Clinical Supervision Support Program Directions Paper

April 2011

Contents

Introduction

The Clinical Supervision Support Program (CSSP) Directions Paper (the Paper) progresses work on implementing reforms to expand clinical supervision capacity and competence as outlined in the 2008 National Partnership Agreement (NPA) on Hospital and Health Workforce Reform. The paper provides a framework for the coordinated and integrated approach to improving clinical supervision capacity across the education and training continuum inclusive of VET sector, professional entry to postgraduate students and vocational trainees.

As outlined in the CSSP Discussion Paper released in July 2010, Australian Governments, in recent years, have recognised the significant challenges that workforce shortages present to the quality and sustainability of Australian Health Care. Since 2006, governments have made significant investments to address these issues and ensure that there will be a health workforce to deliver essential care into the future. A key strategy has been to train more health practitioners to increase workforce numbers. There have been substantial increases in professional entry university places, and an accompanying growth in demand for the associated clinical placements, requiring more supervisors.

The growth in clinical placements occurs in a clinical environment which is increasingly complex and changing. Workforce shortages, greater demand for clinical services, an increased acuity and complexity of patients (both in the hospital setting and the community), and resource constraints can impact on the ability and willingness of clinicians to take on additional student supervision. The challenge is how to expand student supervision capacity in this environment, where clinicians may be already stretched to cope with service delivery pressures and their current student supervision load.

This Paper has been developed to progress the CSSP and includes:

- A National Clinical Supervision Support Framework (the Framework) which focuses on improving the clarity, quality, culture and relationships of clinical supervisors and clinical supervision; and

- A set of key directions to guide the work of Health Workforce Australia, recognising the significant roles and responsibilities that stakeholders have in the successful implementation of each of the directions.

The aim of the CSSP

To expand clinical supervision capacity and competence across the educational and training continuum, inclusive of Vocational Education and Training (VET) sector, professional entry to postgraduate students and vocational trainees, for medicine, nursing and midwifery, dental and allied health professions by supporting measures:

- To prepare and train clinical supervisors; and

- To deliver and develop a competent clinical supervision workforce, which delivers quality training.

Scope

The Paper and Framework consider support for clinical supervisors who supervise students across the educational and training continuum inclusive of VET sector, professional entry to post graduate students and vocational trainees.

It covers health professions including: dentistry, dietetics, medicine, midwifery, nursing, occupational therapy, oral health (specifically dental hygiene and dental therapy), orthotics and prosthetics, pharmacy, physiotherapy, podiatry, psychology, radiation science (specifically radiation therapy, nuclear medicine technology and radiography), social work, speech pathology, audiology, sonography, paramedicine, orthoptics, optometry, exercise physiology, chiropractic, osteopathy and medical (laboratory) science.

Terminology

- Feedback from the stakeholder submissions and forums confirmed that defining the roles and titles of clinical supervisors is not straightforward for a number of reasons. These include:

- There is not an agreed generic title for a person who supervises or mentors a student or trainee on clinical placement.

- Different terms are used by different professions, and sometimes within a profession. Terms also vary across educational institutions. The terms used in Australia are sometimes different from those used in other countries.

- The term "clinical supervision" has a specific meaning in some professions, which is much broader than supervision of students on clinical placements.

- The word "supervisor" is also used in a general sense in the workplace to describe an administrative or managerial function equivalent to a line manager. Some consider that the

connotations of management supervisor are not useful in the educational context, and a different term would be preferable.

- Whilst these issue relate to the term "clinical supervisor", other possible generic or cross profession terms such as a "clinical educator", "practice educator", etc are also already in use with particular meanings.

- There is also great diversity in how supervision occurs for example direct and indirect supervision.

A strongly supported view of stakeholders was for the Paper and Framework to define the functions of "clinical supervisors" and "clinical supervision" and enable the professions to have ownership of the title, rather than trying to develop consistent terminology.

On this basis, for the purpose of this document, the terms "clinical supervisor" and "clinical supervision" will be used to provide consistency with the CSSP Discussion Paper and to align with the language used in the National Partnership Agreement and associated documentation. These terms refer to the relevant nomenclature used within each profession for these functions.

Whenever this document refers to "clinical supervisor" or "clinical supervision" it refers to the educational context of student and trainee learners and not clinical supervision in the broader sense. It covers students and trainees across the learning continuum inclusive of VET sector, professional entry to post graduate students and vocational trainees for the professions listed above working across all practice settings.

The national health workforce agency: Health Workforce Australia

Health Workforce Australia (HWA) is an initiative of the Council of Australian Governments (COAG), and has been established following the development of the 2008 National Partnership Agreement (NPA) on Hospitals and Health Workforce Reform by the Commonwealth and State and Territory Governments to address the challenges of providing a skilled, flexible and innovative health workforce that meets the needs of the Australian community, now and into the future.

HWA reports to Health Ministers and will operate across health and education sectors to devise solutions that integrate workforce planning, policy and reform with the necessary and complementary reforms to education and training.

HWA's functions include:

- The provision of comprehensive, authoritative national workforce planning, policy and research advice to Ministers, Governments and key decision makers in the health and education sectors.

- Improving and expanding access to quality clinical education placements for health professionals in training across the public, private and non-government sectors. This will be achieved through programs that expand capacity, improve quality and other diversity in learning opportunities. This also includes a national network of simulated learning environments (SLE's) to enhance the quality, safety and efficiency of clinical training.

- Developing and implementing a national program of health workforce innovation and reform. This will encourage the development of new models of healthcare delivery, facilitate inter-professional practice and equip health professionals for current and emerging demands on the health care sector.

- Facilitating a nationally consistent approach to international recruitment of health professionals to Australia.

HWA work program areas are progressing a number of projects which overlap with the strategies outlined in the Framework and opportunities for aligning clinical supervision support initiatives will be explored. Projects include:

Clinical Training

Clinical Training Funding Initiative (CTF)

In May 2010, HWA called for proposals from government agencies, (including government health and aged care providers), universities and non government and aged care providers to support the increase in clinical training for professional entry health disciplines for the 2011 academic year.

In October 2010, the Prime Minister Ms Julia Gillard announced the HWA clinical training funding initiative. This program will deliver 1,765,199 additional training days throughout Australia for the major health professions.

The training will occur across a variety of locations and professional settings as follows:

- 11% of the providers will be the non government and private sectors;

- 38% of placement days will be in priority settings such as aged care, oral health, mental health, primary health care and community based services; and

- 23% of placement days will be in rural and remote areas.

This funding round will build to $143.6 million annually in 2013 throughout the country to boost placements for our future health professionals to deliver quality care.

Letters of Offer and Funding Agreements for the recurrent component of the CTF subsidy were sent to 86 organisations from mid January. Signed copies of the Funding Agreements have started to be returned to HWA for execution.

Letters advising of funding amounts for capital and establishment bids were sent to most organisations in mid February. Funding Agreements are currently being constructed for each of these offers.

Simulated Learning Environments (SLE)

The SLE project focuses on equity of access to training using simulation techniques. Access in regional and rural centres will be a priority. Simulation education encompasses both high and low technical training needs and behavioural skills training. Mobile SLEs may also be developed as a means of providing these training opportunities in the more remote locations.

The SLE program is underpinned by a nationally developed and endorsed approach to incorporation of simulation into professional entry curricula. Opportunities for inter-professional learning have been identified. Due consideration will also be given to sustainable business models for the development and ongoing operation of SLEs, to ensure ongoing viability of the SLE programs once they are established and/or expanded. HWA has approached the education sector, accreditation and professional bodies and health services to participate in the development process.

Workforce Planning, Research and Data

Mapping Clinical Placements – Organisation and Capacity

- The Mapping Clinical Placements project will establish an evidence base to inform decisions necessary for the implementation of the COAG reform measures to increase the capacity of clinical training in Australia. The project focuses on the following questions:

- What is the current level of clinical placement activity and student numbers?

- What is the current and projected (2011-2013) demand for and available supply of clinical placements?

- What and where is the capacity for further growth in student numbers and clinical placements?

- What is the ideal size and configuration of Integrated Regional Training Networks and who could host them.

National Workforce Statistical Resource

The COAG reforms included funding for the development of the National Health Workforce Statistical Resource. This is a statistical database with two major components, the National Health Workforce Dataset (NHWDS) and the National Health Workforce Planning Tool (HWPT).

The NHWDS is the database of the Statistical Resource and will contain detailed supply and demand data on Australia's health workforce. It will provide snapshots of health workforce data broken down by jurisdictions, statistical local area and professions.

The National Health Workforce Planning Tool is Australia's first agreed and official national tool to project and model the health workforce that is required to ensure that supply is sufficient to meet demand at both the macro and individual profession levels. The model will assist all levels of government and organisations in health workforce planning. The key principle employed is the use of shared methodologies and data sets to achieve greater data quality and integrity. Currently, workforce planners import their own detailed data sets that describe supply and demand in their workforce into the planning tool. The Statistical Resource will be used to pre-populate the planning tool with jurisdictional data for each jurisdiction.

