

MENTAL HEALTH WORKFORCE
PROFESSIONAL ENTRY
**PRACTICE PLACEMENTS IN
THE COMMUNITY MANAGED
MENTAL HEALTH SECTOR**

A NSW Pilot Study



Scoping Report

Placement
Guide

Placement
Listing

Project Report

e-resource



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When referencing this paper please cite as follows: Mental Health Coordinating Council 2013, *Scoping Report: Mental Health Workforce Professional Entry Practice Placements in the NSW Community Managed Mental Health Sector - a NSW Pilot Study*. MHCC, Sydney.

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This publication is part of the project 'Practice Placements in the Community Managed Mental Health Sector', which was funded by Health Workforce Australia (HWA) through the NSW Health Education and Training Institute (HETI) and Sydney Interdisciplinary Clinical Training Network (ICTN).



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ACKNOWLEDGEMENTS

The Mental Health Coordinating Council (MHCC) promotes people's fundamental human rights. We acknowledge the traditional custodians of the land and value the lived experience of people recovering from mental health issues – both past and present.

This Scoping Report has been developed by the 'Practice Placements in the Community Managed Mental Health Sector' Reference Group.

Thank you to all who have contributed to its development.

Key Advisors on the Scoping Report

The key advisors on the Scoping Report (Lindy McAllister and Malcolm Choat) were drawn from the project Reference Group.

Advisors on the development of the ClinConnect recommendation (Tracey Thornley, Lil Vrklevski and Emily Tartakover) were drawn from the project Reference Group. Elizabeth Schlossberger was the primary contact from ClinConnect.

The insight, clarity, practical advice and the timely, respectful, interprofessional approach of the advisors is highly commendable and greatly appreciated.

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EXECUTIVE SUMMARY

This Scoping Report:

- Is part of the project '*Practice Placements in the Community Managed Mental Health Sector*' which was undertaken from mid-January to mid-May 2013.
- Informs other activities the project team was required to complete during this period including:
 - ▶ develop a practice placement guide for Community Managed Organisations (CMOs)¹
 - ▶ carry out a Practice Placement Pilot (PPP) in mental health CMOs
 - ▶ develop a practice placement listing
 - ▶ complete an evaluation and final report.

Based on analyses of information elicited from a literature scan, stakeholder consultation and Sector Survey, the Scoping Report:

- Considers Higher Education Provider (HEP) requirements for practice placements
- Explores CMO capacity for hosting practice placements
- Makes recommendations in regard to:
 - ▶ practice placement structures
 - ▶ a sustainable model for practice placements in mental health CMOs
 - ▶ resource requirements of the community managed mental health sector to:
 - increase the quantity and quality of placements
 - promote placements in the community managed mental health sector
 - ▶ potential future involvement in ClinConnect.

¹ MHCC uses the term "community managed organisation" (CMO) interchangeably with "not-for-profit" (NFP) organisation. These organisational structures have also historically been known as "non-government organisations" (NGOs).

SUMMARY OF RECOMMENDATIONS

1. General approach to funding

- i. A funding formula equivalent to that used for public and private health services for the provision of practice placements should be applied to CMOs.

2. Resource requirements to increase quantity and quality of practice placements

- i. Funds for (and/or in-kind provision of):
 - a. professional supervisor and/or placement facilitator costs
 - b. placement coordination
 - c. placement educator training, including content such as:
 - ▶ maximising efficiency and maximising student outcomes (balancing student learning and consumer support)
 - ▶ role as manager of the student learning program during practice placement
 - ▶ planning and structuring the practice placement
 - ▶ supervision and education methods
 - d. establishment / capital grants, equipment maintenance
 - e. methods to capture and utilise student data – including student feedback.
- ii. Funding to conduct community managed mental health sector practice placement cost/benefit and productivity analyses (in order to better understand and quantify costs and benefits of practice placements in this sector).
- iii. Evidence-based methods which achieve cost neutrality or benefit for the placement educator's activities during the placement period.

3. Resource Requirements - to promote practice placements

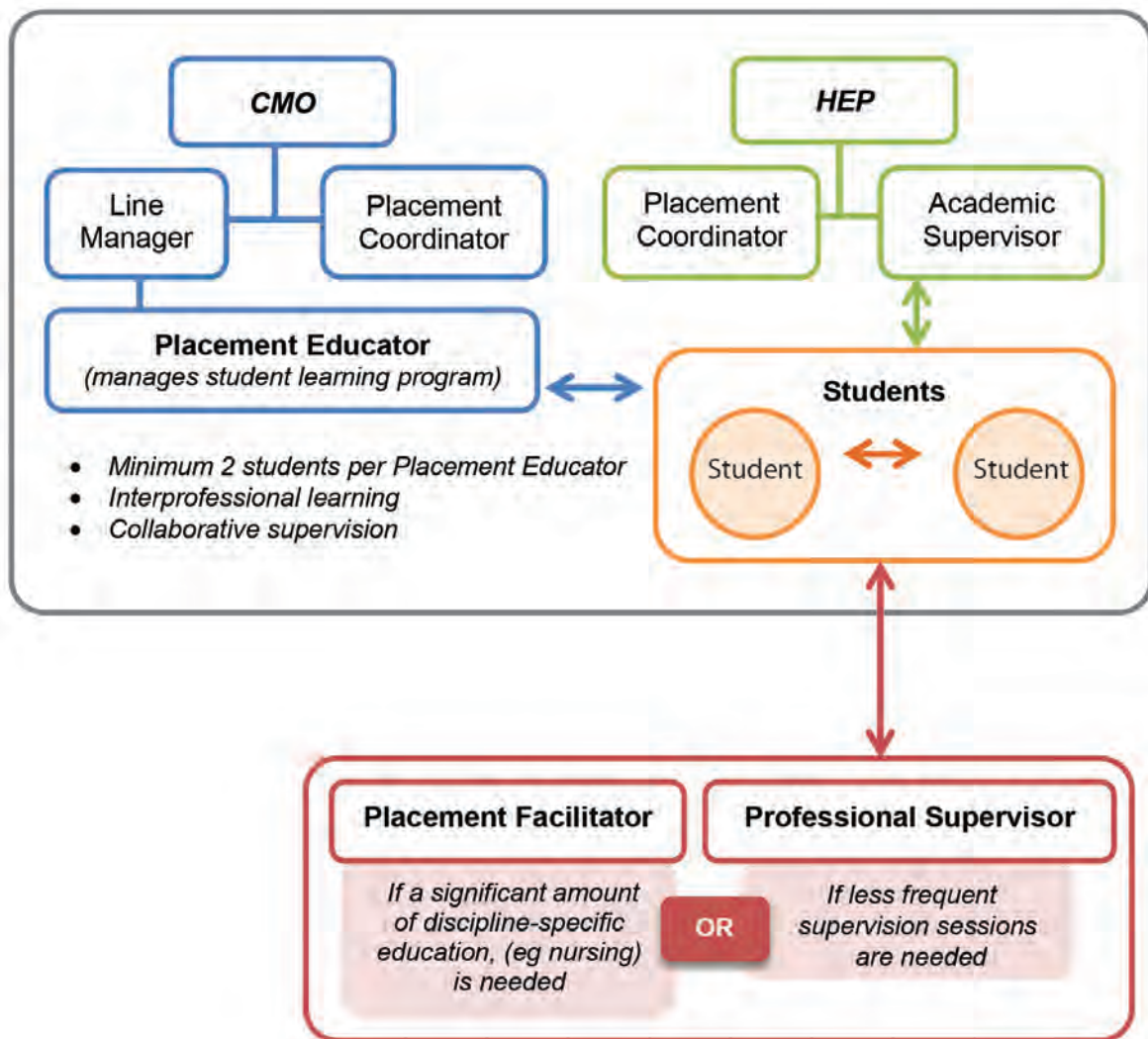
- i. Funds for (and/or in-kind provision of):
 - a. Maintenance / updating of the sector Practice Placement Listing
 - b. Developmental material, e-forums and/or face-to-face forums throughout NSW which bring together HEPs and CMOs.

4. ClinConnect

- i. In-principle support is given for the involvement of CMOs in ClinConnect, subject to:
 - a. ClinConnect functionality being able to accommodate the diverse requirements of CMOs
 - b. CMOs being adequately resourced and supported to utilise ClinConnect.

5. Recommended Practice Placement Structures

i. Structure when placement educator is from the same profession as student



ii. Structure when placement educator is from a different profession to student is the same as above, with the addition of a facilitator or professional supervisor

INTRODUCTION

Moving towards recovery-focused, community-based care and support

Australia is in the midst of a shift beyond hospital-based medical and illness-oriented service delivery models towards more recovery-focused, community based approaches to support people experiencing mental health problems². This may translate to:

- Greater flexibility in service provision, improved accessibility, more timely support, and a broader range of providers from whom we can choose our care and support; and
- Growth in the number of mental health non-government community-managed organisations (NGOs/CMOs) and a larger community sector mental health workforce.

The mental health sector is preparing to strengthen its community based professional workforce; practice placement education - as an essential part of that preparation³ - must be relevant to work practices which are underpinned by a recovery oriented approach⁴.

Preparing the future community based mental health workforce

Health Workforce Australia (HWA), a Commonwealth statutory authority, was established in 2009 to deliver a national, coordinated approach to health workforce reform⁵. HWA provides funding to develop more practice placements for professional entry health education programs⁶.

The NSW Health Education and Training Institute (HETI), a statutory health corporation, was established in April 2012 to support and promote coordinated education and training across the NSW public health system⁷. HETI manages, coordinates and provides oversight of Interdisciplinary Clinical Training Networks (ICTN) in NSW⁸.

Preparation of the workforce may involve a period of practical education and experience ('practice placements') in mental health CMOs during the prequalification phase.

HETI's Interdisciplinary Clinical Training Networks (ICTN) support capacity building in practice placements by providing a forum for planning and dialogue between education providers and health service providers⁹. ICTN funds have been made available for projects aiming to develop innovative models of supervision and training, and which identify practice placement capacity.

The Mental Health Coordinating Council (MHCC) is the peak body representing CMOs working for mental health in NSW and is also a registered training organisation (RTO) specialising in recovery oriented practice workforce development and learning. MHCC is being funded by the Sydney ICTN to undertake a community sector mental health '*Practice Placement Project*' (PPP).

Consortium partners for the PPP are:

- Sydney Local Health District
- University of Sydney
- University of Western Sydney
- University of Notre Dame

2 Health Workforce Australia 2012d; Mental Health Coordinating Council (MHCC) 2010, p. 14
3 Prigg and Mackenzie 2002 and Lloyd et al. 2002 in Overton, Clark and Thomas 2009, p. 294
4 Department of Health and Ageing 2012, draft
5 Health Workforce Australia 2013a
6 Health Workforce Australia 2013b
7 Health Education and Training Institute 2013a
8 NSW Interdisciplinary Training Network 2013
9 Health Education and Training Institute 2013b

About the Practice Placements Project

The primary objective of the PPP is to establish relationships between HEPs and mental health CMOs to increase professional entry practice placement opportunities in the following disciplines: Nursing, Medicine, Psychology, Occupational Therapy, Social Work, Dietetics and Exercise Physiology¹⁰.

The six deliverables for the PPP are (See **Appendix 1**):

- Activity 1 Scoping Report
- Activity 2 Practice Placement Guide for mental health CMOs
- Activity 3 Piloting of placements in mental health CMOs
- Activity 4 List of mental health CMOs available for practice placements
- Activity 5 Evaluation
- Activity 6 Final Report

The Scoping Report

This Scoping Report (Activity 1 of the PPP) is required to inform Activities 2-6 (above) and to consider:

- Current placements within CMOs across disciplines
- Understanding the placement requirements of HEPs in a community managed mental health setting
- Supervision¹¹ requirements and responsibilities of CMOs and HEPs
- Existing placement models, and recommend sustainable placement models
- Capacity requirements of the community managed mental health sector to increase placements
- Barriers to practice placement in CMOs, and strategies to address barriers
- Resource requirements of the community managed mental health sector to facilitate and maintain placements
- Resource requirements to promote placements in the community managed mental health sector
- Recommendation of a sustainable framework that can be replicated in other areas
- Recommendations regarding the inclusion of the community managed mental health sector within ClinConnect.

The Practice Placement Pilot

Practice placements will be piloted and evaluated at four mental health CMOs.

The Practice Placement Guide

The Practice Placement Guide is to be developed and available for distribution to the community managed mental health sector.

CMO Listing for Practice Placements

A list of MH CMOs for practice placements is to be developed and made available to HEPs.

Evaluation and Final Report

This activity is being undertaken in partnership with the Workplace Research Centre (University of Sydney).

¹⁰ ICTN Practice placements Project Information and Proposal, p. 6

¹¹ MHCC 2012

TERMINOLOGY

Consumer¹²

There are a number of terms used to refer to people who access a diversity of mental health services including client, service user (in the UK and NZ), patient and consumer. In Australia the term consumer is most commonly used in policy, service provision standards and guidelines, state and national plans, and research and advocacy papers to describe a person with the lived experience of persistent mental health problems.

In the NSW Mental Health Act 2007 the term used is 'patient'. A person engaging with the public mental health system, held in a voluntary or involuntary capacity, or receiving care and treatment under a Community Treatment Order is considered to be a 'patient' under the Act.

