distribution of funding to services to support the programmatic areas detailed above, even slower.

CHA were concerned to hear at the ACT forum held (18th August) to discuss the *Clinical Supervisor Support Program Discussion Paper* that the $28 million allocated to clinical supervision may in fact be used to support a select few services in developing appropriate supervision programs, or may be used to conduct further research into what constitutes a good clinical supervision program. Such an outcome would appear to be a departure from the original intent. Such an outcome would also likely result in an even longer delay in the expansion of actual clinical training places.

Not for profit hospital and aged care providers are able to take on more clinical placements. With near to two thirds of all surgical procedures being conducted in non-government hospitals, it makes sense for more clinical placements to be created within appropriate private hospitals. To do this resources are needed in order to fund supervision training and to provide new capacity –in both the public and private sectors, yet a process to ensure a 'level playing field' approach to distribute clinical placement resources across both the government and non-government sectors is yet to emerge.

Specific Comments

CHA as the peak body for Catholic Health and Aged Care services nationally, cannot provide specific comment on operational issues in relation to the *Clinical Supervisor Support Program Discussion Paper*, but can comment generally on the discussion paper.

CHA support the proposed *Clinical Supervision Support Framework* outlined in the discussion paper i.e. the breakup of issues into clarity, quality and culture.

Clarity

- Functions of supervision and role clarity are important, and CHA supports the development of national principles to guide education and training as well as a national statement of role and function of supervision. CHA also strongly supports the development of an agreed national competency framework that defines knowledge, skills and attributes necessary for quality supervision. Consideration should be given to how the agreed competencies will be adhered to by services.

- The development of best practice guidelines for clinical placement agreements between health services and universities will be useful, particularly for services who may be new to taking on students for placement, such as aged care facilities.

- Professor Andrew Robinson from the School of Nursing and Midwifery & Wicking Dementia Research and Education Centre, University of Tasmania, has outlined the **critical elements of a good clinical placement**. The key priority he describes is the establishment of an MOU between the Dean of a University faculty and the CEO of a health or aged care organisation. His research has shown that if the commitment to the placement is at this level then the placement and the expected levels of support outlined in the agreement are adhered to. This is particularly important in the residential aged care environment. CHA recommend this approach be considered in the development of best practice guidelines, and that a model MOU be designed to provide a guide to both Universities and health care providers on what a best practice agreement would look like. CHA is willing to assist in the design of such a model agreement, in part to ensure that it reflect the characteristics considered relevant by non-government hospitals and aged care providers.

Quality

- CHA would support the development of a generic training program aligned to agreed core competencies. However, the not for profit sector, unlike the public sector, are not subsidised by state governments to take students on placement. Whilst teaching students is a large part of CHA member's mission, costs

associated with this are most often absorbed by the organisations themselves. A generic training program would be useful for clinical supervisors, and would be accessed by the not for profit sector, if there was funding available to do so.

- The paper suggests providing funding to either the individual health services to support the delivery of training at the local level, or funding be provided to the **clinical training integrated regional networks** to then establish 'clinical placement support' positions to support clinical supervisors.

    - Both ideas have merit. In terms of expediency the provision of funding to individual health services to support the delivery of training at the local level, is the preferred option.

    - If funding were provided to clinical training integrated regional networks, the NGO sector would seek to ensure transparency of funding. For example, it would be necessary to confirm who would be the fund holder, how networks would ensure that government and non government providers were part of this process and had reasonable opportunity to participate in the network. It has been the not for profit sector experience in the past when discussing these types of collaborative arrangements, that the State government goes ahead and forges the outcomes they want, with other non government services falling in line behind them, or being excluded completely. Any outcome that does not give the non-government sector an equal 'seat at the table' will be one that results on lost opportunity for genuine expansion of clinical placements.

- CHA supports the development of nationally consistent KPIs to measure education and training, and student outcomes and supervision in health services. This would go some way in ensuring consistency in clinical placement experience across the country. How these KPIs are reported is not detailed apart from being part of health service funding agreements. This excludes private, not for profit and NGO organisations.

Culture

- The strategies outlined in the Supervision Environment and Culture section of the discussion paper are all supported by CHA.