The Statistical Resource will also hold data from the Australian Institute of Health and Welfare, Australian Bureau of Statistics, Medicare, and the Department of Education, Employment and Workplace Relations, as well as various other sources. This will, for the first time, create a complete picture of the health workforce, its capacity to train workers and the drivers behind both workforce supply and demand.

Training plan for Doctors, Nurses and Midwives

A set of profession and specialty specific training plans will be developed by HWA for nurses, midwives and medical officers to assist in achieving self-sufficiency in these professions by 2025.

The plan will help ensure that Australia is able to meet its future health workforce needs in an increasingly globalised environment.

It is anticipated that this work will be completed by December 2011 to provide the baseline data, which will then be monitored annually to track progress on agreed plans.

The National Health Workforce Planning Tool will be used to determine the training plan for health workers, with the goals and projected training levels based on knowledge of current supply and projected demand within each area.

Modelling will also be undertaken to determine the activity required within the education and training sector to meet the overall training plan.

HWA will consult widely with relevant national professional bodies, medical and nursing colleges, education providers, government agencies and the non government sector to ensure the success of this vital initiative.

Additional information about HWA and its work program can be obtained from the HWA website: www.hwa.gov.au.

Next steps

Stakeholder involvement and engagement is critical to the successful implementation of the key directions outlined in the Framework.

The next stage of the CSSP is to:

- Communicate the proposed Framework and key directions to stakeholders; and

- Work with stakeholders through the planning and implementation stage of each key direction contained in the Framework.

Background

The CSSP consists of four phases. Phase 1 and 2 of the project focused on information gathering and included:

- Initial consultation with Health Departments, public sector, private sector and not for profit health services, and other stakeholders including accreditation bodies, specialist medical colleges, professional associations and regulatory bodies;

- A literature search of recent (2007 onwards) Australian and international current and best practice approaches to clinical supervision of students being trained in health professions;

- A review of requirements for student supervision in accreditation criteria for health professional courses; and

- Analysis of data from a survey the National Health Workforce Taskforce conducted of all universities in relation to clinical placement issues for health courses, including placement supervision.

Clinical supervision issues consistently raised in Phase 1 and 2 of the CSSP included:

- The tension between service delivery and supervision roles

- The need for clearer role definition, including better articulation of the role and function of clinical supervisors and identification of core skills and competencies

- The need for clinical supervisors to have better information about student knowledge and skills and learning outcomes

- The need for training in clinical supervisor skills, and issues associated with access to training such as release and cost, and availability in some circumstances

- Constraints on supervision capacity imposed by infrastructure and physical resources

- The need for explicit expectations and leadership around teaching and learning culture to embed clinical supervision as a core valued activity

- The need to recognise, value and better support clinical supervisors

The Discussion Paper

Phase 3, the CSSP Discussion Paper, was released in July 2010 and explored these issues which were grouped into three key themes relating to clinical supervision in Australia, as follows:

- Clarity regarding the roles and functions of supervision and role clarity

- Supervision development (the competence required by supervisors, consistency in the provision of education and training opportunities and career development, functional supports, and recognition); and

- The supervision environment (physical environment and resources, and organisational culture).

The Discussion Paper provided a number of policy options addressing each of the key themes for stakeholders' consideration. The policy options were targeted at: clarity, quality and culture.

The Discussion Paper was made available on the HWA website and interested parties were requested to make submissions against each of the policy options contained in the Discussion Paper (as set out below) and/or provide any new policy options for consideration. In addition stakeholder forums were held in all capital cities across Australia.

CSSP Discussion Paper Policy Options

Clarity

The objective of this group of strategies was to achieve clarity, agreement and accountability across professions, jurisdictions and educational institutions in relation to the role and function of a clinical supervisor.

- Develop national principles to guide clinical education and training in the health sector

- Develop a nationally agreed statement of role and function for clinical supervisor/supervision

- Develop a national competency framework that defines the knowledge, skills and attributes necessary for quality supervision

- Develop best practice guidelines for clinical placement agreements

- Develop best practice guidelines for student documentation

Quality

Access to training was identified as a key issue impacting on the recruitment and retention of clinical supervisors as well as the quality of the role. The objective of the following strategies was to build local capacity, reduce the tension between service delivery and teaching and to make the most effective use of clinical supervisors' time.

- Align training programs to agreed core competencies

- Provide a support to health service providers to assist with access to training

- Provide funding to the Integrated Regional Training Networks to support clinical supervision improvement

- Develop consistent profession specific clinical placement assessment tools

- Develop national Key Performance Indicators (KPIs) to measure education and training activity and quality in health services

Culture

These strategies aim to recognise and reinforce the value and contribution of clinical supervisors and to enable collaboration within and across professions.

- Implement recognition programs for clinical supervisors (e.g. national awards, scholarships, etc)

- Review support arrangements provided to supervisors by the University sector.

- Encourage health service providers to adopt a philosophy that education is a part of all employees' roles

- Develop online resources accessible to clinical supervisors across professions and the learning continuum

The strategies have been modified slightly from those contained in the Discussion Paper to clarify their intent and take into account stakeholder feedback following consultation.

Stakeholder Forums

HWA held stakeholder forums in all capital cities across Australia from 5-19 August 2010. Approximately 500 stakeholders attended the forums. The feedback received at the forums has been considered in the development of the Paper and Framework.

Stakeholder Submissions

HWA received 134 submissions in response to the Discussion Paper. A list of submissions received is at Appendix A. A Summary of Submissions is set out in Appendix B.

The submissions can be broadly grouped as:

Organisation			
Education providers	62	Professional organisations	29
Health service providers (including jurisdictions)	35	Regulatory authorities	2
Individuals	1	Student organisations	4
Private consultancy	1		

Consultation Responses

Overarching themes from the submissions are drawn out below, followed by a summary of feedback against each of the policy options. The summary provided is based on comments received in stakeholders' submissions which were not necessarily supported by evidence. Issues raised in submissions will be analysed in greater detail in the planning phase of each of the proposals. A more detailed summary of the stakeholder submissions is at Appendix B.

Respondents did not all provide responses to each of the policy options. In some cases responses overlap the policy options and in some cases only general comments were provided.

Overarching Themes

The following overarching themes can be drawn from the submissions and the stakeholder forums:

- The need for a strategic approach that is flexible, inclusive of all sectors, meets future needs and delivers appropriate and transparent funding.

- The need to avoid prescriptive approaches which may discourage health practitioners from taking on the educative role.

- That stakeholder engagement and buy in is critical to the success of any initiatives to support and improve clinical supervision and the agreed policy will need to be incorporated into general clinical training and supervision arrangements.

- That policy should build on and enhance existing strategies to increase capacity and clinical supervision competence in many states and territories.

- That the agreed policy covers the educational and training continuum inclusive of VET sector, professional entry to post graduate students and vocational trainees across the 24 professional areas in all settings.

- That the implementation of any policy initiative is evidence based and rigorously evaluated.

General stakeholder responses to policy options

Develop national principles to guide clinical education and training in the health sector

There was strong stakeholder support for the development of a Framework which includes national principles to guide clinical education and training in the health sector.

Stakeholders generally agreed that the principles need to be flexible, outcome focused, applicable to the local setting, draw on existing principles in relation to clinical supervision and recognise the different models of supervision.

Health Service respondents agreed the Framework needs to consider the broader policy environment and the competing priorities faced by all health service providers.

Stakeholders agreed that the national Framework should align to existing supervision requirements and be embraced by all sectors and the principles should be embedded in all HWA funding agreements.

Stakeholders agreed that it is crucial that the Framework is suitably flexible to allow for innovative local models.

Perceived challenges included stakeholders' willingness to adopt the Framework and the complexity of developing national principles that can be applied across professions, models and settings.

Develop a nationally agreed statement of role and function for clinical supervisor/supervision

There was varying support for this policy option. Generally stakeholders agreed that there is a need to define the functions of clinical supervisors and clinical supervision, however, there was limited support for the development of consistent terminology to describe these functions.

Stakeholders generally agreed that HWA should define the role and allow professions to have ownership of which titles they choose to use.

Perceived challenges include the development of a national statement that is able to describe clinical supervision activities that can be applied across professions recognising the complexity and diversity.

Adoption by all stakeholders was another challenge that was frequently raised by respondents.

Develop a national competency framework that defines the knowledge, skills and attributes necessary for quality supervision across all levels of supervision

There was general support for the development of a consistent overarching approach to supervision competence which integrates the existing profession specific supervision requirements. Stakeholders raised a number of concerns in relation to the range of terminology used in relation to competencies i.e. capabilities versus competencies and attitudes versus attributes which will need to be addressed in the planning phase of the project.

Respondents agreed the competency framework would need to recognise the different levels of knowledge, skills and attributes required across the learning continuum.

There was strong support for the competency framework to include a model of recognition of prior competence and recognition of prior learning and access to general Continuing Professional Development (CPD) points.

There was varying support from respondents for greater coverage of the core competencies in entry to practice courses. A number of respondents agreed that whilst there should be greater coverage of the knowledge, skills and attributes, it should not replace post entry to practice development as the level of skills required increases as the students/trainees move through the education and learning continuum.