Each of the terms used in a particular context has its own history and connotation for particular groups and individuals. Some terms are felt to be stigmatising and discriminatory. None adequately portray an individual's experience or truly reflect the relationship between recipient and provider of services under the philosophy of recovery oriented practice. The term 'patient', for example, tends to imply a passive recipient of medical 'expertise'¹³, whilst 'client' has the connotation of a professional, transactional relationship¹⁴. The term 'user' is commonly rejected because of its other meaning in relation to drug use. However, the consumer movement in New Zealand has recently moved towards using the term 'service user' in preference to consumer. The term 'consumer' may be preferred by others as it implies 'choice'.

Whilst individual preferences in terminology are acknowledged, MHCC has chosen to use the term 'consumer' because this is most frequently used term by leading consumer advocacy organisations in NSW. We also choose the term as it relates to the objectives set out in mental health principles, standards and service delivery guidelines describing the rights and obligations a consumer has to actively participate in decision making processes and planning of their care and treatment.

Practice Placement¹⁵

Traditionally, the word 'clinical' has been associated with a medical model of treatment and care. The clinical model focuses on assessing a person's symptoms, and treating them systematically. CMOs deliver both 'clinical' and 'non-clinical' services.

However, the term 'non-clinical' has decreasing usage as it fails to give due recognition to the importance of looking at individuals holistically; using a recovery oriented approach that takes into account social context and other factors that impact on an individual's wellbeing (e.g., social connectedness; meaningful employment or activities; secure housing; and access to a range of services) as well as maximising consumer autonomy in all aspects of care.

As such, rather than use the term 'Clinical Placement' to refer to the student placement period in a CMO, this paper uses the term 'Practice Placement'.

12 MHCC 2012, p. viii

13 Axten 2002; White & Epston 1990

14 Axten 2002

15 Adapted from MHCC 2012, pp. vii-viii

*Recovery Orientated Practice*¹⁶

The Australian National Standards for Mental Health Services 2010 describe the principles of recovery oriented mental health practice from the perspective of the individual with mental illness (adapted from the Recovery Principles outlined by the Hertfordshire Partnership NHS¹⁷ Foundation in the UK).

In this context, recovery means gaining and retaining hope, understanding one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.

Recovery oriented practice ensures that services are delivered in a way that recognises the uniqueness of the individual, provides real choices, promotes and protects rights, supports with dignity and respect acknowledging that each individual is an expert in their own lives, offers realistic ways to help people realise their own hopes, goals and aspirations and enables them to track their own progress.

A detailed glossary is provided on page 48.

16 MHCC 2012, p. xi

17 National Health Service, United Kingdom

METHOD

In order to provide an inclusive, meaningful approach to the scoping report, MHCC undertook a brief review of contemporary material on practice placements, and carried out as much consultation with stakeholders as possible given the time constraints of the project.

Literature Scan

The following types of literature were briefly reviewed:

- Project background documents
- Published, peer reviewed journal articles
- Government documents and reports
- University Practice Placement Guidelines, samples and webpages
- Other internet-based (grey) literature.

Please see the Reference section for further details.

Consultation

Consumer and Carer Representation

The *Practice Placement Project* Reference Group included a consumer representative and a carer representative.

Consortium Partners

The three HEP partners and the Local Health District (LHD) partner noted in the Project Proposal were consulted to ascertain perspectives on:

- Planning for the placement pilot
- Roles and expectations
- Preparation of the Placement Educator
- The draft Community Sector Survey.

Higher Education Providers - Practice Placement Coordinators

University-based practice placement coordinators were identified and consulted to ascertain perspectives on placement planning, roles and expectations.

Community Managed Organisations (CMOs)

CMOs were consulted in regard to:

- Becoming a host organisation for the placement pilot
- Needs, expectations and suggestions for practice placements (Community Sector Survey responses are reported in [Appendix 6](#)).

ClinConnect (NSW Ministry of Health)

ClinConnect is a newly developed web-based application which assists NSW health services (LHDs and networks) and education providers to manage practice placements for Nursing and Midwifery, Dental and Oral Health, Allied Health and Medical students. It is used for booking placements in Nursing & Midwifery, Allied Health and Dental & Oral Health and will be used to record placement and student details (including compliance with legal and immunisation requirements) for all health disciplines including Medicine¹⁸ (Medicine placements are not booked through, but student verification is recorded in, the ClinConnect system).

¹⁸ NSW Ministry of Health 2012a

ClinConnect was approached for their perspective on potential inclusion of the CMO sector within ClinConnect in the future.

Workplace Research Centre (WRC)

The Workplace Research Centre (based at the University of Sydney Business School), which carried out Activities 5 and 6 of the *Practice Placements Project* (Evaluation and Final Report), was consulted on the draft Community Sector Survey, *Scoping Report*, practice *Placement Guide*, *Placement Listing* and on the overall approach to the project.

Psychiatric Disability Services of Victoria (VICSERV)

VICSERV carried out a Student Placement Project for 12 months over 2010-2011, which aimed to contribute to an increased capacity of CMOs to provide practice placements¹⁹.

MHCC sought VICSERV's advice, and considered VICSERV's *Student Placement Project Survey Report and Student Placement Project Final Report*, during the developmental stages of the Community Sector Survey and *Scoping Report*.

The Community Managed Sector Survey ('Sector Survey')

Development

The Sector Survey was developed in consultation with MHCC staff and the Workplace Research Centre. The consortium partners and their initial nominated practice placement coordinators were asked to provide comment on the survey during its development.

Distribution and response

The Sector Survey was distributed to all MHCC member organisations via a link to Survey Monkey. A total of 13 valid responses were received.

Results

The results cannot be considered to be representative of the sector, but are useful when considered as a consultative mechanism. Where practical, results are incorporated into relevant parts of the Scoping Report. Full results of the Sector Survey are shown in **Appendix 6**.

¹⁹ Psychiatric Disability Services of Victoria VICSERV 2010.

EXISTING PRACTICE PLACEMENT MODELS

Traditional and contemporary practice placement models identified in the literature scan are summarised and described in Table 1.

Table 1. Existing Placement Models

TRADITIONAL ²⁰
<ul style="list-style-type: none"> ■ Direct supervision by an on-site Practice Educator, with the student practicing skills and performing tasks within a specific discipline. ■ A one-to-one ratio of Practice Educator to student.
FACILITATIVE ²¹
<ul style="list-style-type: none"> ■ Direct and indirect supervision are provided by a Placement Facilitator. ■ Up to a one-to-eight ratio of practice educator to students.
COLLABORATIVE (PEER ASSISTED LEARNING) ²²
<ul style="list-style-type: none"> ■ One practice educator supervises two or more students. ■ Self-directed and peer learning are emphasised.
ROLE-EMERGING ²³
<ul style="list-style-type: none"> ■ Student explores the potential for a professional role in their clinical discipline, and establishes and implements aspects of that role. ■ Supervision is provided: <ul style="list-style-type: none"> ▸ directly, by a Practice Educator from a different discipline to that of the student AND ▸ indirectly, by an off-site Practice Educator who is qualified in the same discipline as student.
PROJECT ²⁴
<ul style="list-style-type: none"> ■ The completion of a project, developed to address needs identified in collaboration with the host organisation by students (working independently or in pairs/groups) during the practice placement. ■ Direct supervision is provided by: <ul style="list-style-type: none"> ▸ an on-site Placement Educator OR ▸ an on-site Placement Educator from a different discipline to student, AND indirect supervision provided off site by a practice facilitator who is qualified in the same discipline
INTER-AGENCY ²⁵
<ul style="list-style-type: none"> ■ Placement is part-time in both traditional health and CMO settings. ■ May experience traditional and role-emerging models.
SHARED ²⁶
<ul style="list-style-type: none"> ■ Supervision of a student may be shared between two practice educators (each may have a different practice focus) within a workplace.
INTERPROFESSIONAL ²⁷
<ul style="list-style-type: none"> ■ Students from two or more professions interact with each other (or with qualified health professionals), enabling them the opportunity to learn with, from and about each other, in the provision of person-centred support and service development. This involves learning how to work collaboratively with others as well as how to learn from others to improve work practices.

20 Overton, Clark & Thomas 2009, p. 295; NHS Education for Scotland 2007, p. 12.

21 University of Notre Dame Sydney 2013b and University of Sydney 2013, MHCC consultation notes; NHS Education for Scotland 2007, p. 13.

22 O'Connor, Cahill & McKay 2012.

23 NHS Education for Scotland 2007, p. 26; Overton, Clark & Thomas 2009, p. 296.

24 Overton, Clark & Thomas 2009, p. 296.

25 Queensland Occupational Therapy Fieldwork Collaborative 2007.

26 NHS Education for Scotland 2007, p. 18; Queensland Occupational Therapy Fieldwork Collaborative 2007

27 Adapted from the University of Western Ontario p. 2; NHS Education for Scotland 2007, p. 30; personal communication with Gillian Nisbet, USyd, 2013.

Consideration of approaches to practice placement

The models briefly described in Table 1 indicate there is a vast range of approaches to, and variables within, practice placement, such as those in Table 2.

Table 2. Approaches to, and variables within, practice placement

a) Primary purpose	discipline-specific and interprofessional learning
b) Primary activity	service delivery and service development
c) Location	traditional health facility, private health provider, CMO
d) Length	from one day to 10 months; part-time and full-time
e) Students	
▶ capability	from novice to highly experienced
▶ student : educator ratio	from 1:1 up to 8:1 (and student co-location)
▶ learning style	educator-directed, peer-assisted, self-directed
▶ learning partners	other students and health professionals
f) Supervision	type (direct, indirect), style, location (off-site, on-site)
g) Placement Educator	
▶ profession	same as, or different to, the student
▶ role expectation	oversight, education, and/or assessment of student
▶ support	education, mentoring, guidance from CMO and/or HEP
h) Placement Facilitator	supervision of student, role expectation, support

The University of Wellington²⁸ describes various types of practice placements which are categorised under service development and service provision, in Table 3.

Table 3. Service provision and service development placements

SERVICE PROVISION	SERVICE DEVELOPMENT
<ul style="list-style-type: none"> ■ 'Clinical/practice' placement ■ Education focused placement 	<ul style="list-style-type: none"> ■ Policy placement ■ Quality assurance and evaluation placement ■ Practice development and implementing change placement ■ Research focused placement

Service development activities could be incorporated into CMO practice placements providing they support student learning outcomes.

Maximising Opportunities for Interprofessional Education (IPE)

An analysis of preregistration IPE in health occurring in the Australian higher education sector during 2011/12 found that there²⁹:

- Are considerable development opportunities for IPE in Australia
- Is strong support for embedding and developing IPE as a central part of the curriculum of all health professions.

CMOs are well positioned to provide opportunities for IPE, and can embed IPE into all practice placements.

²⁸ University of Wellington 2012, pp. 7-9.

²⁹ The Interprofessional Curriculum Renewal Consortium Australia 2013, p. 10.

COMMUNITY MANAGED MENTAL HEALTH SECTOR

The community managed mental health sector complements the work of public and private mental health service providers, drug and alcohol services, and other health and community sectors^{30 31}, and comprises a diverse range of CMOs which vary according to factors such as:

- Degree of mental health specialisation
- Organisational structure
- Program range
- Funding source
- Size
- Workforce
- Developmental stage
- Partnership arrangements.

Degree of mental health specialisation

CMOs have been categorised from most specialised to most generalised as follows³²:

- Type 1 – providing mental health programs only;
- Type 2 – providing mental health programs in addition to other programs; and,
- Type 3 – providing mental health support but no specific mental health programs.

Recent changes

Recent changes in the NSW community managed mental health sector include³³:

- Clear growth in community mental health service delivery by non-mental health specific organisations (i.e., consistent with “mainstreaming” directions under the National Mental Health Strategy);
- A significant increase in accredited CMOs; and,
- Routine inclusion of quality review processes most notably with increased use of client outcome measurement data collections.

Community managed mental health sector capacity

MHCC³⁴ describes a *community managed mental health sector capacity framework* (see [Appendix 5](#)) which includes:

- Consumer Experience (program range and responsiveness)
- Service Provision (organisational capacity)
- Policy and Planning (planning, funding and evaluation)
- Research and Development (innovation and growth).

30 HWA 2012d.

31 Community Mental Health Australia (CMHA) 2012.

32 MHCC 2010 p.29.

33 MHCC 2010, p. 88.

34 MHCC 2010b, p. 148.

Is the community managed mental health sector equipped to provide practice placements?

Based on the sector capacity framework, it is recommended that the following issues be considered when decisions about practice placements are being made:

a. Consumer Experience (program range and responsiveness)

Will practice placements contribute to (and not detract from) accessible, relevant, well-coordinated, recovery oriented mental health programs?

b. Service Provision (organisational capacity)

Do individual CMOs have sufficient organisational capacity to provide practice placements?

Organisational and financial skills

- Is the budget well-managed?
- Are contractual agreements fulfilled?
- Have insurance liabilities been considered and covered?
- Are partnerships established and mobilised for practice placements?

Systems and infrastructure

- Are policies and procedures in place for partnering, professional development and practice placements?