Perceived challenges include ensuring adequate funding is available to support development, implementation and ongoing maintenance of the framework.

Develop guidelines for clinical placement agreements and student placement documentation based on best practice

Clinical Placement Agreements

There are clinical placement agreements in place between many universities and health service providers. A number of respondents agreed that the guidelines for student placement agreements should extend to the VET sector and other non tertiary education providers.

Stakeholders strongly supported the development of guidelines that build on best practice for clinical placement agreements that outline the expected level of support provided by health service providers and education providers covering organisation, department and student levels.

Student Placement Documentation

Stakeholders strongly supported the development of guidelines for student documentation of completed professional practice. Stakeholders generally agreed that the guidelines for student placement documentation should include articulated learning outcomes, the context of the clinical placement within the broader curriculum, student information such as history, skill level, past experience and prerequisites to improve administration, training and consistency in assessment.

Perceived challenges included issues associated with the need for increased transparency and clarity with respect to responsibility and processes for indemnity insurance, developing a consistent process for police checks and immunisation, and accessing confidential student information.

Align training programs to agreed competencies

Respondents supported the proposal that training programs should be aligned, as a minimum, to the competency framework as outlined above, providing there is flexibility for different types of trainees and different skill levels.

In addition stakeholders agreed that the training programs should be delivered in a variety of modalities to allow flexibility in achieving skills.

Perceived challenges focused on funding for the development of new training programs and buy-in by stakeholders to adopt the core competencies in existing programs.

Support health service providers to deliver training locally that builds capacity

There was strong support for the provision of support to health services providers to build local capacity.

Stakeholders were supportive of policy options that assist health service and education providers to access and deliver training and provide additional support to clinical supervisors.

Perceived challenges included ensuring that support programs are equitable across professions and work settings, are sustainable and include a transparent process for management and oversight.

Develop consistent profession specific clinical placement assessment tools

There was general stakeholder support for the development of profession specific clinical placement assessment tools, particularly from health service providers who host placements from multiple education and training providers within a profession. A common theme of the submissions is that uniform assessment tools reduce the workload of clinical supervisors.

It was commonly felt that implementation of any profession specific assessment tools should continue to include the provision of training for clinical supervisors.

Common assessment tools have been developed for at least three professions: speech pathology, occupational therapy and physiotherapy with work in the final stages of development/implementation for the nursing professions.

A number of other professions are moving towards common assessment tools which are discussed in more detail in the summary section (Appendix B).

Develop national Key Performance Indicators (KPIs) to measure clinical education and training activity and quality conducted within health services

The development of national KPIs to measure clinical education and training activity and quality in health services, linked to HWA funding grants, or service level agreements, was generally supported by stakeholders.

Stakeholders agreed that to be effective, KPIs would be needed to measure clinical education and training activity through the organization, from leaders to individual units.

A number of submissions noted that the development of any KPIs should add to existing barriers that impede student supervision.

Submissions proposed wide-ranging KPIs focusing on clinical placement activity, financial activity and quality indicators to be considered in the development of this strategy.

A summary of the more common KPIs is provided in the summary section (Appendix B).

Implement recognition programs for clinical supervisors

Whilst there was general support for the implementation of programs that recognise the valuable contribution that clinical supervisors make to the future workforce, caution was raised that national awards may only recognise a very few hard working dedicated supervisors and that there needs to be more recognition of the good work that health service and education providers are doing in terms of clinical supervision and the education and training of the health care workforce.

Respondents generally agreed that programs should recognise clinical supervision at the individual, organisational and state and national levels.

Respondents highlighted the need to balance the award program with the responsibility of all health professionals to contribute to professional education.

Respondents identified that there are a range of local and national recognition programs that currently exist and any additional program should enhance those already available.

A number of stakeholders suggested that HWA collaborate with an organisation already providing recognition programs and develop a program that focuses on both the individual and organisation.

Review support arrangements provided to clinical supervisors by the university sector to enable the introduction of a minimum support scheme

This proposal received varying support from the university sector.

A number of universities advised that there is already a high level of support provided to clinical supervisors which is standardised across undergraduate and postgraduate sectors, with varying levels of honorary appointments, and associated benefits being offered. Other submissions agreed that there was scope to standardise clinical supervisor supports, however extra funding and resources would be required to introduce a standard support scheme.

A common theme of the submissions as outlined by one respondent is that "through a system of standardisation, clinicians and health care providers would have less ability to negotiate with universities around specific supports that might help to address their particular local level needs. Furthermore, universities in their work to secure placements may at times want to try to sweeten their offer to a healthcare agency to present themselves as a more attractive prospect than another university".

An alternative recommendation put forward by a number of respondents was for universities to work towards some shared understanding, resources, teaching materials and minimum support standards rather than a standard support scheme which would enable individual differences and strengths to be retained.

Available funding and resources were seen as a challenge to implementing this policy option.

Health service providers adopt a philosophy that education is part of all health service roles in corporate documentation

There was broad support for the need to recognise that teaching and learning is a core part of health service business in corporate documentation, acknowledging that there will be diversity in its application across settings and disciplines e.g. Visiting Medical Officers in private settings.

Submissions identified that, whilst there is general agreement that teaching and learning is part of health service core business, its recognition in corporate documentation is inconsistently applied.

Stakeholders generally agreed that specific KPIs in the area of education and learning culture would assist in organisational cultural change as well as adding value to education and training.

Perceived challenges included the tensions between service delivery and teaching requirements.

Develop on line resources accessible to clinical supervisors across professions and the learning continuum

There was general support for the development of online resources accessible to clinical supervisors across professions and the learning continuum at the stakeholder forums and in submissions.

A number of general comments focused on the need for a variety of approaches in the provision of supervision support and that online resources, while important, not be the sole form of support provided. Suggestions included mentoring, support networks and individual support.

Perceived challenges included ensuring access for all clinical supervisors particularly those in rural and remote areas and ongoing maintenance requirements.

National Clinical Supervision Support Framework

The National Clinical Supervision Support Framework (the Framework), will be developed as the overarching framework to expand clinical supervision competence and capacity across the educational and training continuum inclusive of VET sector, professional entry to post graduate students and vocational trainees in medicine, nursing and midwifery, dental, and the allied health professions.

The Framework will take into consideration the stakeholder submissions and associated documentation and information gathered at the national stakeholder forums.

The Framework will build on strategies and key directions outlined below which are flexible in their intent, will not impose a one size fits all approach and seeks to complement local initiatives.

Strategy 1

Define roles, responsibilities and accountabilities of key stakeholders involved in the delivery of clinical training and supervision.

Key Directions

- Develop a National Clinical Supervision Support Framework which includes a set of national principles to guide clinical education and training in the health sector

- Develop a nationally agreed statement or statements of the role of clinical supervisors and supervision to be outlined in the Framework

- Embed the clinical education and training principles in corporate documentation and practice including HWA Funding Grants

Strategy 2

Improve the quality of clinical supervision at organisation, service and clinical supervisor levels.

Key Directions

- Develop a national competency framework for clinical supervision that defines quality clinical supervision across all levels and models of supervision

- Align training programs to the agreed national competency framework for clinical supervision

- Develop Key Performance Indicators (KPIs) on clinical supervision as part of overall KPIs to measure education and training activity conducted within health services

Strategy 3

Coordination and consistency of supervision approaches across higher education and clinical training providers.

Key Directions

- Develop discipline specific competency based clinical placement assessment tools where these do not currently exist

- Develop guidelines based on best practice for clinical placement agreements and student placement documentation

Strategy 4

Enhance clinical supervision capacity in the health system.

Key Directions

- Develop a National Recognition Program for excellence in supervision at both organisational and individual level

- Develop guidelines to promote consistent minimum university support arrangements, including academic appointments, entitlements and resources for clinical supervisors

- Provide funding to support increased local capacity through:

  - Funding support for clinical supervisors to access for attendance at courses endorsed by HWA as aligned with the national competency framework for clinical supervision

  - Clinical supervisor support functions within Integrated Regional Clinical Training Networks linked with other support functions agreed to by HWA

- Develop national online resources to support clinical supervisors incorporating the four strategies with links to other sites that may promote and provide teaching resources etc

Strategy 5

Promote continuous improvement and innovation in clinical supervision.

Key Directions

- Develop a grants program to fund proposals put forward by the Integrated Regional Clinical Training Networks to achieve continuous improvement and innovation in clinical supervision

Implementation

Implementation of these strategies will require the involvement and support of many bodies involved in the provision of clinical supervision.

HWA can provide leadership and manage the implementation of a number of the elements of the strategies. HWA will also work with and support other bodies or groups to undertake other aspects of this work.

Where strategies involve the development of cross profession, cross sectoral and cross education continuum it is proposed that HWA would lead this work assisted by its Expert Reference Group, already in place, and include detailed consultation with key stakeholders.

Strategies developed to support an increase in clinical supervision capacity and competence will focus on under-serviced areas and new settings, for example rural and remote areas, primary care, mental health, aged care, dental and private sector settings.