Physical and financial assets

- Is there enough physical space (e.g., desk), and is a computer and phone available (if needed)?
- Are funds available for additional expenditure associated with practice placements?

Human Resources

- Are staff supervising practice placements:
 - skilled and qualified? Experienced?
 - well-supported? Allocated enough time to devote to work and students?

c. Policy and Planning (planning, funding and evaluation)

- Are the following in place to support practice placements?
 - transparent funding mechanisms?
 - inter-sectoral policies and plans?
- Are practice placements evaluated:
 - at individual and at broader levels?
 - against how they contribute to organisational goals and outcomes?

d. Research and Development (innovation and growth)

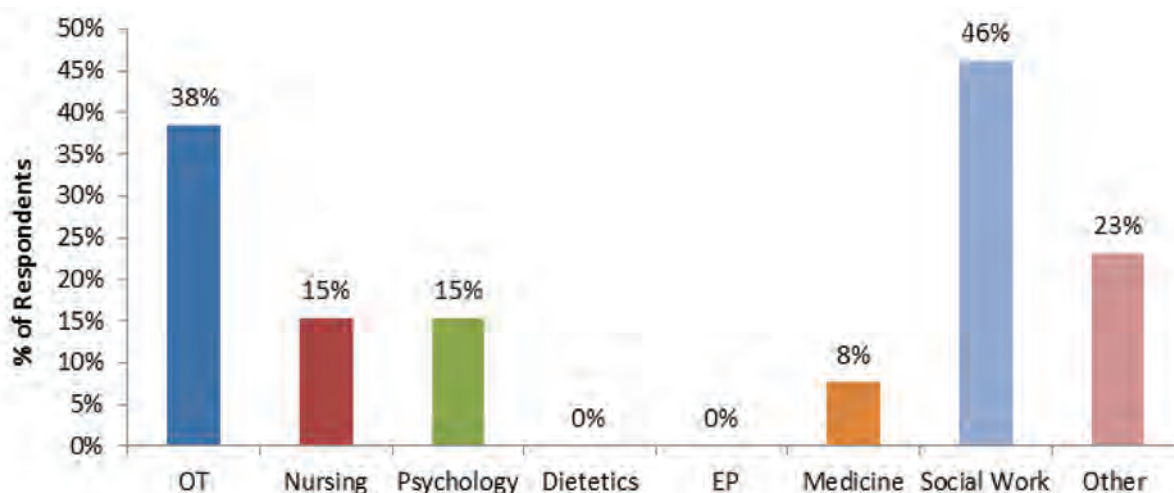
- Are transparent, consistent, cross-sector research and development mechanisms for practice placements in place?
- Does research occur into new insights and innovative methods in order to increase practice placements?

What are community managed organisations already doing in regard to practice placements?

Practice placements in disciplines specified for the pilot

69% of respondents already provide practice placements. No respondents provide Dietetics or Exercise Physiology (EP) placements. More responding organisations provide Occupational Therapy (OT) and Social Work placements than for other disciplines, as shown in Figure 1.

Percentage of respondents which provide practice placements



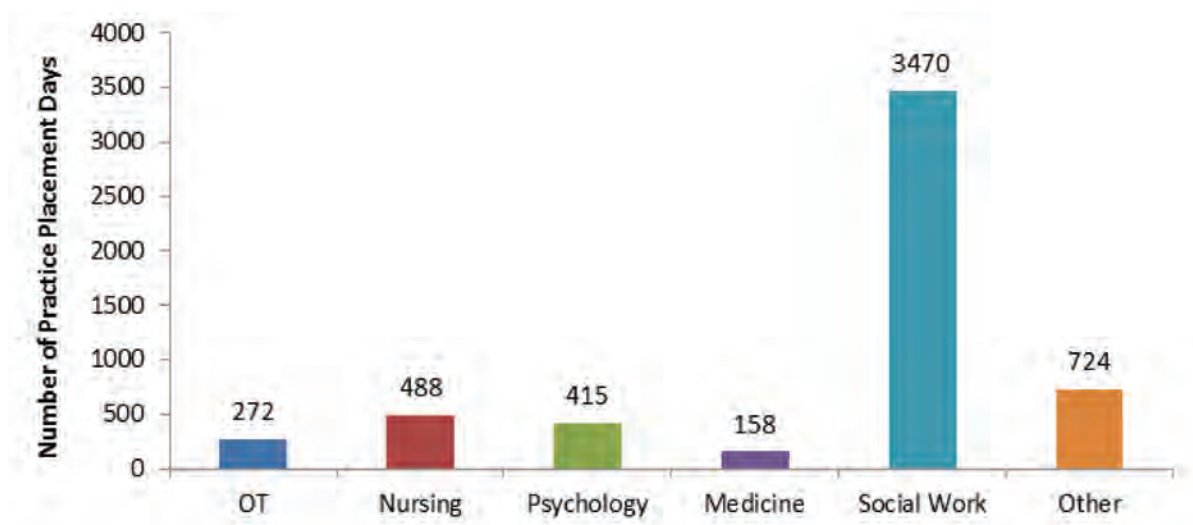
The number, average number of hours per week and average length of placements provided by survey respondents in disciplines specified for the pilot is shown in Table 4.

Table 4. Practice placements provided by survey respondents over the last 2 years

	OT	Nursing	Psych	Medicine	SW	Other
Total number of placements	19	25	41	12	80	31
Average length of placement (wks)	4	4	8.7	5	13.5	7
Average hours per week per student	28.5	39	9.3	21	25.7	26.7

The total number of placement days provided by survey respondents in disciplines specified for the pilot was calculated using the figures in table 4 (multiplying the number of placements by the average length of placement and hours per week per student, then dividing by 8). The result is shown in Figure 2.

Figure 2. Total number of practice placement days provided by survey respondents (CMOs) over the last 2 years



Practice placements in other occupations

Nine CMOs provide placements from educational institutions other than universities (e.g., Vocational Education and Training/VET providers such as TAFE and private RTOs). Qualifications are in occupations such as mental health, disability, community services, and alcohol and other drugs, and include:

- Certificates III and IV
- Diploma, Advanced Diploma and Graduate Diploma.

Supervising practice placements

Students on a practice placement are mostly supervised by a CMO manager, a CMO staff member on regular duties (Placement Educator) and/or a HEP Placement Facilitator.

Support for the Placement Educator

Support for the Placement Educator is provided by the HEP and the CMO in the form of training, mentoring and supervision.

Practice Placement Coordinator

Most respondents have a designated staff member who coordinates practice placements.

Why do CMOs provide placements?

CMOs provide practice placements due to the potential benefits³⁵ for consumers, staff, the organisation and the community managed mental health sector.

Benefits for Consumers

Students may bring a fresh perspective and can offer the time to work with consumers more intensively. The practice placement period may be a great opportunity for a consumer to impart their expert knowledge and lived experience to students.

Benefits for the Placement Educator

Through the CMO's practice placement relationship with the HEP, Placement Educators may gain access to continuing education, the HEP's library, and collaborative teaching and research opportunities with HEP staff.

³⁵ The Werry Centre 2012, p. 5; Rose, Best & McAllister 1999.

As a result of supervising practice placements, Placement Educators may experience:

- Increased self-esteem, confidence, and status;
- An expanded repertoire of professional skills such as teaching, facilitation, assessment and feedback;
- Recognition for contributing to the development of future colleagues;
- Career enhancement.

Benefits to the Organisation

Recruitment

- The student's suitability for future employment can potentially be assessed, and when recent students are employed they can often 'hit the ground running'.

Productivity

- Students contribute to the workload of the CMO; they have the time and drive to commit to the development of new initiatives that staff may not have had time to do within their busy workload.

Staff skills

- In order to supervise students, staff are required to update their research, education and supervision skills.

Diversity

- Students contribute to diversity within the workplace and are often enthusiastic, dynamic and very motivated to perform.

Partnerships

- Mutually beneficial relationships with HEPs are established which have the potential to grow beyond the practice placement focus.

Accreditation

- Some accreditation standards include items such as "service agreements and partnerships" and "community and professional capacity building". Practice placements contribute to evidence indicating that the CMO is meeting these standards.

Benefits to the Community Managed Health Sector

A range of CMOs working together to provide high quality practice placements is likely to increase the community managed mental health sector's potential to attract and retain a greater number of professional staff. Throughout and beyond the sector, there will be more professionals with practical experience in recovery oriented approaches to support.

View of Sector Survey Respondents:

Respondents agreed that there are benefits to the CMO in providing practice placements including:

- Potential recruitment
- Broader impact of partnerships
- Updating staff research and education skills
- Assisting the CMO to meet accreditation standards.

Are there enough qualified staff for community managed organisations to provide practice placements?

HWA³⁶ reports that in a national survey of mental health CMOs carried out in 2009-2010, it was found that 54% had a professional health qualification, and 31% of these respondents were registered in that profession.

MHCC³⁷ found that a key challenge for the community managed sector is the perceived low availability of trained and skilled staff. Currently, roles for those with qualifications are increasing through targeted program designs (e.g., HASI Plus and sub-acute programs in Dubbo and Broken Hill) and the increasing diversity of the sector (e.g., Headspace and Partners in Recovery).

The availability of qualified/professionally registered staff in the sector may limit the ability of the sector to provide practice placements in those disciplines in which it is mandatory for the Placement Educator to be qualified in the same discipline as the student. This is supported by the findings of:

- The Community Sector Survey, in which 56% of respondents state that the low availability of discipline-specific Placement Educators (e.g., in Social Work) is a barrier to offering better quality placements.
- Department of Health Victoria³⁸ which found that:
 - ▶ availability of staff may be limited through increasing pressures on CMOs to provide more support to consumers
 - ▶ supervision of students in practice placements may move attention away from junior staff (required to be supervised in some allied health disciplines) and perhaps delay their development.

Barriers to providing practice placements

SWOT Analysis for the CMO providing practice placements³⁹

The SWOT analysis developed by Talaba and Lache (2010) shows some of the barriers (weakness and threats) as well as some of the benefits (strengths and opportunities) to CMOs in regard to the provision of practice placements.

<i>Strengths</i>	<i>Weaknesses</i>
<ul style="list-style-type: none"> ■ Future employees ■ Student productivity ■ Highly intelligent labour ■ Fresh ideas ■ Organisational image 	<ul style="list-style-type: none"> ■ Training costs ■ Labour costs ■ Limited time ■ Costs of errors ■ Bureaucracy in setting up
<i>Opportunities</i>	<i>Threats</i>
<ul style="list-style-type: none"> ■ Try new projects ■ Links with Universities ■ Leading edge practices 	<ul style="list-style-type: none"> ■ Security of ideas ■ Lack of student responsibility ■ May disrupt current work practices

36 Health Workforce Australia 2012b.

37 MHCC 2010, p. 11.

38 Department of Health Victoria 2011a.

39 Talaba & Lache 2010, p. 27.

Why don't more CMOs provide placements?

According to the results of the Sector Survey, CMOs may not provide practice placements predominantly because they:

- Have not been approached
- Do not have enough staff
- Do not have enough physical resources (e.g., desk, chair).

Fifty percent of those who currently do not provide placements would continue not to provide placements even if they were better resourced, indicating that there are factors in addition to resource issues contributing to the decision not to provide placements.

Barriers

Respondents to the Sector Survey indicate that barriers impacting on practice placements include:

- The potentially adverse impact of practice placements on consumers
- Lack of physical resources (e.g. office space, desks, computers, overcrowding) Additional demands on the Placement Educator, Line Manager and other staff
- Student skill level and personal issues
- Low engagement with HEPs and other CMOs around practice placements.

It was also ascertained via the Sector Survey that many CMOs may not be highly aware of routine expectations in regard to practice placements.

Impact on regular duties of the Placement Educator

The Sector Survey found that additional demand on time is seen as a potential barrier for the provision practice placements (see Table 5, in which barriers proposed by survey respondents have been considered under the capacity framework).

Ideally, practice placement duties should be integrated into the normal work of the Placement Educator, and not place high demands on the Placement Educator's time.

However, if a CMO is not aware of the supports already available (e.g. the HEP pays the CMO around \$50-\$65 a day per nursing student - or the HEP provides a Placement Facilitator to supervise students) the CMO may expect their staff member (a registered nurse) to provide the practice placement as well as maintain his/her regular duties. In this type of scenario, it would be reasonable for the CMO to state that practice placements place significant additional demands on the time of a placement educator.

Barriers drawn from survey respondents considered under the Capacity Framework

Barriers in regard to providing better quality placements, challenges which may arise if there was an increase in placements, and proposed solutions were identified by respondents to the Sector Survey; the content generated from survey respondents is considered under the Capacity Framework, as shown in Table 5.

Table 5. Barriers and solutions for CMOs in regard to practice placements⁴⁰

Part A. Consumer Experience (program range and responsiveness)	
Principle: Practice placements contribute to (and do not detract from) accessible, relevant, well-coordinated, recovery oriented mental health programs	
Barriers:	Emerging Solutions:
Impact on consumer “Consumer overwhelm” (high demand on consumer for student learning)	<ul style="list-style-type: none"> ■ Education of students and consumers in regard to consumer rights, participation and representation ■ Key worker to support consumers to: <ul style="list-style-type: none"> ▶ benefit from practice placement ▶ impart their expert knowledge and lived experience to students ▶ recognise when / if student contact is detrimental and, if needed, take action (e.g., withdraw from student contact)
Part B1. Service Provision (organisational capacity - internal)	
Principle: CMOs have sufficient organisational capacity to provide practice placements	
Barriers:	Emerging Solutions:
1. Lack of resources (e.g., office space, desks, computers, overcrowding)	<u>Resources and funding</u> <ul style="list-style-type: none"> ■ Share placement with other agencies (see Table 5, Part B2) ■ Reconfigure use of current resources (e.g., hot-desking) ■ Build extra physical capacity for regular placements ■ Consider whether charging a payment for practice placements is reasonable and feasible
2. CMO Staff a) Placement Educator <ul style="list-style-type: none"> ▶ low availability / time ▶ different profession ▶ knowledge and skills ▶ preparation and support b) Line Manager - increased line supervision burden c) Other staff - not enough; <ul style="list-style-type: none"> ▶ demands on time 	<u>Well-managed operations</u> <ul style="list-style-type: none"> ■ Develop/review policy and procedure for practice placements ■ Plan well ahead for placements ■ Ensure educator duties are in funded and volunteer positions ■ Provide access to training, support and briefing sessions ■ Consider a responsibilities allowance for educators ■ Schedule more activities with peer assisted learning ■ Sector-wide initiative and partnerships (see Table 5, Part B2) ■ Shift ‘practice aspects’ and associated ‘student supervision’ responsibilities away from Line Manager ■ Line Manager to ensure adequate time allocated to practice placement responsibilities and core duties ■ Initiate cultural change to involve more staff
3. Students a) Do not have required skills b) Student personal issues	<ul style="list-style-type: none"> ■ Ensure the following are in place for the student: <ul style="list-style-type: none"> ▶ HEP: scope of practice, personal support, supervision ▶ CMO: expectations, supervision ■ Match scope of practice to service delivery and service development tasks ■ Offer interprofessional learning activities in all placements

40 From answers to Sector Survey questions 20, 28, 35, 36, and literature scan.

Part B2. Service Provision (organisational capacity - partnerships)

Principle: Partnerships are mobilised to support sector-wide placement initiatives

Barriers:	Emerging Solutions:
<p>1. Low engagement (re practice placements)</p> <p>a) with HEPs</p> <ul style="list-style-type: none"> ▸ placement timetabling <p>b) other CMOs</p>	<p><u>Partnerships - HEPs</u></p> <ul style="list-style-type: none"> ■ Develop a sound relationship with HEP ■ Clarify expectations with HEP via a practice placement agreement and student learning agreement ■ HEP provides, or pays for, Placement Facilitators with relevant qualifications as needed ■ HEP provides flexible timetabling <p><u>Partnerships - other CMOs</u></p> <ul style="list-style-type: none"> ■ Share practice placement with other agencies
<p>2. Placement Educator (see Table 5 Part B1, 2a)</p> <p>3. Placement Coordination - demands on time</p>	<p><u>Sector wide initiatives</u></p> <ul style="list-style-type: none"> ■ Increase the number of qualified Placement Educators ■ Develop, across the sector: <ul style="list-style-type: none"> ▸ dedicated Placement Educator positions ▸ training and support for Placement Educators ▸ shared sector skills list ▸ shared assessment ▸ practice placement booking and management tools
<p>4. CMO - low awareness of placement need and process</p>	<ul style="list-style-type: none"> ■ In regard to practice placements, inform CMOs of the: <ul style="list-style-type: none"> ▸ benefits to the CMO, its staff and the sector ▸ need for more high quality practice placements ▸ process for becoming a host organisation

Part C. Policy and Planning (planning, funding and evaluation)

Principle: Transparent, consistent, cross-sector research and development mechanisms for practice placements are in place

Barriers:	Emerging Solutions:
<p>1. Lack of:</p> <p>a) transparent practice placement funding mechanisms</p> <p>b) CMO awareness of intersectoral policies and plans</p>	<ul style="list-style-type: none"> ■ Ensure that the community managed sector is made aware of (inter-sectoral) practice placement: <ul style="list-style-type: none"> ▸ funding mechanisms ▸ policies and plans
<p>2. Practice placements in CMOs are not consistently evaluated - individually and broadly.</p>	<ul style="list-style-type: none"> ■ Facilitate CMO contribution to the evaluation of approaches to practice placement.

Part D. Research and Development (innovation and growth)

Principle: Transparent, consistent, cross-sector research and development mechanisms for practice placements are in place

Barriers:	Emerging Solutions:
<p>1. Uncertainty around the future role of the community managed mental health sector in regard to practice placement research.</p>	<ul style="list-style-type: none"> ■ Ensure CMO perspective is integral to cross-sector research in practice placements ■ Facilitate CMO contribution to research on innovative methods to increase CMO practice placements

Encouraging CMOs to commence or increase practice placements

The Sector Survey asked respondents to rate the degree to which certain supports would encourage them to commence or increase the number of placements. The top six answers, (with highest rated first, and in order of rating)⁴¹ related to:

- Supervision of practice placements by HEPs
- Clear documentation from HEPs outlining requirements for induction, support, supervision and placement outcomes
- Shared supervision of students with another CMO
- Provision of a sector-specific Practice Placement Toolkit
- Financial resourcing to support practice placements
- Training for CMO staff supervising practice placements.

The Future

69% of CMOs surveyed stated that, over the next five years, they are considering further provision of practice placements, including interprofessional practice placements.

Within the group of Sector Survey respondents, the number of CMOs providing placements is expected to increase in the following disciplines:

- Psychology (from three now, to seven in the next five years)
- Medicine (from one now, to three in the next five years)
- Social work (from six now, to seven in the next five years).

Placement Listing

69% of CMOs surveyed stated that their CMO would be willing to be added to the Placement Listing being developed as part of this project.

Location of future placements

Respondents indicated that practice placements could be provided in the ICTN regions shown in Table 6.

Table 6. Survey Respondents: Potential locations of future practice placements

<i>ICTN Region</i>	<i>% of respondents</i>
Sydney	62%
Western	38%
South Coast	38%
Hunter and Central Coast	38%
Metro North and East	23%
North Coast	15%
Broken Hill	8%
Riverina	8%

41 Sector Survey, question 34.

Community managed host organisations and the Practice Placement Pilot

The following host organisations for the PPP were identified through an Expression of Interest (EOI) process:

1. UnitingCare Mental Health
2. RichmondPRA
3. Neami
4. Newtown Neighbourhood Centre.

The first three CMOs are large and mental health specific organisations with a wide range of service types (*Type 1 mental health CMOs*).

The fourth organisation (Newtown Neighbourhood Centre) is a small organisation which is not mental health specific but supports a lot of people with mental health problems (*Type 3 mental health CMO*). The community managed mental health sector is generally agreed to consist of Type 1 and Type 2 CMOs only, however, the opportunity to consider pre-professional practice placements within a small and non-mental health specific CMO was supported.

Representatives from all of the host organisations were consulted during the development of this *Scoping Report*.

EXPECTATIONS OF HIGHER EDUCATION PROVIDERS IN REGARD TO PRACTICE PLACEMENTS

Initial feedback received from the three HEP partners in the consortium indicated there was uncertainty as to whether the placement pilot would include students from disciplines other than Nursing.

Since the funding proposal stated that the PPP would be cross-disciplinary, the HEP partners were asked to nominate allied health and medical contacts to discuss potential practice placements.

Consultation with HEP partners and key contacts

After following up and seeking further contacts (see [Appendix 3](#)), it was found that:

- The pilot period for practice placements did not coincide with the practice placement need of many HEP disciplines
- Most HEPs had already arranged practice placements with other agencies through ClinConnect
- Some disciplines within HEPs needed to place a small number of students.

The HEP partners and key contacts were consulted to ascertain perspectives on the placement pilot and on practice placements in general. It was initially indicated that:

- UND would not be providing students for the pilot
- Only USyd Nursing and UWS Nursing would be involved in the pilot.

The views of USyd Nursing and UWS Nursing were considered in the first instance to inform a potential model for the pilot. After some weeks USyd indicated that it would not, and UWS indicated it may not, be providing students for the pilot.

HEP placement contacts were pursued further and a key contact list was compiled for HEP practice placements indicating which HEP coordinators would be involved during and beyond the pilot period.

Further consideration of the HEP expectations

Expectations of the following were considered (in addition to the UWS and USyd information) to better understand the HEP's needs in regard to practice placements:

- Dietetics (UWS)
- Exercise Physiology (USyd)
- Medicine (UWS x 2)
- Social Work (UWS)

HEP expectations relevant to the pilot period and beyond are shown in [Appendix 2](#).

HEP priorities for allied health disciplines identified in another study⁴² and adapted to CMOs include:

- The Placement Educator is interested and committed to training student
- Students report they are provided with good learning opportunities in their practice placement
- The CMO
 - ▶ is committed to providing practice placements for students
 - ▶ has experienced staff able to supervise practice educators
 - ▶ has the space to accommodate students
 - ▶ has expertise in a particular service delivery area that students are keen to experience.

Learning objectives

- The CMO can meet the fieldwork learning objectives of the students.

Relationship with HEP

- Good, timely communication between university and organisation.

Placement Educator

- An experienced, committed Placement Educator
- Other members of staff are committed to students so Placement Educator feels supported
- CMOs
 - ▶ are supported by the HEP in training Placement Educators
 - ▶ release some professionally qualified staff from some of their usual work to supervise students
- Placement Educators
 - ▶ have the same values about the profession's practice as the HEP
 - ▶ have the same entrepreneurial approach to providing placements as the HEP (e.g., students do projects/provide additional services, as well as having a great educational experience)
 - ▶ are willing to try innovative supervision strategies, particularly with taking on more students.

Preparation and support of student

- Students are appropriately prepared for the practice placement
- Students feel there are other people willing to be involved in their learning.

Behaviour of student on placement

- Students demonstrate appropriate professional behaviour when at the CMO
- Timely action from the university when assisting a student with difficulties.

Education experience for the student

- Education experience links practice with theory and professional knowledge.

Relationship between HEPs and CMOs

The Community Sector Survey found that 100% of responding CMOs have a formal written agreement with the HEP, with 25% having additional informal arrangements.

Respondents rated the degree to which HEPs provide the following types of support (with highest rated first, and in order of rating⁴³):

- A student learning contract outlining expectations and goals
- Information about the student's scope of practice
- Planning and coordination of practice placement activity
- Scheduled, routine supervision to students
- Orientation for students before they commence placement
- Training to CMO staff supervising students
- Scheduled, routine support to CMO staff.

Other supports provided by the HEP to the CMO include⁴⁴:

- Provision of one-off professional development sessions, often on topics related to 'best practice'
- Collaborative teaching and research opportunities with HEP staff
- Provision of educational resources to support the professional development of staff and students
- Placement Educators gaining access to the HEP's library.

43 Sector Survey, question 23.

44 Department of Health Victoria 2011a; Rose, Best & McAllister 1999.

PRACTICE PLACEMENT RESPONSIBILITIES OF THE COMMUNITY MANAGED ORGANISATION AND HIGHER EDUCATION PROVIDER

HWA's *Draft National Guidelines for Clinical Placement Agreements*⁴⁵ was adapted (shown in detail in **Appendix 7**) and is summarised in Table 7.

Table 7. Practice Placement Responsibilities⁴⁶

ADMINISTRATION AND GOVERNANCE PROCESSES TO SUPPORT THE PLACEMENT	
HEP <ul style="list-style-type: none"> ■ HEP - CMO Placement Agreement ■ CMO Placement Policy and Procedure ■ Learning objectives/context (to inform Student Learning Agreement) ■ Responsible for, and provides evidence of, insurance / indemnity ■ Placement Evaluation Form 	CMO <ul style="list-style-type: none"> ■ HEP - CMO Placement Agreement ■ Practice placement Policy and Procedure ■ Learning objectives/context (to inform Student Learning Agreement) ■ Consumer Consent Form ■ Placement Evaluation Form
CONSUMER SUPPORT	
<ul style="list-style-type: none"> ■ Define Scope of Practice to enable student participation in consumer support at levels that match their capability. 	<ul style="list-style-type: none"> ■ Obtain consumer consent ■ Ensure duty of care is balanced with dignity of risk**
MANAGEMENT OF THE PRACTICE PLACEMENT	
<ul style="list-style-type: none"> ■ Oversee overall placement process ■ Manage student welfare/disciplinary issues; ■ HEP staff provide pastoral care and refer to qualified counsellors ■ Student monitoring, feedback; assessment tools and processes ■ Student assessment 	<ul style="list-style-type: none"> ■ Manage practice placement day-to-day ■ Will provide corrective feedback and report to HEP ■ Should not engage in counselling of students ■ Ascertain what information needs to be provided to HEP (including info related to assessment) ■ Provide information to HEP
PREPARATION OF THE STUDENT	
<ul style="list-style-type: none"> ■ Define what is expected and prepare students to: <ul style="list-style-type: none"> ▶ comply with CMO policy and procedure ▶ demonstrate high professional standards ▶ complete pre-placement conditions 	<ul style="list-style-type: none"> ■ Student orientation to CMO (including WHS briefing)

45 Health Workforce Australia 2012.

46 Adapted from Health Workforce Australia 2012, pp. 10-12.

STUDENT ACCESS	
<ul style="list-style-type: none"> Student training and/or support for placements with specific cultural issues 	<ul style="list-style-type: none"> Provide adequate access for the student: <ul style="list-style-type: none"> practical experience with consumers facilities and equipment policies and procedures Ensure an appropriate and safe physical environment
PLACEMENT FACILITATOR / EDUCATOR ROLES, EXPECTATIONS AND SUPPORT	
<p>Support</p> <ul style="list-style-type: none"> Clarify any HEP support available for the Placement Facilitator and Placement Educator <p>Amount, nature, level of supervision</p>	<p>Placement Educator expectations</p> <ul style="list-style-type: none"> State required core competencies Arrange appropriate training (if required) and adequate, ongoing support Define expectations
BROADER COMPLIANCE WITH PRACTICE PLACEMENT AGREEMENT	
<ul style="list-style-type: none"> Ensure all HEP staff involved in the practice placement process are aware of and abide by the practice placement agreement. 	<ul style="list-style-type: none"> Ensure CMO staff involved in the practice placement process are aware of, and abide by, the practice placement agreement.