Implementation Plan

The proposed implementation plan for each of the key directions is set out below:

Strategy	Actions	Development	Monitoring / milestones / deliverables
Define roles, responsibilities and accountabilities of key stakeholders involved in delivery of clinical training and supervision	Develop national Framework including principles to guide clinical education and training in the health sector Develop a nationally agreed statement or statement(s) of the role of clinical supervisors and supervision for inclusion in Framework Embed the clinical education and training principles in corporate documentation and practice	HWA to develop Framework and agreed statement(s) of the role of clinical supervisors and supervision Consultation with stakeholders including agreement by stakeholders to include principles and function statement(s) in core documentation National endorsement and inclusion of clinical education and training principles in corporate documentation including HWA funding agreements	KPIs linked to funding agreements
Improve the quality of clinical education at system, service and clinical supervisor level	Develop a national competency framework for clinical supervision that defines quality clinical supervision	Stage 1 – project initiation and preparation Stage 2 – development of competency model Stage 3 – development of education principles Stage 4 – finalise and implement competency framework	Funding grants linked to endorsed training programs

Strategy	Actions	Development	Monitoring / milestones / deliverables
	Provide funding assistance to align training programs to competency framework	HWA offer funding assistance for course development and/or existing course alignment to national competency framework Consultation and collaboration with regulatory/training bodies (e.g. specialist medical colleges, registration boards etc) in relation to accreditation standards as appropriate and CPD recognition	Funding grants linked to endorsed training programs
	Develop KPIs on clinical supervision as part of overall KPIs to measure education and training activity conducted in health services (to occur after the finalisation of other developmental work)	Develop draft KPIs to measure quality outcomes Stakeholder forums and targeted consultation Endorsement by HWA Board KPIs incorporated into accreditation standards and national minimum data set for clinical training	KPIs linked to funding agreements
Coordination and consistency of supervision approaches across higher education and clinical training	Develop common discipline specific competency based clinical placement assessment tools where these do not currently exist	Research and develop assessment tools Develop clinical supervisor training program in use of tools Support implementation of consistent assessment tools across professions	Maintenance of consistency across professions

Strategy	Actions	Development	Monitoring / milestones / deliverables
providers	Develop guidelines based on best practice for clinical placement agreements and student and placement documentation	Develop guidelines based on best practice for clinical placement agreements and for student placement documentation Targeted consultation with jurisdictions, non government providers and universities Endorsement of guidelines Issue and support implementation of guidelines	Continuous review of guidelines and their adoption
Enhance clinical supervision capacity in the health system	Develop a National Recognition Program for excellence in supervision at both organisational and individual level	Develop and fund national recognition program Implementation of program	Annual Award Program
	Develop guidelines to promote consistency in university support arrangements, including academic appointments, entitlements and resources for clinical supervisors	Project funding provided for the development of an agreed approach	Continuous review of agreed framework
	Funding to support increased local capacity • Funding support for clinical supervisors to access for attendance at courses endorsed by HWA as aligned with national competencies	Funding program developed by HWA Integrated Regional Clinical Training Networks develop support and development plans for clinical supervisors	Administration of grants

Strategy	Actions	Development	Monitoring / milestones / deliverables
	▪ Clinical supervisor support functions within Integrated Regional Clinical Training Networks linked with other support functions agreed to by HWA	Funding support for Integrated Regional Clinical Training Networks	Administration of grants
	Development of national online resources to support clinical supervisors focused on HWA programs and linking to other sites that may promote and provide teaching resources etc	Consultation regarding online resource requirements Development of online resources Implementation of online resources	Web maintenance and development
Promote continuous improvement and innovation in clinical supervision	Develop a grants program to fund stakeholder proposal to achieve continuous improvement and innovation in clinical supervision	Funding program developed by HWA Integrated Regional Clinical Training Networks develop proposal Determination of grants	Determination of grants

Appendix A: List of organisations making submissions

ACT Health

Adelaide to Outback GP training

Advancing Clinical Education (ACE) Consortium of staff from La Trobe, Monash and Deakin Universities

Australian and New Zealand College of Anaesthetists

Australian and New Zealand Podiatry Accreditation Council (ANZPAC)

Australian Association of Social Workers

Australian College of Ambulance Professionals Ltd

Australian College of Critical Care Nurses (ACCCN)

Australian College of Mental Health Nurses Incorporated

Australian Consortium of the Education Preceptors

Australian Dental and Oral Health Therapist Association

Australian General Practice Network

Australian Medical Association

Australian Medical Students Association

Australian Nurse Teachers Society

Australian Nursing Federation

Australian Physiotherapy Association

Australian Physiotherapy Council

Australian Private Hospitals Association (APHA)

Australian Psychological Society Student Member

Australasian College of Emergency Medicine

Bankstown Lidcombe Hospital Pharmacy

Bond University

Catholic Health Australia

Centre for Remote Health

Charles Sturt University

Chiropractic Board of Australia

Clinical Education and Training Institute

Confederation of Postgraduate Medical Education Councils

Council of Deans of Physiotherapy

Curtin University of Technology

Deakin University

Department of Health and Families, Northern Territory

Department of Health and Human Services, Tasmania

Department of Health, Victoria

Department of Health, WA

Dietitians Association of Australia

Discipline of General Practice, University of Queensland

Edith Cowan University

Exercise & Sports Science (ESSA)

Finders University

Flinders University Rural Clinical School

General Practice Education and Training Limited

Griffith Health

Griffith University

James Cook University

La Trobe University

Mater Health

Medical Deans

Melbourne University

Mercy Health

Monash University

Murdoch University

National Rural Health Students' Network

North West Slopes (NSW) Division of General Practice Ltd

Northern Health

Northern Sydney Central Coast Health Area Health Service

Northern Territory General Practice Education

NSW Health Department

NSW Health Social Work Advisors Group

Occupational Therapy Advisory Group (OTAG) Qld Health

Optometrists Association of Australia

Osman Consulting Pty Ltd

Physiotherapy Board of Australia

Queensland Centre for Mental Health Learning

Queensland Health

Queensland University of Technology

Royal Australasian College of Medical Administrators (RACMA)

Royal Australasian College of Surgeons

Royal College of Nursing, Australia (RCNA)

Royal District Nursing Service of SA Inc (RDNS)

Royal Hobart Hospital

Services for Australian Rural and Remote Allied Health

Sir Charles Gardiner Hospital

South Australia Health

South Australia Health - SA IMET

South Australian Ambulance Service

Southern Health

Speech Pathology Australia

Spiritual Care Australia

Student Paramedics Australasia, Australian College of Ambulance Professionals

Swan Kalamunda Health Service

Sydney Adventist Hospital

Sydney South West Area Health Service

TAFE NSW

The Australasian College of Dermatologists

The Group of Eight (Go8)

The Royal Australasian College of Physicians

The Royal Australian & New Zealand College of Psychiatrists

The University of Notre Dame Australia

The Wesley Hospital

The Whiddon Group

University of Adelaide

University of Canberra

University of Newcastle

University of New South Wales

University of Queensland

University of Sydney

University of Tasmania

University of Western Sydney

University of Wollongong

Victoria University

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Victorian Clinical Genetics Service

VMA General Practice Training

West Coast Institute of Training

Western Health

Appendix B: Summary of Stakeholder Submission

This appendix provides further summary of the submissions received in response to the Discussion Paper which whilst not identical to the issues raised in the Consultation Responses section do overlap.

Due to the extensive information provided by respondents in submissions and association documentation, not all commentary can be captured in this section. It will, however be considered in the development of the key directions outlined in the Framework. Again, the summary provided is based on comments received in stakeholders' submissions which were not necessarily supported by evidence. Issues raised in submissions will be analysed in greater detail in the planning phase of each of the proposals.

Additional issues raised at the national stakeholder forums, not captured in submissions, are also included in this section wherever possible.

Develop a National Clinical Supervision Support Framework to guide clinical education and training in the health sector

There was strong support for the development of a Framework which includes principles to guide clinical education and training in the health sector with stakeholders agreeing that the principles should not be overly prescriptive and allow for flexibility for local arrangements to be negotiated.

There was general support for the principles to be aligned to clarity, quality, culture and relationships and form part of a national framework that is flexible, outcome focused, applicable to the local setting and recognises the different models of supervision.

Respondents agreed that the development of national principles should consider principles already articulated in relation to clinical supervision requirements.

Respondents highlighted challenges associated with the development of national principles that could be applied across all professions, models and settings and the willingness of stakeholders to adopt the principles and embed them into clinical training requirements.

Respondents provided a number of key actions/areas focusing on the quality and safety perspective:

■ Develop and support a teaching and learning culture

■ Provide access to high quality training for trainees

■ Explore clinical training options in non traditional settings and locations

- Integrate training to improve learning outcomes and make the best use of limited resources

- Evaluate training to foster a culture of continuous improvement

- Ensure equity of access to appropriate and high quality care for patients/clients

- Ensure a sustainable and transparent process for management and oversight

- Guide relationships between students and clinical supervisors over a broad range of learning contexts

Respondents included a range of principles in submissions and associated documents (Appendix C) to be considered in the development of this key direction.