*** Dignity of Risk refers to the individual's right to make an informed choice to take advantage of opportunities for learning and developing independence and, in doing so, to take a calculated risk.*

HWA⁴⁷ recommends areas which should be addressed in practice placement agreements, which assist in clarifying and formalising responsibilities of each party.

Recommendation: The practice *Placement Guide* should provide a sample Practice Placement Agreement, clarifying responsibilities of the HEP and CMO.

⁴⁷ Health Workforce Australia 2012.

PLACEMENT STRUCTURE FOR THE PILOT

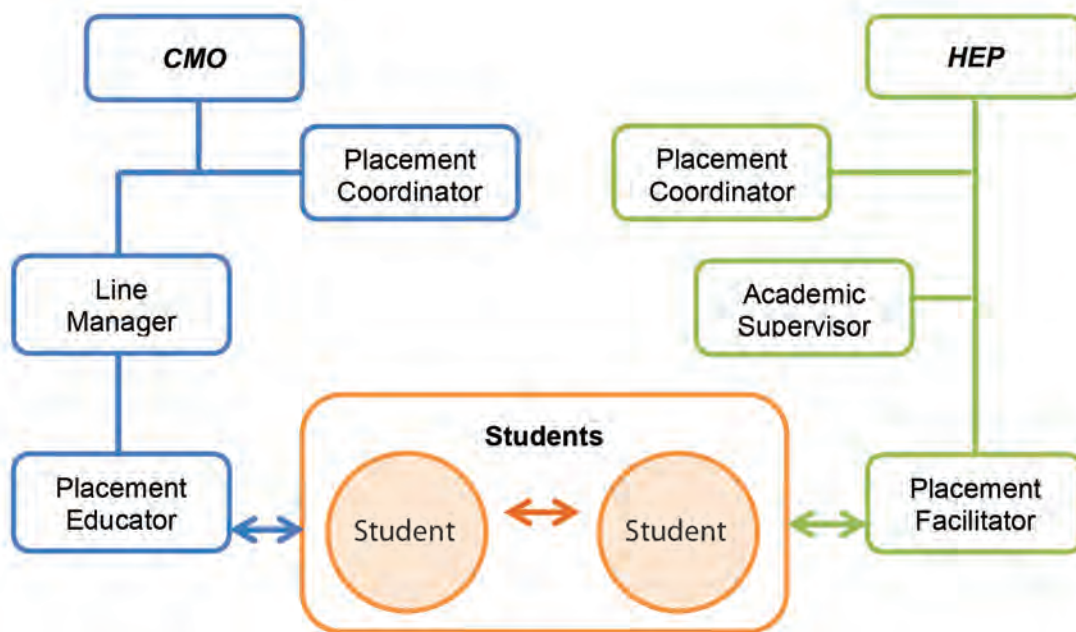
In order to construct a potential practice placement structure for the pilot, the following were considered:

- Information from consultation with HEP partners and others with professional knowledge of practice placements
- Community Sector Survey results / CMO capacity for practice placements
- Information drawn from the literature, including Table 2 (approaches and variables)
- Perspectives of HEPs and CMOs participating in the pilot.

The range of HEP expectations and requirements across disciplines, along with the varying capacity of CMOs, leads to a proposed common overall structure, within which particular areas should be negotiated between the CMO and HEP prior to commencement of the PPP.

The structure, as shown in Figure 3, is not meant to be rigidly adhered to. Its purpose is to provide guidance (for example, in cases where the CMO has the resources to provide a health professional with relevant qualifications to supervise the student, it is likely that the HEP Placement Facilitator will not be required).

Figure 3. Potential structure for CMO practice placement pilot



Considerations for the practice placement pilot

It was envisaged that, during the pilot period:

- The primary purpose would mostly be the development of discipline specific skills
- The primary activity would mostly be service delivery to consumers.

It is also noted that:

- Interprofessional learning concepts can be integrated into all discipline specific placements, and
- Service development tasks may be relevant to student learning outcomes.

Practice placements may be enhanced by CMOs through opportunities for the inclusion of:

- Interprofessional learning outcomes in all practice placements
- Service development tasks relevant to learning outcomes.

Within the proposed structure (Figure 3), it was envisaged that, where possible:

- There would be a minimum of two students per Placement Educator to maximise opportunities for peer assisted learning
- In cases where the CMO's Placement Educator is from a different profession to that of the student, students would be supervised by:
 - ▶ a Placement Facilitator funded by the HEP and
 - ▶ a Placement Educator funded by the CMO.
- Support for the Placement Educator would be provided via:
 - ▶ HEP briefing
 - ▶ HEP personnel⁴⁸
 - ▶ Practice Placement Guide (drafted prior to the pilot)
 - ▶ Regular CMO supervision (professional and line manager).

Profession of Placement Educator

It was highly likely that for the majority of practice placements in the pilot, the CMO Practice Educator would be from a different profession to that of the student, providing more opportunities for interprofessional learning.

Recovery oriented approach

It was seen as highly beneficial that students on practice placement in CMOs would focus on a recovery oriented approach to mental health support, which would be in accordance with the National Standards for Mental Health Services 2010⁴⁹, the National Mental Health Practice Standards and the Checklist for Mental Health in Pre-registration Curricula⁵⁰.

CMO costs during the practice placement pilot

It was agreed during the February 2013 Reference Group meeting that, during the pilot, unless agreed otherwise in writing:

- CMOs would not assess the students; rather, the role would be oversight and creating opportunities for learning experiences
- HEPs will arrange for, and fund, the assessment of students
- CMOs will not charge HEPs for the provision of practice placements during the pilot.

48 NOTE:
• If the CMO has an OT or EP on staff then for USyd students HEP role will be off-site support of CMO supervisor unless direct request for visit to CMO made; if no EP or OT in CMO site then USyd will assist on and off site; amount of on-site time to be negotiated
• USyd will not employ new staff, but will deploy existing staff, to support the CMO educator
• Ongoing support during placement - nominated person by HEP, by phone or visits as requested.

49 National Standards for Mental Health Services 2010.

50 Mental Health Nursing Education Taskforce Implementation Group 2012.

Areas to be considered prior to commencement of practice placements

Areas which should be negotiated between the CMO and HEP prior to commencement of the practice placement pilot are shown in Table 8, Part B.

Table 8. Considerations and recommendations for the practice placement pilot

	<i>Initial expectation</i>	<i>Recommended enhancement</i>
Primary purpose	Discipline-specific learning	Include interprofessional learning outcomes
Primary activity	Service delivery tasks	Service development tasks relevant to learning outcomes

Part B. Areas for negotiation prior to commencement of practice placement

RECOMMENDATION FOR PILOT	
Number of co-located students	Minimum two students should be co-located.
Student : educator ratio	Minimum two students to one educator.
Student Learning Outcomes and Activities	Specify the following: <ul style="list-style-type: none"> ■ Discipline specific learning outcomes and activities ■ Interprofessional learning outcomes and activities ■ Service delivery and/or service development tasks.
Student learning partners	Peer assisted learning, where possible
Supervision details	Specify the following: <ul style="list-style-type: none"> ■ Type of supervision ■ Scheduling for CMO supervision ■ Scheduling for HEP supervision.
Placement Educator role expectation	Specify the role of the Placement Educator, i.e. oversight, education, and/or assessment
Support for the Placement Educator	Specify the types of support, e.g., <ul style="list-style-type: none"> ■ HEP briefing, HEP personnel ■ Practice Placement Guide ■ CMO Supervision.
Placement Facilitator	Specify role expectation, schedule for contact, and reasons for additional contact.

Refinement of the proposed structure

During the pilot, the placement structure was refined as shown in Figures 4 and 5 to more clearly reflect expectations depending on the match between the profession of the Placement Educator and that being studied by the student.

Figure 4 shows the potential practice placement structure when the Placement Educator is qualified in the same profession as that being studied by the student.

Figure 4. Potential structure for CMO practice placements – same profession

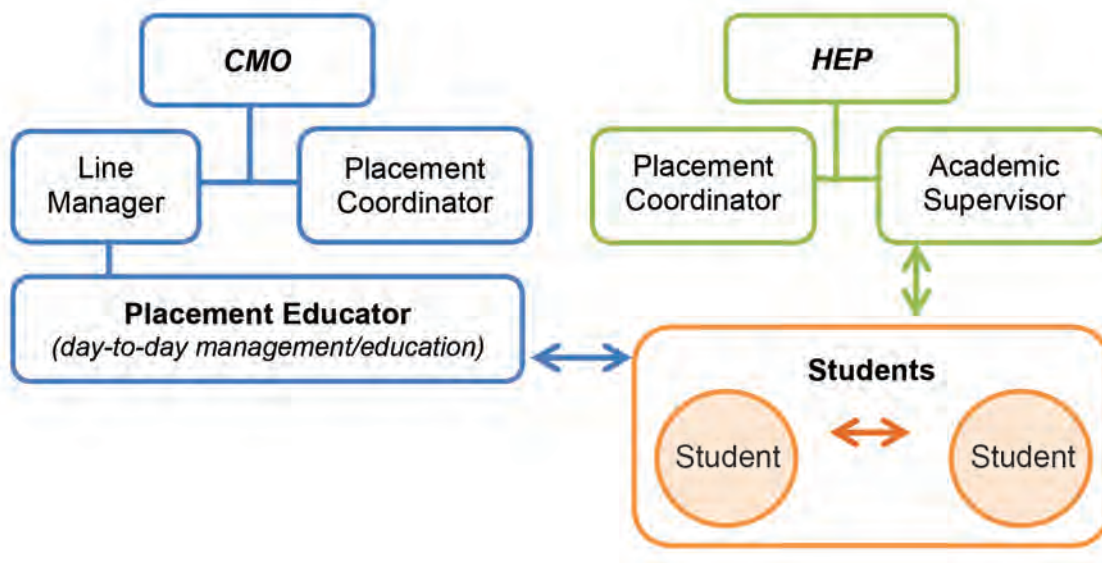
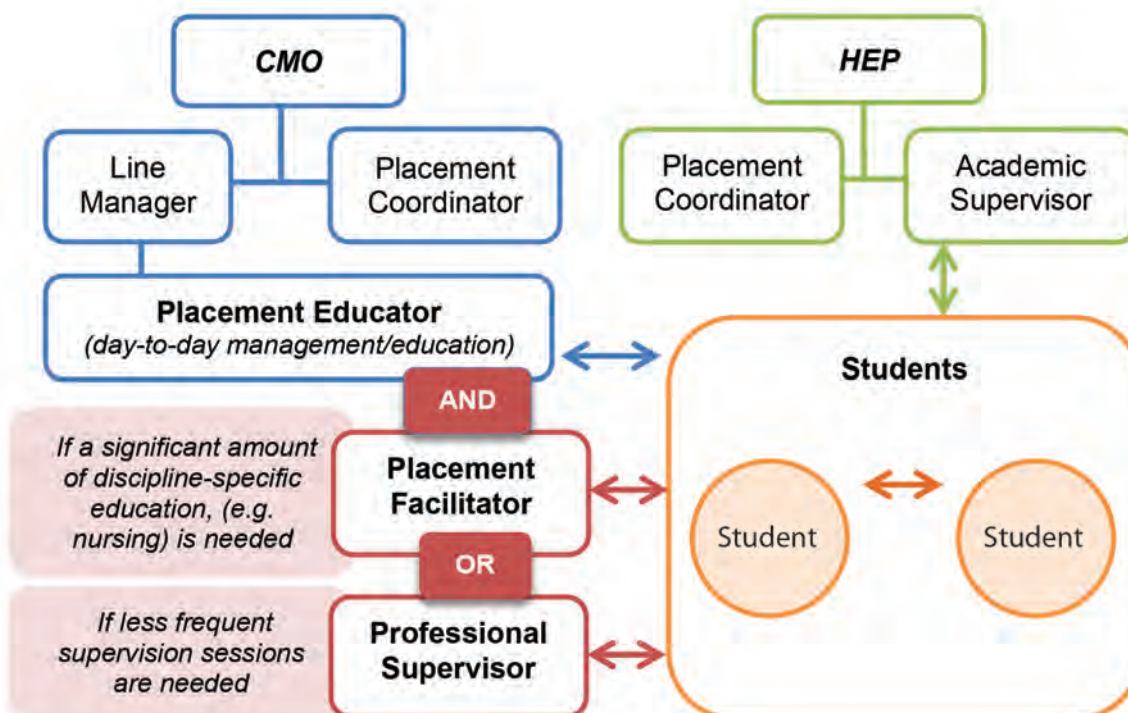


Figure 5 shows the potential practice placement structure when the Placement Educator is not qualified in the same profession as that being studied by the student.

Figure 5. Potential structure for CMO practice placements – different profession



DEVELOPING A SUSTAINABLE MODEL

What is the net cost of practice placements for the community managed organisation?

It is beyond the scope of this paper to attempt to quantify the costs and benefits of practice placements to mental health CMOs. However, information collected via existing literature and the Sector Survey indicate that host organisations bear costs in areas such as staff time, policies, procedures and agreements, administration and finance, facilities and equipment, and training and support of the Placement Educator.

The Department of Human Services Victoria⁵¹ states:

“Data from a study commissioned by the department suggest that clinical placements in hospitals and health services represent a significant cost to services. In some cases health services charge universities for clinical placements, but there still remains a net cost to the hospitals and health services of providing the clinical placements”.

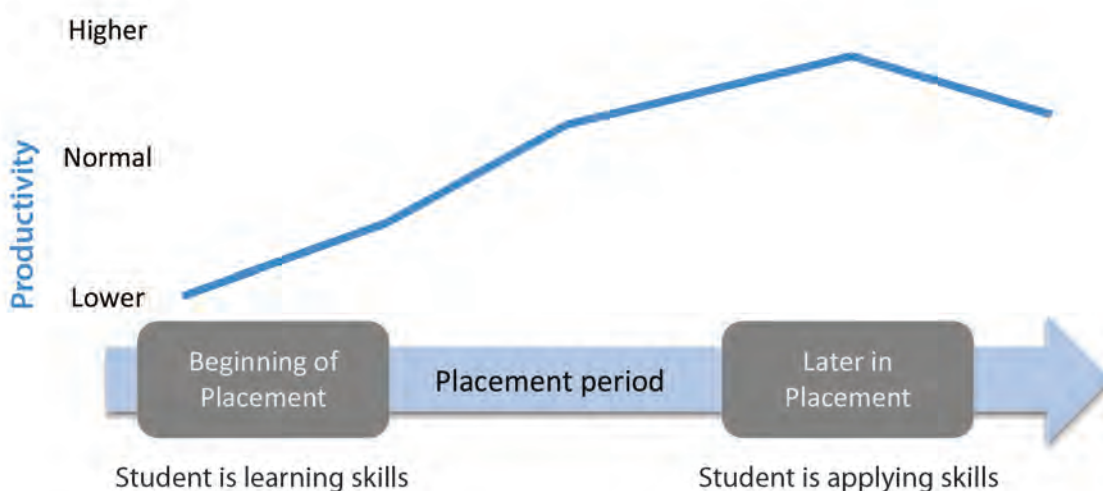
McAllister⁵² states that cost/benefit analysis research in health care professions⁵³ shows conflicting results; some studies report net costs, while others report net benefits, to institutions; and attempting to estimate dollar values is problematic when the benefits of providing practice placements are not acknowledged and quantified.

Placement length and productivity

Early research in practice placement costs of occupational therapy students (using a 1:1 educator to student placement model) found⁵⁴ that costs generated in the first weeks of placement were usually recovered during the sixth week; productivity benefits gradually increased, then declined slightly through the end of the placement.

It seems reasonable to propose that during the initial phase of the placement, the Placement Educator devotes more time to students and has less time for core work (productivity is reduced); as students become more able and are applying their skills, the Placement Educator and students devote more time to core work (increasing overall productivity of the Placement Educator). An indication of how productivity may look over the placement period is shown in Figure 6.

Figure 6. Potential Placement Educator productivity during a practice placement



51 Department of Human Services Victoria 2007a, p. 11.

52 McAllister 2001.

53 Hagler 1990 in McAllister 2001).

54 Shalik 1987.

The Victorian Healthcare Association states that⁵⁵:

- Short practice placements are more likely to put a strain on resources as students cannot have a caseload; Placement Educator time is devoted to finding meaningful alternative tasks for students while the Placement Educator continues to see consumers. This is particularly the case when consent for the students to sit in on appointments has not been provided by consumers
- A long-term practice placement allows students to:
 - develop rapport with staff and consumers
 - become familiar with the CMO to be able to gain capacity to undertake specific work (eg. support work, project management)
 - achieve their learning goals.

Placement Educator to student ratio⁵⁶

The traditional 'apprenticeship' 1:1 model used in the early research is likely to take a longer time to yield productivity benefits because it encourages a lot of contact time between the supervisor and student (lost consumer contact time); one student cannot necessarily make up the 'lost time' early on in consumer support occasions or time.

Where the placement model ratio is multiple students to one supervisor, there is a much higher likelihood of productivity benefits occurring quickly. The demands of having multiple students forces supervisors away from the 'apprenticeship' model (lots of one on one time) to a model of managing the learning program for the students.

These supervisors:

- Use peer learning opportunities and sample student work with consumers across the day to ensure quality support.
- Choose consumers who are most likely to benefit from, and have consented in advance to, student support
- Support students take on a caseload, so their contribution to consumer support is significant.

Funding Practice Placements

In regard to practice placements, HWA states that "*in the long term, there is a requirement for nationally consistent approaches to funding ... training across public, non-government and private sectors to drive greater efficiency*"⁵⁷ and as such, the Independent Hospital Pricing Authority is working to determine a mechanism to price such training.

It has been acknowledged in Victoria that the variation in fees charged for clinical placements, and the associated lack of transparency in setting those fees, are undesirable features of the practice placement system⁵⁸.

Through its Clinical Training Funding (CTF) program, HWA has committed recurrent (\$187.7 million) and capital/establishment funds (\$244.5 million) over three years to public and private health services and HEPs to deliver 8,400 new clinical training places for students across 22 disciplines, with capacity for the program to support growth of 12,000 students in the next funding period⁵⁹.

Supporting host organisations with practice placement costs

There is very little information publicly available in regard to how host organisations are supported in regard to the costs associated with providing practice placements.

55 Victorian Healthcare Association 2011.

56 McAllister - personal communication with the author 3 May 2013; Rindfleisch et al. 2009.

57 Health Workforce Australia n.d.c

58 Victorian Clinical Placements Council 2012.

59 Health Workforce Australia n.d. c.

AHWOC (2005) states that it is common for universities to pay a fee or subsidy to host organisations for practice placements⁶⁰. However, HEP representatives⁶¹ on the Project Reference Group agree that it is only common practice to pay such a fee or subsidy to host organisations in:

- Nursing, in all jurisdictions
- Physiotherapy, in many jurisdictions (where a nominal fee is paid, e.g. \$4/hr)
- Allied health disciplines in Victoria only.

There seem to be four current approaches for supporting host organisations in regard to the costs associated with providing practice placements:

1) Payment to the host organisation – by student, per day

The Department of Health (Victoria)⁶² provides a *professional-entry student placement subsidy* to support the delivery of professional-entry student placements within acute areas of public health services. Payments to health services are based on their proportion of total weighted clinical placement activity for students enrolled in a professional-entry course of study in medicine, nursing (registered and enrolled), midwifery or allied health.

a) Nursing placements

- i) Queensland Health charges universities \$39.51 per day in a preceptor relationship *where there is an assessment component*.⁶³
- ii) University of Western Sydney and University of Notre Dame usually pay organisations around \$50 per day for nursing placements *when the Placement Educator assesses the student*.⁶⁴
- iii) In Victoria, there are payments of:
 - ▶ up to \$60 per nursing/midwifery student per day⁶⁵ from education providers to public health services; and
 - ▶ \$33.73 per nursing/midwifery student per day via the Department of Health Victoria's *professional-entry student placement subsidy*.⁶⁶

b) Social work placements

- i) In Victoria, the draft fee guide⁶⁷ proposes a maximum fee of \$25 per day
- ii) In the United Kingdom, the General Social Care Council⁶⁸ provides universities with a fee to pay the host organisation for *social work placements*. The amount depends on the organisation's category; private, voluntary and independent (PVI) organisations get £28 (approx. AUD \$41) per day per student and statutory placements receive £18 (approx. AUD \$26) per day.

c) Other allied health placements

- i) In Victoria, there are payments of:
 - ▶ up to \$35 per allied health student per day⁶⁹ from education providers to public health services; and
 - ▶ \$37.39 per allied health student per day via the Department of Health Victoria's *professional-entry student placement subsidy*.⁷⁰

2) Payment to the host organisation – by student, per hour

- a) A pilot project at a NSW Hospital is charging \$9.20 per hour per nursing student for placement supervision⁷¹, with between 8 and 15 mental health nursing students being supervised by one educator.

60 AHWOC 2005, p. 5.

61 Personal communication with Professor Lindy McAllister 28 Mar 2013.

62 Department of Health Victoria 2013.

63 AHWOC 2005, p. 5.

64 Discussion at the MHCC Practice Placements Reference Group meeting 22/2/13.

65 Department of Health Victoria 2013c.

66 Department of Health Victoria 2013.

67 Victorian Clinical Placements Council 2012.

68 Skills for Care 2008, 2012.

69 Department of Health Victoria 2013c.

70 Department of Health Victoria 2013.

71 Personal communication between the author and the manager of the clinical placement unit 7/3/13.

3) Payment to the host organisation – by facilitator/supervisor, per hour

a) ACT Health⁷² cites the “Gazetted fees for Education (Community Health)” as a guide to fees during practice placements; \$59.40 per facilitator per hour during business hours, and \$89.65 per facilitator per hour after hours (see **Appendix 4** for the Table of gazetted fees).

4) The university pays for the facilitator

a) In some NSW centres, universities are meeting the salary and on costs of experienced, qualified staff providing supervision.⁷³

Funding practice placements – Sector Survey results

The survey indicated that two mental health CMOs provided nursing placements, with 25 students each averaging 39 hours a week (5 days) for 4 weeks; a total of 488 placement days.

Although it is common practice for HEPs to pay the host organisation \$50 per day or more per nursing student^{74 75 76}, survey respondents indicated that no payment has been made from HEPs to mental health CMOs for providing placements. It would be reasonable for such a payment to be significantly reduced if the HEP had to fund a Placement Facilitator to supervise and assess these nursing students (in the event that the CMO did not have a registered nurse with capacity to do so).

However, a closer look at the data provided by the two CMOs which provided practice placements for nurses showed that:

- The positions supervising the practice placement included a CMO manager and CMO staff on regular duties only; no HEP facilitator was provided.
- One of these CMOs indicated that it will not offer placements for nursing students in the future.

If these CMOs had been paid \$50-\$65/day per nursing student for providing placements, \$24,400 - \$31,720 could have been generated to contribute to CMO placement costs.

It is highly likely that payment would have been made had it been sought by the CMO.

Developing a position on the cost / funding issue for CMOs

Evidence for net benefit to organisations providing practice placements:

- There is little published research showing consistent net benefits (however, there is some unpublished research which indicates a net benefit) to host organisations for providing practice placements.

Evidence for net cost to organisations providing practice placements:

- There is a little published research showing consistent net costs to host organisations for providing practice placements
- The Department of Human Services (Victoria) states that its data indicate that there is a net cost to health services even after charging universities
- HWA’s commitment of \$432.2 million to public and private health services and HEPs to deliver 8,400 new “clinical training” places for students across 22 disciplines, with capacity for the program to support growth of 12,000 students in the next funding period⁷⁷, supports the notion that there are net costs to health services for the provision of practice placements.

Current activity in determining costing

- The Independent Hospital Pricing Authority is currently working to determine a mechanism to price practice placement education.

72 ACT Health 2007, Appendix 1, p. xli.

73 AHWOC 2005, p. 9.

74 Discussion at the MHCC Practice Placements Reference Group meeting 22/2/13 – UND and UWS pay \$50 per day per student for placement.

75 Victorian Clinical Placements Council 2012a and 2012b – \$50 to \$65 per pay per nursing student is recommended.

76 ACT Health 2007, Appendix 1, p. xli – group facilitator \$59.40 to \$89.65 per hour recommended; if 8 students per day are supervised, it would amount to \$60 - \$90 per day per student.

77 Health Workforce Australia n.d. c.

Current activity in funding host organisations

- Public and private health services receive funds to provide practice placements.
- CMOs responding to the Sector Survey did not receive funds for providing placements.

Recommended position: CMOs should be funded to provide practice placements at an equivalent rate to public and private health services.