Develop a nationally agreed statement of role of clinical supervisors and clinical supervision

Submissions confirmed that there are a range of terms used to describe the role of "clinical supervisor" such as preceptor, facilitator, educator, mentor, clinical tutor, supervisor, practitioner teachers, supervisors of training, field educators, clinical instructors, clinical support officer, team manager/leader, community contact etc.

Respondents did not support the proposal to develop a single national definition to describe the role of clinical supervisor as it was felt that it would not represent the way clinical supervision currently occurs in Australia. Respondents did however support the development of an overarching statement defining clinical supervisor and clinical supervision activity.

A number of respondents acknowledged that the development of a national statement for "clinical supervisors" and "clinical supervision" is required to facilitate communication across disciplines, organisations and sectors and agreed that a national statement should encompass the different tiers and types of supervision e.g. VET sector, professional entry to postgraduate students and vocational trainees, direct and indirect, formal and informal.

A large number or respondents described the activities of clinical supervision which were generally consistent with those outlined in the Discussion Paper which were, categorised into two themes: "educational functions" and "support and/or managerial functions".

Respondents again, highlighted challenges associated with the development of a national statement(s) that could be applied across all professions, models and settings and its adoption by stakeholders.

Respondents provided a range of documents to be considered in the development of a national statement defining the activities of "clinical supervisors" and "clinical supervision" as set out in Appendix C.

Develop a national competency framework that defines quality supervision across all levels of supervision

Competency Framework

There was general support for the development of a national competency framework for clinical supervision applicable across the learning continuum with a majority of respondents agreeing the competencies identified in the Discussion Paper were consistent across professions.

These included:

- Clinical skills and knowledge;

- Adult teaching and learning skills;

- Ability to give and receive feedback;

- Communication;

- Appraisal and assessment;

- Remediation of poorly performing students; and

- Interpersonal skills.

In addition to the competencies listed above the following skills are some of those highlighted by respondents as being required for supervision:

- Contextual practice

- Community and cultural awareness and public health awareness

- An understanding of adult teaching and learning principles

- Mutual respect

- Reflective practice, role modeling and mentoring

- Be an effective leader and team member

- A commitment to ethical practice, professional conduct and professional development

- Professionalism and ethics

- Supporting personal wellbeing

- Evaluation of the quality of the clinical supervision

- Research methods, computer skills and time management

- Development of evolving professional

- Understanding different learning styles and how to adapt to them

- Behavior modification

- Attitudes

- Case planning and management skills

- Conflict management

- Remedial training for clinical supervisors as well as students

- Effective and appropriate delegation to enhance the learning experience

- Support for students, especially and specifically student advocacy

- Competency assessments for clinical supervisors

- Pastoral skills

A number of submissions referred to the Australian Learning and Teaching Council generic competencies, the Australian Nursing and Midwifery Competency Standards, the Australian Curriculum Framework for Junior Doctors, the Bridging Project Framework, the International Qualified Nurse (IQN) Competency Framework and the Australian Nurse Teachers' Society Nurse Teacher Competencies and a range of other resources which will be considered in the development of this strategy.

Respondents outlined a number of issues with the terminology used in the CSSP Discussion Paper to describe this policy option e.g. capabilities versus competencies and attitude versus attributes, which will need to be considered in the planning process.

Respondents strongly agreed that the allocation of adequate funding to support the development and operation of supervision training programs and schemes is required.

A strong view of all respondents is for the competency framework to include a model of recognition of prior competence and recognition of prior learning and access to general Continuing Professional Development (CPD) points.

Inclusion of supervision competencies in entry to practice courses

There was mixed support for greater coverage of the supervision competencies in entry to practices courses.

A range of professions already include the competencies outlined above in entry to practice curricula e.g. as clinical psychologists, nurses and midwives and junior doctors.

A number of respondents supported greater coverage of the knowledge, skills and attributes however did not agree that it should replace post entry to practice development.

A common theme from respondents who did not support this policy option was "additional competencies are inappropriate at entry to practice level and that education on supervision training may imply a higher level of education than entry level, reducing time available for students to acquire required knowledge for their course" and that including additional aspects into entry to practice courses would render most curricula "hopelessly overloaded and impossible to deliver".

Continuing Professional Development (CPD)

A number of professions such as Physiotherapy, Nursing, Occupational Therapy and a range of medical specialties include education and training in supervision as part of CPD however this varies greatly between professions.

There was strong stakeholder support for the national competency framework to recognise participation as fulfilling CPD requirements.

Develop guidelines based on best practice for clinical placement agreements and student placement documentation

Respondents generally supported the view that standardised agreements would make it easier for students to do placements anywhere throughout Australia and seem to be preferred by most providers. A number of respondents felt that standardised agreements would ensure everyone is operating from the same framework which would minimise significant administrative burden on both education providers and health care agencies who deal with multiple clinical courses and multiple contracts.

Respondents agreed that the guidelines for clinical placement agreements should outline the expected level of support to be provided by both health service providers and education training providers, covering organisational, departmental and student levels.

Respondents generally agreed that the guidelines for student documentation should include articulated learning outcomes, the context of the clinical placement within the broader curriculum,

student information such as history, skill level, past experience and prerequisites to improve administration, training and consistency in assessments.

Respondents raised issues such as the perceived need for increased transparency and clarity with respect to responsibility and processes for indemnity insurance and confidentiality in relation to accessing student records.

Respondents agreed that standardised agreements would need to be flexible enough to allow for different supervision models and contexts of care.

Other general topics suggested in submissions for inclusion on best practice guidelines for clinical placement agreements and student documentation include:

- Maximum number of students per supervisor, or minimum amount of time per student

- Provision of information regarding the placement within a certain time frame prior to its occurrence (contact details etc)

- Minimum standards that the student will have attained before commencing the placement

- Provision of an overview of the theoretical components, requirements and objectives of the placement

- Management of underperforming students processes

- Management of issues with the clinical supervisors

- Provision of training to support the clinical supervisor

- University/training provider and industry clinical placement policies (e.g. harassment, incident reporting,)

Appendix C provides a list of the clinical placement agreements provided by respondents with submissions.

Align training programs to the agreed national competency framework for clinical supervision

Respondents supported the proposal to align training programs to the national competency framework for clinical supervision providing there is flexibility for different types of trainees and for different skill levels.

Submissions identified that training programs should be delivered in a variety of modalities to allow clinical supervisors to have flexibility in achieving the fundamental skills required in the role.

Stakeholders were requested to provide examples of training programs available that address some or all of the competencies outlined in the Discussion Paper which is set out in Appendix D.

Support for health service providers to deliver training locally that builds capacity

The CSSP Discussion Paper recognised there are a variety of ways to support health service and education providers to build local capacity.

Two options put to stakeholders in the Discussion Paper were:

- Provide funding packages to health service and education providers to support the delivery of training (i.e. backfilling of clinical supervisors, payment of course fees, assistance with attendance at courses etc); and

- Provide funding to establish support positions within the Integrated Regional Clinical Training Networks.

Stakeholders were also requested to offer any other strategies that build local capacity for consideration by HWA.

Funding packages to support health service and education providers to deliver training

There was strong support for this policy option however concerns were raised by a number of respondents that often funding does not reach the grass roots where the bulk of the work happens and that it will be critical to design a model that ensures funding is quarantined and used for purpose rather than absorbed into care delivery or general operating budgets.

Respondents generally supported the view that funding strategies need to consider the variable needs of different settings ideally with embedded flexibility against setting specific KPIs for quantitative data analysis to support monitoring.

Respondents agreed that backfilling of clinical supervisors, funding and assistance to attend workshops, peer reviews, groups and similar training activities would be an effective strategy.

Funding support positions within Integrated Regional Clinical Training Networks

Whilst there was limited support for this policy option at the national stakeholder forums, there was greater support in submission responses.

A range of possible options were outlined in relation to the activities of support positions which include:

- Support clinicians, map capacity, provide ongoing support to clinical supervisors, liaise with tertiary education providers and manage clinical placement agreements, numbers and distribution of cohorts across the organisation.

- Coordinate and oversee the placement experience that is an integration of a number of small sites (e.g. NGO's, private practitioner, district hospitals).

- Supervise new graduates who are isolated and required to perform a broad range of clinical services in rural and remote areas.

- Act as conduit between university and health services to ensure that both students and clinical supervisors are supported throughout the duration of the placement.

- Providing training to trainers rather than delivering direct supervision to students.

Respondents generally agreed that funding support positions within Integrated Regional Training Networks should be based on local requirements.

Other strategies put forward for consideration

There were a range of other strategies and proposals put forward by stakeholders in their submissions which focused on:

- Broadening/expanding/developing best practice programs

- Implementing strategies that promote inter-professional practice

- Exploring opportunities for establishing clinical placements within smaller clinical facilities and private practices

- Investing in infrastructure to support the development and implementation of a flexible delivery program for clinical supervisors to undertake.

A sample of projects outlined in submissions include:

- The Establishment of a National Agency to oversee the development and progression of a national framework for clinical education and training with responsibility of setting policies, brokering placements with universities and the sectors.