Consideration for a Sustainable Model

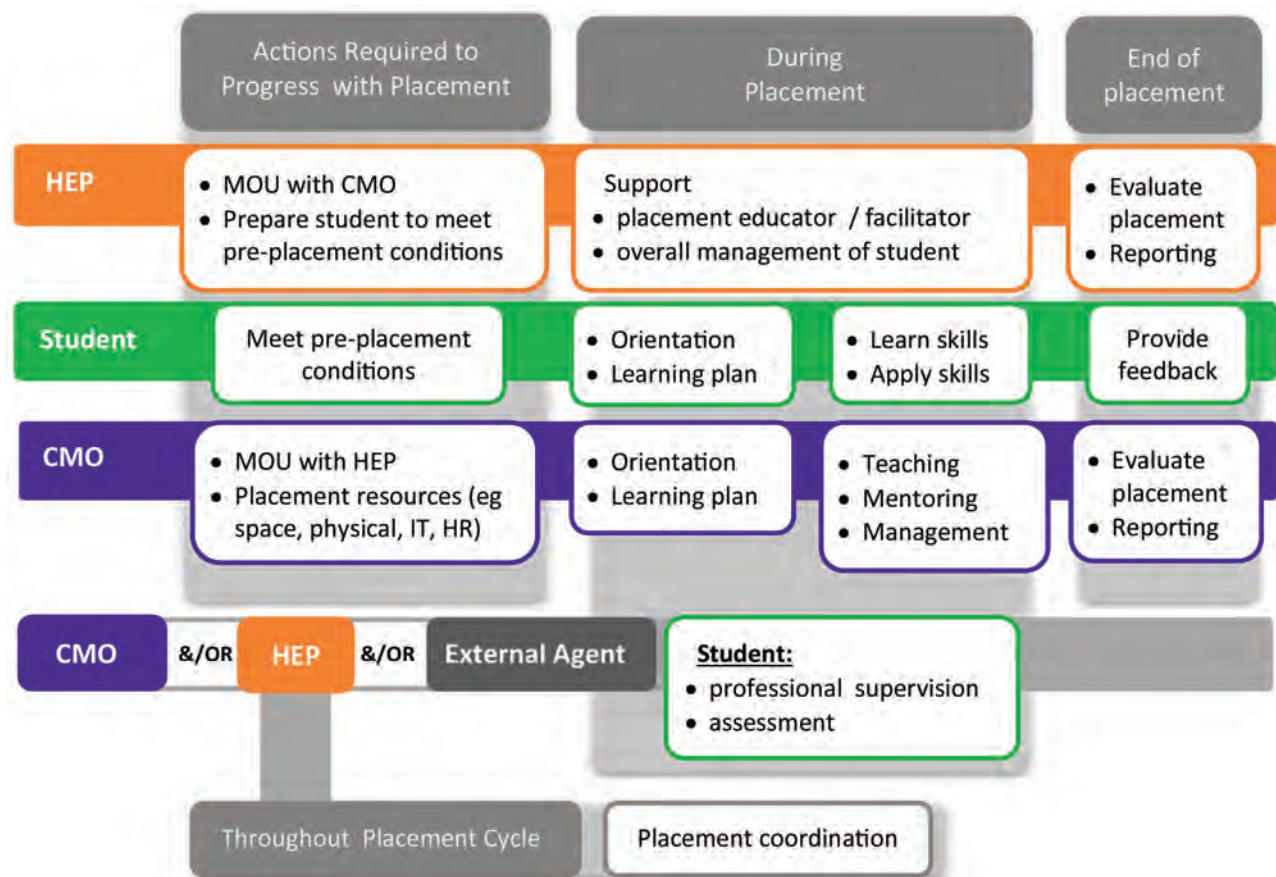
In order to consider a sustainable model, the functional accountabilities for those involved in practice placement (Appendix 8) were drawn out and:

- Used to describe the practice placement process (see Figure 7)
- Considered in regard to whether or not an overall cost is likely to be incurred by the CMO for the fulfilment of that accountability (see Table 9 and Figure 8).

Although these costs are not quantified in this report, many cost-incurring items are identified which may be included in further cost-benefit activity in regard to practice placements.

It is recommended that quantification of practice placement costs and benefits, including Placement Educator productivity, be carried out in order to guide future funding for practice placements in the community managed mental health sector.

Figure 7. Proposed Practice Placement Process in CMOs

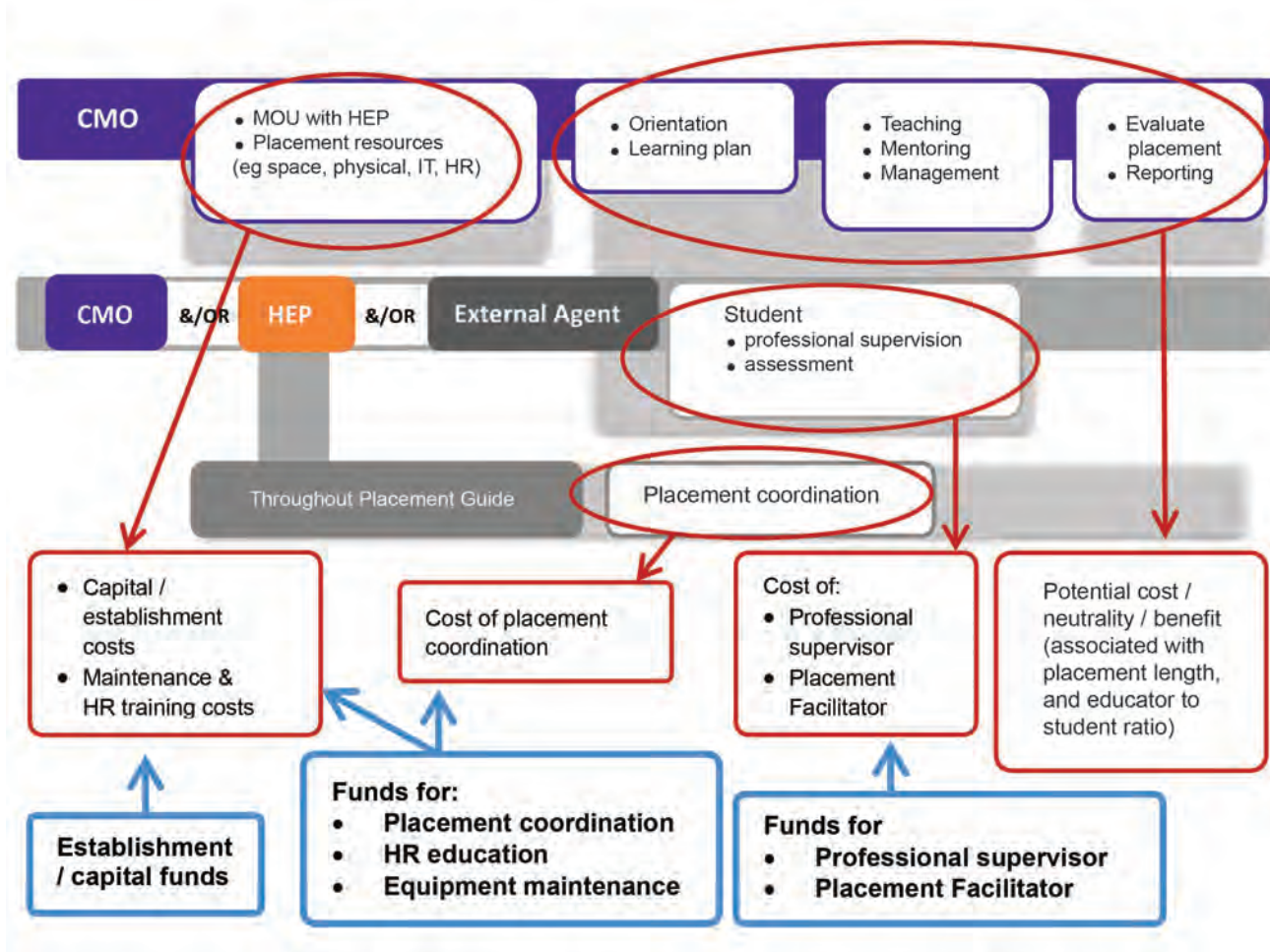


The functional accountabilities are shown against the HEP, student and CMO across the placement cycle in Figure 7. Some accountabilities (professional supervision, assessment and placement coordination) may be provided by the CMO and/or HEP and/or an external agent. Areas in which costs may be incurred by the CMO in order to provide practice placements are shown in Table 9 and Figure 8.

Table 9. Costs which may be incurred by the CMO in order to provide practice placements

Accountability		Nature of cost / funding
<ul style="list-style-type: none"> MOU with HEP Placement resources (eg space, physical, IT, HR) 		<ul style="list-style-type: none"> Capital /establishment funding Recurrent maintenance funding
<ul style="list-style-type: none"> Orientation Learning plan Teaching, Mentoring 	<ul style="list-style-type: none"> Management Evaluate placement Reporting 	<ul style="list-style-type: none"> Potential productivity loss, cost neutrality, or productivity gain associated with factors such as length of placement and educator to student ratio
<ul style="list-style-type: none"> Professional supervision 	<ul style="list-style-type: none"> Assessment 	<ul style="list-style-type: none"> Cost of professional supervisor Cost of Placement Facilitator
<ul style="list-style-type: none"> Placement coordination 		<ul style="list-style-type: none"> Cost of placement coordination

Figure 8. Potential practice placement cost and funding items for CMOs



Proposed approach to funding

A funding formula equivalent to that used for public and private health services for the provision of practice placements should be applied to CMOs.

Pricing of practice placement education has not yet been completed by the Independent Hospital Pricing Authority. It is recommended that this pricing be considered for its applicability to CMO settings. Until this can be done, an interim approach is proposed.

In Victoria's transparent method for funding practice placements, public health services are eligible for funding from both the education provider and via the Department of Health's professional-entry student placement subsidy.

For example, for 2012-13, there are payments of:

- Up to \$60 per nursing/midwifery student per day from HEPs to public health services (which could, in our model, be applied against costs for the professional supervisor or Placement Facilitator)
- \$33.73 per nursing/midwifery student per day via the Department of Health Victoria's professional-entry student placement subsidy (which could, in our model, be applied against costs for the placement coordination and equipment maintenance).

Establishment / capital grants could be sought by CMOs which need resources (e.g physical, IT) for practice placements.

Until practice placement pricing is agreed upon, it is recommended that CMOs actively seek ways to achieve cost neutrality or benefit during the placement period for the Placement Educator's activities.

REQUIREMENTS OF THE COMMUNITY MANAGED MENTAL HEALTH SECTOR TO INCREASE PLACEMENTS

The information considered so far in this *Scoping Report* indicates that the community managed mental health sector requires the following in order to increase practice placements.

- Funds for (and/or in-kind provision of):
 - ▶ professional supervisor and/or placement costs
 - ▶ placement coordination
 - ▶ HR training (e.g. Placement Educator)
 - ▶ establishment / capital grants
 - ▶ equipment maintenance.
- Funding to conduct community managed mental health sector practice placement cost/benefit and productivity analyses in order to better understand and quantify costs and benefits of practice placements in this sector
- Evidence-based methods which achieve cost neutrality or benefit for the Placement Educator's activities during the placement period.
 - ▶ E.g. a process which includes:
 - pre-placement: readings and practical sessions/briefings
 - commencement of placement: on-site briefing
 - first week: guided practice.

Promoting practice placements in the community managed mental health sector

1) Promoting the availability of practice placements in the community managed mental health sector

The MHCC practice *Placement Listing* has been developed; it provides information about mental health CMOs which have indicated they are available to provide student placements. It includes information such as:

- The CMO's vision, mission and values
- Description of programs
 - ▶ location
 - ▶ hours of operation
 - ▶ requirement
 - ▶ student requirements
- Student activities (individual, group and interprofessional)
- Contact details and link to website.

The MHCC practice *Placement Listing* will be available on the MHCC website.

Resources required: funds (or in-kind provision of service) for maintenance / updating of the sector practice *Placement Listing*.

2) Promoting the benefits of practice placement to CMOs in order to recruit more CMO host organisations

Many CMOs are not aware of the need for, or benefits of hosting, practice placements. Educating the sector about both of these issues will serve to promote practice placements within the sector.

This can be achieved via promotion of issues such as the need to prepare for a greater number of community based mental health professionals in the sector, and case studies highlighting positive experiences with practice placements. MHCC could achieve this through e-forums or through face-to-face forums throughout NSW which bring together HEPs and CMOs.

Resources required: funds (or in-kind provision of service) for developmental material, e-forums and/or face-to-face forums throughout NSW which bring together HEPs and CMOs.

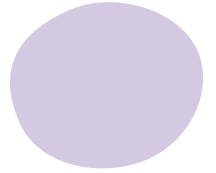
A bigger picture - national data set for practice placements

Practice Placements Dataset

Health Workforce Australia (HWA) collects information about practice placements from universities in Australia for professional-entry students in the medical, nursing, dentistry and allied health disciplines. The dataset contains information on the setting and geographic location of placements for each of these health disciplines⁷⁸. In the 2011-12 data collection, CMOs are considered as a service setting. It would be useful to track and utilise the data for NSW mental health CMOs, particularly given the projected growth of the community-based professional workforce.

⁷⁸ Health Workforce Australia n.d. b.