- A coordinated national approach to standards and training for educational supervision of medical students and doctors-in-training in clinical settings.

- The development of an online national orientation and assessment process for all students attending a placement in a community and or residential care facility.

- Development of profession specific self directed clinical activity books with professional bodies to support adult learning principles.

- Support a national framework to work with universities across Australia and all aged care providers to consider opportunities to take on additional students across all professions.

- Development of clinical placement programs for university student paramedics prior to placement to improve psychological readiness and ensure more realistic expectations.

- Undertake analysis of current supervision provision and development models to research and recommend best practice.

- Consider approaches to individual supervision feedback to guide supervision development and job planning.

- Provision of a training facility that would enable all emergency medical services to come together to pool resources in order to provide generic level training through to specialist level training.

- Provision of funding for professional development courses that can develop the teaching skills of junior doctors and senior clinicians

A number of respondents suggested HWA develop a funding program that would encourage innovation and reform, collaboration and inter-professional practice in clinical supervision.

Respondents strongly supported the view that HWA should look at innovative strategies and drive leadership and best practice, but not seek to centralise and control initiatives which otherwise can be most effectively delivered at a local level.

Develop consistent profession specific competency based clinical placement assessment tools

There was general support for the development of consistent profession specific competency based assessment tools where these do not currently exist, particularly from health service providers who host clinical placements from multiple education and training providers. Respondents agreed that the clinical placement assessment tools should be driven by professions and maintain flexibility.

Respondents strongly agreed that implementation of consistent assessment tools should include the provision of training to clinical supervisors.

The following provides a summary of the profession specific clinical placement assessment tools in use.

Speech Pathology

COMPASS: Competency Assessment in Speech Pathology, or COMPASS, is a competency based assessment tool used by Australian and New Zealand universities to assess the performance of speech pathology students on clinical placements. The tools was developed according to sound educational principles and psychometrically validated through a four year national collaborative research program. This initial paper-based tool was first used in 2006. Universities must obtain a licence from Speech Pathology Australia to use COMPASS. The licence includes access to a resource folder that has hard and electronic copies of the following:

Assessment Booklet: the booklet that the student and his/her clinical educator use to assess his/her performance

Assessment Resource Manual: resources to assist the student and his/her clinical educator to make valid judgments

Technical Manual: A comprehensive set of 3 training modules including PowerPoint slides with the option of voice over, materials for learning activities, and instructions for conducting the training with a group or as s self-study activity.

Occupational Therapy

The University of Queensland has developed a Student Practice Evaluation Form (SPEF) and an associated on-line training program for occupational therapy practice educators. The development and validation of the SPEF occurred over a four year period. The on-line program provides the information an occupation therapy practice educator needs to use the SPEF effectively, and is also designed to be useful for practice placements planning and ongoing student communication. The SPEF is now used in every occupational therapy program in Australia, New Zealand and Singapore.

Physiotherapy

The Australian Learning and Teaching Council funded the development of a new assessment tool, the Assessment of Physiotherapy Practice (APP) to assess practice competencies of physiotherapy students. The tool has undergone a validation process, including testing of inter-relator reliability. Representatives of all entry-level physiotherapy projects were involved in the development and refinement of APP.

Before the development of APP, there were twenty-five distinct assessment tools in use. By May 2009, eight universities had adopted the APP as their only assessment tool, and three more were

planning to adopt the tool within the next 12 months. The project developed a clinical educator resources manual to support the assessment tool.

Nursing

The Australian Learning and Teaching Council funded the development of a generic nursing competencies assessment tool. The tool will rate newly graduating Registered Nurses against the Australian Nursing and Midwifery Council regulatory competencies and employer competencies regarding "reasonable" expectations of new nursing graduates. It will be available to all nursing schools in Australia.

A number of other professions are moving towards the development of national assessment tools. For example:

- The Australian Association of Social Work is "establishing a National Field Education Sub-Committee to develop a national approach to the assessment of clinical placements", and

- The Confederation of Postgraduate Medical Education Councils is "currently working with the Australian Medical Council to develop a national assessment process for interns based on achievement of Australian Curriculum Framework for Junior Doctor learning objectives'.

Develop national Key Performance Indicators to measure education and training activity and quality conducted within health services

Respondents generally supported the development of KPIs to measure clinical education and training activity conducted within health services. Stakeholders agreed that to be effective, KPIs would be need to measure clinical education and training activity throughout the organisation from leaders to individual units.

The following provides common KPI's outlined in submissions:

Clinical Placement Activity

- Number, type, location and length of clinical placement

- Student to supervisor ratio (EFT/FTE)

- Time dedicated to clinical placement activities

- Time devoted to assessment and feedback

- Time available for educational activities (including range and quality of activities i.e. in-service)

- Clinical supervisors who have attended training aligned to core competencies (including Recognition of Prior Learning)

- Workforce involved in clinical education

- Number of clinical placements that are cancelled by the hosting department and/or the universities

- Use of simulation training

- If formal orientation occurs for learners

- Aboriginal entry and graduates and placement considerations

Financial Activity

- Budget dedicated to education and training

- Funding anomalies across professions with a view to providing an equitable approach to education and training financial support

Quality Indicators

- The quality of the supervision experience (measured by both the clinical supervisor in terms of student preparedness for placement and performance during the placement, and by students in relation to student evaluation of placement and student outcomes)

- The impact of education on patient outcomes

General comments suggested that "reporting on the relationship between training and actual supervision activity is required i.e. the number of students supervised by clinical supervisors who have completed training and how this is sustained to see if the training activity is continuing to have an impact". "Attrition of trained clinical supervisors would be important to monitor to see if the overall quality of supervision is being enhanced".

Respondents agreed that the KPIs should be linked to HWA funding grants, accreditation requirements or service level agreements.

Implement recognition programs for clinical supervisors

Respondents supported the proposal to implement recognition for clinical supervisors on the basis that the program recognises both individuals and organisations at state and national levels.

The stakeholder submissions identified that there are a range of local and national recognition programs that currently exist and suggested that any additional new program should enhance those already available. For example:

- Australian Teaching and Learning Council – Citations for Outstanding Contributions to Student Learning, Award Programs that Enhance learning and Awards for Teaching Excellence

- Australian Nurse Teachers Society/Pearson Nurse Educator of the Year Award

- Australasian College of Emergency Medicine Excellence in Teaching Award

- Royal Australasian College of Surgeons Early Management of Sever Trauma Scholarships

- Speech Pathology Australia conducts awards for speech pathology supervisors as voted by students.

- HESTA Superannuation - Nurse of the Year, Graduate Nurse of the Year, and Innovation in Nursing.

- Confederation of Postgraduate Medical Councils – Clinical Educator of the Year, Junior Doctor of the Year and the Geoffrey Marel Medal which recognises a person who has demonstrated leadership and made significant contributions in prevocational training.

- A range of local awards

Review support arrangements provided to supervisors by the university sector to enable the introduction of a minimum support scheme

A number of respondents advised that they have a standardised approach to supporting clinical supervisors however agreed that this approach does have scope to have greater coverage across the disciplines. A number of respondents agreed that having a national framework for clinical supervision competencies and skills will provide an opportunity for a more standarised approach nationally to the training of clinical supervisors and that Universities are well placed to support this process.

Respondents generally favored working towards some shared understandings, resources and teaching materials rather than the implementation of consistent supports for clinical supervisors which would enable universities to maintain flexibility.

Respondents agreed that funding would be required to enable this to occur.

Health service providers adopt a philosophy that education is part of all health service roles in corporate documentation

Respondents broadly support the need to recognise the philosophy that teaching and learning is a core part of health service business in corporate documentation and submissions highlighted that there is inconsistency in corporate documentation currently.

Respondents raised concerns that recognising the philosophy that education is part of all health services roles will not reduce the tension between service delivery and supervision which will only be overcome by appropriate funding, recognition and protected teaching time.

Respondents acknowledged that there are some individuals who do not wish to, or lack the attributes to, participate in clinical education and training and any policy developed should take this into consideration.

There is general support for the inclusion of the education and learning philosophy to be included in individual position descriptions. For example: "it is recommended that this philosophy be included in position descriptions and that clinical workloads (as defined by the health sector) need to factor education load as an integral part of the work allocation".

Develop on line resources accessible to clinical supervisors across professions and the learning continuum

Respondents agreed that the development of any online resources would need to recognise, support and enhance resources already available to support clinical supervisors and one part of a blended clinical education support model. Respondents raised issues in relation to access to the online resources for clinical supervisors in rural and remote areas, and time allocated to enable clinical supervisors to enable them to use the resources provided.

The general response from stakeholders is "teachers need time to develop and practice their educational, feedback and assessment skills. This can only be achieved through activities such as workshops, immersive simulation, practice based assignments and contact with students that values evaluation of teaching coupled with effective continuing professional development. However, an online site would be beneficial as a portal for resources, and as the home of a discussion forum".

Respondents highlighted the following information for consideration in the development of online resources.

Educational material

Adult learning principles and theories

Assessment tools (both student and clinical supervisor)

Core competency modules (including pre-reading, lecture slides etc)

Self directed learning modules

Cultural background teaching methods

Information on effective communication skills, providing constructive feedback and methods to assist remedial students

Information on assisting students with the transition from student to graduate

Information on assisting learners who are re-entering the learning environment

Resources

Repository for articles, journals, books, clinical supervision activities, research and case studies

Linkages to other websites and online resources both national and international

A calendar of CPD national events

Motivational resources

Networks

Ability to network and establish learning groups, a national community of clinical supervisors, access to local experts etc

Discussion boards, blogs, chat rooms, webinars etc

Appendix C: Examples of Supervision Courses

Specific education and training mentioned in submissions include:

- Teaching on the Run

- Learning on the Run, University of WA

- Professional Development for Registrars Program

- Doctor as Educator Program

- Australian Clinical Education Preparation Program

- Preceptor Program - Mater Education Centre

- Clinical Teaching and Learning Program - Mater Education Centre

- Teaching and Learning in Clinical Practice - The University of Tasmania

- The Australian Clinical Educator Program

- Paramedic Course - Edith Cowan University (ECU)

- Foundations to supervision - WA Country Health Service and Combined Universities Centre for Rural Health

- Certificate IV in Training and Assessment – VET

- Vertical Integration in Teaching and Learning (VITAL) Project

- The Advanced Clinical Education Course (Level 1 and 2)- La Trobe University

- Clinical Supervision Unit - University of New South Wales

- Australian Consortium for the Education of Preceptors

- Australian Curriculum Framework Supervisors Assessment Training Module

- Surgical Teachers Course – Royal Australasian College of Surgeons

- Supervisors and Trainers for SET – Royal Australasian College of Surgeons

- Keeping Trainees on Track – Royal Australasian College of Surgeons

- The Leadership and Clinical Education Program – Queensland University of Technology

- Clinical Leadership Program – South Australia Health

- Department of General Practice Supervisor training module – Melbourne Medical School

- Department of Paediatrics clinical supervision program – Melbourne Medical School

- Various Graduate/Postgraduate Certificates and Masters Courses

    - Graduate Certificate in Clinical Education, Monash University

    - Graduate Certificate in Clinical Education, Griffith University

    - Graduate Certificate in Clinical Education, Charles Sturt University

    - Graduate Certificate in Clinical Supervision - Australian Institute of Relationship Studies

    - Graduate Certificate in Nursing – University of South Australia

    - Graduate Certificate in University Learning and Teaching – University of New South Wales

    - Graduate Certificate in Clinical Education – University of New South Wales

    - Graduate Certificate in Supervision in Field Education in Social Work – UniNSW

    - Graduate Certificate of University Teaching – Melbourne Medical School

    - Graduate Certificate in Health Professional Education – Griffith University

    - Graduate Certificate in Health Sciences (major in clinical education) – UQ

    - Postgraduate Certificate in Nursing Education – The Australian Catholic University

    - Postgraduate Certificate in Nursing Education – Charles Sturt University

    - Postgraduate Certificate in Retrieval Medical Clinical Skills – James Cook University

    - Master of Clinical Education - ECU

    - Masters of Clinical Education – Flinders University

    - Masters of Clinical Education - Bond University

A range of other courses (i.e. workshops, in-services etc) were provided by respondents.

Appendix D: Supporting Documentation

The following provides a list of supporting documentation provided with submissions. This list is not exhaustive as a large number of resources were provided within the submission templates or as links to other websites.

Organisation	Supporting Documentation
ACT Health	Deed Between ACT Health and Institutes re Clinical Placement of Students in the ACT
ACT Health	Student Clinical Placements – Orientation to Placement Area Checklist
Australian College of Ambulance Professionals	Submission On Clinical Training: Governance And Organisation For The National Health Workforce Taskforce
Australian General Practice Network (AGPN)	Practice Capacity Template
Australian Medical Association	AMA Position Statement – Clinical support time for public hospital doctors
Australian Medical Association	Supporting prevocational and vocational training through Health Workforce Australia
Australian Medical Association	AMA Junior Doctor Training, Education and Supervision Survey – Report of Findings
Australian Nurse Teachers' Society	Australian Nurse Teacher Competencies 2010
Australian Nursing Federation (ANF)	ANF Policy - Nursing education: registered nurse
Australian Nursing Federation (ANF)	ANF Policy - Nursing education: enrolled nurse

Organisation	Supporting Documentation
Australian Nursing Federation (ANF)	ANF Policy - Midwifery education: registered midwife
Australian Psychological Society Student Member	La Trobe University, School Of Psychological Science, Final Placement Assessment Report From Principal Fieldwork Supervisor
Australian Psychological Society Student Member	La Trobe University, Faculty Of Science ,Technology And Engineering, School Of Psychological Science, Placement Learning Contract
Centre for Remote Health	Agreement Between Flinders University And Agencies with Respect to Placement of Students
CSU, School of Humanities and Social Sciences	Agency agreement for Social Work Practicum in Student's Place of Work
CSU, School of Humanities and Social Sciences	Professional Field Education - Final Learning Plans
CSU, School of Humanities and Social Sciences	Professional Field Education - End of Practicum Report
CSU, School of Humanities and Social Sciences	Professional Field Education - Mid Practicum Report
ClinEdQ, Queensland Health	Best Practice Clinical Learning Environment final draft
ClinEdQ, Queensland Health	Core Allied health capabilities for supervisors and mentors (DRAFT)
ClinEdQ, Queensland Health	Deed between State of Queensland and Tertiary Education Providers
ClinEdQ, Queensland Health	Physiotherapy Heads of Agreement 2009

Organisation	Supporting Documentation
ClinEdQ, Queensland Health	UQ Introduction to Clinical Teaching Modules Outline
Clinical Education and Training Institute (CETI)	Prevocational Clinical Supervision Policy
CPMEC	Comparison of Supervised Practice Guidelines in Prevocational Medical Training
Curtin University of Technology	Physiotherapy Clinical Practice Guidelines
Curtin University of Technology	School of Physiotherapy Clinical Educator Courses 2010
Curtin University of Technology	Evaluation of Clinical Competence Form, Bachelor of Science (Physiotherapy), Master of Physiotherapy (Graduate Entry)
Curtin University of Technology	Fieldwork & Clinical Education Agreement
Deakin University School of Nursing & Midwifery	Student Placement Agreement
Department of Health and Families, NT	Student Placement Agreement
Department of Health and Families, NT	Job Description: Clinical Nurse Educator – Nursing Development Practice Programs
Department of Health and Families, NT	Internationally Qualified Nurses Clinical Remediation Plan
Department of Health and Families, NT	Internationally Qualified Nurses Bridging Program Timeline

Organisation	Supporting Documentation
Department of Health and Families, NT	Internationally Qualified Nurses Competency Assessment Report Bridging Program
Department of Health WA	Business Case: Clinical Team Based Education and Site Placement Management – Nursing Undergraduates
Department of Health WA	Policy Supervision of Junior Doctors
ECU, Faculty of Computing, Health and Science	Occupational Therapy Placement Agreement Student Practicum
ECU, Faculty of Computing, Health and Science	Assessment of Physiotherapy Practice
ECU, Faculty of Computing, Health and Science	First Year Structured Observation Sessions
ECU, Faculty of Computing, Health and Science	Clinical Exercise Physiology Practice Practicum Evaluation
ECU, Faculty of Computing, Health and Science	Bachelor of Exercise Science and Rehabilitation, Clinical Exercise Physiology Practicum
Flinders University	Flinders Field Education Learning Outcomes
Flinders University School of Nursing & Midwifery	Secondment Agreement
Flinders University School of Nursing & Midwifery	A Guide to Clinical Placement
Flinders University School of Nursing & Midwifery	Affiliation Agreement between The Flinders University of South Australia and Venues
Flinders University School of Nursing & Midwifery	Draft Role Statement for Clinical Facilitator

Organisation	Supporting Documentation
Flinders University School of Nursing & Midwifery	Midwifery Practice Record 2010: MIDW1002 Midwifery 1
Flinders University School of Nursing & Midwifery	Midwifery Practice Record 2010, MIDW1007 Maternal and Infant Assessment Skills
Flinders University School of Nursing & Midwifery	Nursing 1, Semester 1, 2010 Clinical Experience Record
Flinders University School of Nursing & Midwifery	Nursing 2, Semester 2, 2010 Clinical Experience Record
Flinders University School of Nursing & Midwifery	Nursing Practice 3, Semester 1, 2010 Clinical Experience Record
Flinders University School of Nursing & Midwifery	Nursing Practice 4, Semester 2, 2010 Clinical Experience Record
Flinders University School of Nursing & Midwifery	Introduction to nursing practice, Semester 1, 2010 Clinical Experience Record
Flinders University School of Nursing & Midwifery	Nursing 5 Semester 1, 2010 Clinical Experience Record
Flinders University School of Nursing & Midwifery	Nursing Practice 6, Semester 1, 2010 January/February Clinical Experience Record
Flinders University School of Nursing & Midwifery	Mental Health Nursing, Semester 1, 2010 Clinical Experience Record
Flinders University School of Nursing & Midwifery	Mental Health Nursing, Semester 2, 2010 Clinical Experience Record
Flinders University School of Nursing & Midwifery	Pre-clinical compulsory declarations 2010
Flinders University School of Nursing & Midwifery	Nursing Practice 6 Clinical Conference Marking Guidelines

Organisation	Supporting Documentation
Group of Eight	Go8 Comments on HWA Discussion Paper
JCU, Faculty of Medicine, Health and Molecular Sciences	Nursing clinical flowchart and program
JCU, Faculty of Medicine, Health and Molecular Sciences	Nursing responsibilities of Clinical Team
JCU, Faculty of Medicine, Health and Molecular Sciences	Placements Portal – Nursing Business Process
JCU, Faculty of Medicine, Health and Molecular Sciences	Nursing educator flowchart
JCU, Faculty of Medicine, Health and Molecular Sciences	Outline of supervisor training activities at James Cook University
JCU, Faculty of Medicine, Health and Molecular Sciences	Medical Journal – A Tale of 3 Hospitals (July 2009)
JCU, Faculty of Medicine, Health and Molecular Sciences	The JCU Physiotherapy Clinical Education Ethos
JCU, Faculty of Medicine, Health and Molecular Sciences	Best Practice Clinical Learning Environment Framework - Victoria (outline)
JCU, Faculty of Medicine, Health and Molecular Sciences	Rural Undergraduate Support and Co-ordination Preceptor Support Report
JCU, Faculty of Medicine, Health and Molecular Sciences	Rural Undergraduate Support and Co-ordination Going Bush Report
JCU, Faculty of Medicine, Health and Molecular Sciences	Work Integrated Learning – A National Scoping Study
JCU, Faculty of Medicine, Health and Molecular Sciences	ClinEdQ Student Orientation Checklist

Organisation	Supporting Documentation
JCU, Faculty of Medicine, Health and Molecular Sciences	"The Mariner", Bachelor of Nursing Science, Undergraduate Student Information 2005
JCU, Faculty of Medicine, Health and Molecular Sciences	Outline of supervisor training activities at James Cook University
JCU, Faculty of Medicine, Health and Molecular Sciences	Deed between James Cook University and Queensland Health
Mater Misericordiae Health Services Brisbane	DEED between Mater Misericordiae Health Services Brisbane And Tertiary Education Providers for Placement of Student Health Professionals
Murdoch University, Health Sciences	Arrangement with WA Health Department for Clinical Psychology Placements
Murdoch University, Health Sciences	Master Of Applied Psychology & Doctor Of Psychology (Clinical) Placement Objectives Contract Guide
Northern Territory General Practice Education	Rural Undergraduate Support and Coordination Program Student Placement Learning Objectives
Northern Territory General Practice Education	NTGPE Clinical Education Training Principle
Northern Territory General Practice Education	Appendix C - GPR Clinical Training Agreement
Northern Territory General Practice Education	RUSC Student Placement Agreement
Northern Territory General Practice Education	RUSC Criminal History Information Letter
Northern Territory General Practice Education	RUSC Criminal History Application

Organisation	Supporting Documentation
Northern Territory General Practice Education	RUSC Immunisation Declaration
Northern Territory General Practice Education	RUSC Accommodation Agreement
Northern Territory General Practice Education	RUSC Emergency Contact Details
Northern Territory General Practice Education	RUSC Student Paperwork Information
Northern Territory General Practice Education	NTGPE Supervision Quality Parameters Policy
NSW Health	Student Placement Agreement for Entry into a Health Occupation
NSW Health (Hunter New England)	Term Supervisors Handbook A Guide to Supervision of Junior Medical Staff
Queensland Centre for Mental Health Learning	Clinical Supervision Guidelines for Mental Health Services
SA Health	SA IMET Comments on HWA July 2010 Discussion Paper
SA Health	Allied and Scientific Health Clinical Training Proposal
SA Health	Fan Model of Allied Health Professionals
SA Health	The SA Health Allied and Scientific Health Office Response to Discussion Paper
SA Health	Deed between Minister and Education Providers

Organisation	Supporting Documentation
SA Health	Access to Electronic Documentation
SA Health	Clinical Documentation By Students
SA Health	Job And Person Specification Clinical Nurse/Midwife (Clinical Facilitation)
Southern Health	Student Clinical Placement Agreement
Speech Pathology Australia	Clinical Education Position Statement
Speech Pathology Australia	Student Deeds Template
Speech Pathology Australia	Charles Sturt University Clinical Placement Agreement
Speech Pathology Australia	Charles Sturt University Clinical Educator Quick Reference Guide
Melbourne, Faculty of Medicine, Dentistry and Health Sciences	Masters Program In Clinical Neuropsychology Second Year Student Placement Guidelines - 2009
Melbourne, Faculty of Medicine, Dentistry and Health Sciences	Setting Students Up To Succeed: A Multi-Faceted Clinical Education Intervention In A Teacher Shortage Environment
Melbourne, Faculty of Medicine, Dentistry and Health Sciences	Semester 12 Gp 2010- Gp Placement Evaluation Form Student Evaluation
Melbourne, Faculty of Medicine, Dentistry and Health Sciences	Melbourne Medical School Clinical Teacher Development Strategy

Organisation	Supporting Documentation
Melbourne, Faculty of Medicine, Dentistry and Health Sciences	Semester 12 Gp 2010– Evaluation By Gp Supervisor
Melbourne, Faculty of Medicine, Dentistry and Health Sciences	Doha Clinic Presentation Oct 2008
Melbourne, Faculty of Medicine, Dentistry and Health Sciences	Clinical Placement Letter Agreement (Dentistry)
UQ, School of Health and Rehabilitation Sciences	Clinical Placement Agreement
UQ, School of Health and Rehabilitation Sciences	SHRS Model of Educator Training
UQ, School of Health and Rehabilitation Sciences	Clinical Educator Support And Recognition Program
Sydney, Office of the Vice-Chancellor and Principal	National Competency Standards for Entry Level Dietitians in Australia
Sydney, Office of the Vice-Chancellor and Principal	NSW Health Student Placement Agreements for Entry into a Health Occupation
Sydney, Office of the Vice-Chancellor and Principal	Questionnaire for Pre-Rural Placement Volunteers
Sydney, Office of the Vice-Chancellor and Principal	Student Declaration
Sydney, Office of the Vice-Chancellor and Principal	Code of Conduct Agreement for Students undertaking Clinical Placements
Sydney, Office of the Vice-Chancellor and Principal	Application for National Criminal History Record Check: Standard disclosure
Sydney, Office of the Vice-Chancellor and Principal	Internship Review Evaluations

Organisation	Supporting Documentation
Sydney, Office of the Vice-Chancellor and Principal	External Placements Handbook 2011
Sydney, Office of the Vice-Chancellor and Principal	Supervision Contract
Sydney, Office of the Vice-Chancellor and Principal	AASW Australian Social Work Education And Accreditation Standards
Sydney, Office of the Vice-Chancellor and Principal	Field Education Handbook 2010 Social Work And Policy Studies
US, Office of the Vice-Chancellor and Principal	Insurance For Students On Work Experience/ Placement
US, Office of the Vice-Chancellor and Principal	SWAHS Position Description Clinical Educator (Social Work)
UnitingCare Health	Agreement between QUT and UnitingCare Health for the Placement of Students
UnitingCare Health	Clinical Program Deed
University of Adelaide	
University of Canberra, Faculty of Health	Clinical Placement of Students agreement
University of Canberra, Faculty of Health	Faculty of Health Clinical & Field Placement Handbook 2010
University of Canberra, Faculty of Health	Pharmacy Practice One, Community Externship Activities, Communication Assessment Tool
University of Canberra, Faculty of Health	Community Pharmacy Clinical Placements, Evaluation Of Student By Supervising Pharmacist

Organisation	Supporting Documentation
University of Canberra, Faculty of Health	Dietetic Placement Manual
University of Tasmania, School of Nursing and Midwifery	Research to develop quality clinical placements in aged care
University of Tasmania, School of Nursing and Midwifery	Modelling Connections in Aged Care – Development of an Evidence Based Model
University of Tasmania, School of Nursing and Midwifery	Modelling Connections in Aged Care – a Systematic Review
UTAS, School of Nursing and Midwifery	Delivering an innovative and mentor based RACF clinical placement programs underpinned by positive organisational culture
UWS, School of Nursing and Midwifery	DoH student placement agreement
UWS, School of Nursing and Midwifery	Clinical Facilitator – Nursing – (Sessional) Advertisement
University of Wollongong	Position Description - Clinical Facilitators
VU, Faculty Of Health, Engineering And Science	Learning In The Workplace & Community Year 5 Clinical Internship
Victorian Clinical Genetics Service/Master of Genetic Counselling	Assessment Tool Master Of Genetic Counselling Assessment: Clinical Practice
Victorian Clinical Genetics Service/Master of Genetic Counselling	Supervisor Report
Western Health	Student Clinical Placement Agreement 2009