NSW HEALTH'S CLINCONNECT AND COMMUNITY MANAGED MENTAL HEALTH PRACTICE PLACEMENTS



About ClinConnect⁷⁹

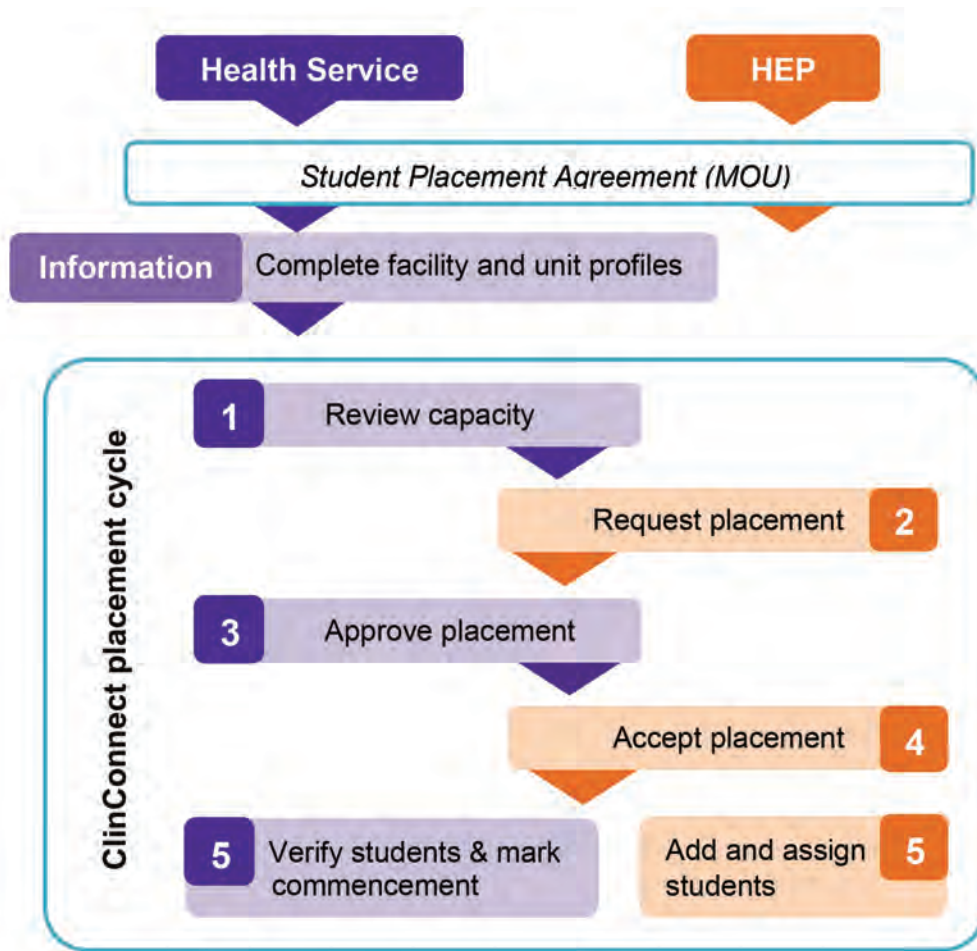
ClinConnect is a web-based application used by health services and HEPs to book and manage practice placements for 14 health professions in NSW Health facilities. It aims to:

- Enhance visibility and efficient utilisation of clinical placements
- Provide greater transparency and fairness in clinical placements
- Reduce administrative workload of the coordination of clinical placements
- Enable improved reporting by Health Services and HEPs
- Streamline recording of student compliance checks
- Improve governance.

ClinConnect went live in June 2012 in order to manage practice placements commencing Semester 1, 2013. It is envisaged that a formal process to obtain user feedback on ClinConnect will be undertaken, but the nature and timing of that process is not yet clear.

CMOs are not currently utilising ClinConnect.

Figure 9. ClinConnect Process for Placements



79 NSW Ministry of Health 2012c; NSW Ministry of Health 2012d.

Verifying Student Compliance

Tasks that the Health Service user is responsible for in regard to managing student details include:

- Verifying and recording a student's compliance status (required)
- Recording student commencement of a clinical placement (required)
- Marking daily attendance (optional).

Recording a Student's Verification Status

Before a student can start in a placement they need to be verified by the Health Service. This involves ensuring that the student has completed the relevant police and medical checks. Whilst this is an activity done outside of ClinConnect, the Health Service needs to indicate that the verification has taken place by recording it against the student within ClinConnect.

The following completed documents (as applicable) need to be sighted and recorded along with expiry dates of each:

1. Criminal Records

- a) Police Check
 - ▶ National Police Check (NPC), or
 - ▶ Australian Federal Police check (AFP) or
 - ▶ Clinical Placement Authority Card (CPAC)
- b) Conditional Letter
- c) Overseas Student
 - ▶ Overseas Student Police Check
 - ▶ Statutory Declaration
- d) Commission for Children and Young People
 - ▶ Signed 'Commission for Children and Young People' document.

2. NSW Health Code of Conduct

Student has signed the NSW Health Code of Conduct.

3. Immunisation

Status and expiry date.

Profile Information

ClinConnect stores information about individual Health Services, facilities, units, HEPs, and students as 'profiles'. There are links and relationships set up between these profiles that reinforce a hierarchical data structure. All profiles can be viewed by all Health Service and HEP users.

Data Structure

Data are stored 'hierarchically' in ClinConnect. For example for each Health Service there are multiple facilities and for each facility there are multiple units (e.g. ward, chair, department etc.) or clinicians. Table 10 shows how the data structure could apply to CMOs.

Table 10. How ClinConnect's hierarchical data structure could apply to CMOs

<i>Data Item</i>	<i>NSW Health</i>	<i>CMOs</i>
Service	eg Local Health District	All mental health CMOs
Facility	eg hospital	Organisation
Unit	eg ward	Program

Reports generated from ClinConnect

ClinConnect allows users to generate a number of reports to help manage the practice placement process, including those shown in Table 11.

Table 11. Reports generated from ClinConnect

Report	What it tells you
Cancellation comments	Comments entered against placement cancellations
Cancellations	Total summary of types of cancellations during a particular period
Clinician profile	Details of clinicians for selected units.
Commencement status	Summary of the total commencements for a selected period
Facility profile	Summary of selected facilities and their attributes.
HWA report	Information required to report on placement activity to HWA
Placement allocation	Details of placements for selected units.
Placement summary	Summary of placement events during a selected period
Placement trend	Trend patterns of placement events over a period of time.
SPA Report	Student Placement Agreements for a selected period (expiry dates)
Student attendance	Record of details of placements attended by students.
Student verification	Compliance status for students and verification details.
Unit profile	Summary of selected units and their attributes.
User profile	Information about users that exist in the ClinConnect system

What would it mean for CMOs if they were included in ClinConnect?

Student Verification

If CMOs were included in ClinConnect it would mean – at this stage - that students could be placed only after the CMO verifies that the following documentation is up-to-date:

- Criminal records (e.g. *National Police Check, Working With Children Check/Declaration*)
- Code of Conduct
- Immunisation.

Issue arising

The majority of CMOs do not require employees or students to be immunised, and require working with children checks only when the employee is working with children.

Requiring full verification of students may eventually make CMOs more stringent in screening habits. However, if such verification is not needed by the CMO, it is an unnecessary activity and an additional administrative burden for the CMO.

Profile Information

Since organisational profile information may be viewed by all Health Service and HEP users, it is likely there would be more accessible CMO information available to potential partners.

Reports to HWA

Generation of reports to HWA would require little time due to design of the ClinConnect reporting system.

Potential funding

In Victoria, there is the professional-entry student placement subsidy administered by the Department of Health Victoria. It is the intention of the department to allocate future funding of that subsidy based on auditable data captured by, and reported through, viCPlace⁸⁰ – which is similar to NSW ClinConnect. If such an arrangement was to emerge in NSW, some CMOs may want to be included in ClinConnect in order to be eligible for the professional-entry student placement subsidy.

Learning to use the System

There would be time devoted to learning to use the system and for troubleshooting.

Consultation with ClinConnect

Email contact commenced with ClinConnect on 21st January 2013. A meeting was held at the ClinConnect office (Gladesville) during February 2013, and follow up email / phone conversations occurred during March, April, and early May 2013 in order to discuss, explore, consider and understand (as far as practicable) issues relevant to potential CMO involvement in ClinConnect.

Issues considered include:

- 1) The “newness” of ClinConnect: ClinConnect went “live” mid 2012 to book placements commencing Semester 1 2013. It was suggested that the consideration of user feedback would be helpful in informing recommendations.
- 2) The timing of CMO involvement: It may be possible to introduce CMOs to the ClinConnect system at the beginning of 2014 for placements from mid-2014.
- 3) ClinConnect’s vision: Includes expanding to include non NSW Health organisations so that clinical placement data is available across the different types of organisations (public / private / CMO).

Issues which were raised, but could not be considered further (for reasons such as unclear timing, negotiations being undertaken, and/or information being commercial in confidence), include:

- 1) Timings for:
 - a) formal evaluation of the first stage of implementation of ClinConnect
 - b) a potential trial for non-Public Health organisations
- 2) Whether there is room in the ClinConnect system to proceed with placements without full verification of the student
- 3) If CMOs were included in ClinConnect, how issues such as the following may be resolved:
 - a) licensing and hosting the system
 - b) provision of support to CMOs (in regard to the ClinConnect system)
- 4) Whether ClinConnect has any role in facilitating practice placement related payments from the HEP to NSW Health.

Preliminary Recommendation on ClinConnect

It is recommended that:

- 1) In-principle support be given for the involvement of CMOs in ClinConnect, subject to:
 - a) ClinConnect functionality being able to accommodate the diverse requirements of CMOs
 - b) CMOs being adequately resourced and supported to utilise ClinConnect.
- 2) MHCC be the central point of contact for communication with, consultation on, and potentially trialling the involvement of CMOs in, ClinConnect.

MATERIAL TO BE DEVELOPED FOR THE PRACTICE PLACEMENT GUIDE

It is recommended that the following material should be included in the practice Placement Guide:

1. Students
 - Information for Students
2. CMOs
 - Benefits of providing practice placements
 - Becoming a host organisation
 - ▶ preparing CMOs to consider practice placements
 - ▶ CMO practice placement capacity considerations
3. Education providers
 - Information for Education Providers
4. Professions and qualifications
5. Practice placements
 - Process
 - Structure
6. Interprofessional learning
7. The Placement Educator
 - About the Placement Educator
 - Support for the Placement Educator
 - Guidance for the Placement Educator
8. Template style documents:
 - Practice Placement Agreement
 - Practice Placement Policy & Procedure
 - Practice Placement Orientation Checklist
 - Student Agreement
 - Practice Placement Evaluation Form
 - CMO profile.

GLOSSARY

Consumer is the person being supported by the host organisation.

Host Organisation is the organisation providing practice placement.

This paper uses the term “Host Organisation” to refer to a CMO providing practice placements.

Interprofessional education (IPE)⁸¹: Occasions when two or more professions learn from, with and about each other to improve collaboration and the quality of care.

Interprofessional learning (IPL)⁸²: Learning arising from interaction between members (or students) of two professions. This may be a product of interprofessional education or happen spontaneously in the workplace or in education settings.

Interprofessional practice (IPP)⁸³: Two or more professions working together as a team with a common purpose, commitment and mutual respect.

Practice Placement⁸⁴ is used to refer to a period of work in industry which is recognised (by the HEP and host organisation) as a structured period for the education and training of students to:

- Integrate theory into practice
- Develop new knowledge while on placement and integrate this back into existing theory and classroom learning
- Become familiar with the practice environment
- Build knowledge, skills and attributes essential for professional practice
- Interprofessional Practice Placements⁸⁵ have students from 2 or more professions interacting with each other (or with qualified health professionals), enabling them the opportunity to learn with, from and about each other, in the provision of person-centred support and service development. This involves learning how to work collaboratively with others as well as how to learn from others to improve work practices.

Placement Educator⁸⁶ is an appropriately qualified and recognised professional, employed by the host organisation, who guides students’ education and training during practice placements. The Practice Educator’s role may encompass educational, support and managerial functions.

Practice Placement Coordinator is employed by the University to coordinate student practice placements.

Placement Facilitator⁸⁷ is an appropriately qualified and recognised professional, employed by the HEP, who facilitates student learning on practice placement and who acts as a liaison person between the University and the host organisation.

Placement Supervision⁸⁸ means practices and relationships which provide opportunities for students’ learning and support in relation to the practical component of their formal course of study, and helps students to maintain appropriate boundaries.

- **Direct supervision**⁸⁹ means that a supervisor is present, observes, works with and directs the student.

81 The Interprofessional Curriculum Renewal Consortium Australia 2013, p. 5.

82 The Interprofessional Curriculum Renewal Consortium Australia 2013, p. 5.

83 The Interprofessional Curriculum Renewal Consortium Australia 2013, p. 5; Freeth et al. 2005, pp. xiv-xv.

84 Adapted from Department of Health Victoria 2011b, p. 2; Health Workforce Australia 2012, p. 6; London Centre for Arts and Cultural Enterprise 2008, p. 7.

85 Adapted from the University of Western Ontario p. 2; personal communication with Gillian Nisbet (USyd) 2013.

86 Adapted from Health Workforce Australia 2011b, p. 4.

87 Adapted from University of Western Sydney 2012, p. 4.

88 Adapted from MHCC 2012, p. ix.

89 Australian Nursing Federation 2005, p. 9.

- **Indirect supervision**⁹⁰ means that the supervisor is easily contactable, but not directly observing the activities of the student. The supervisor is in touch with student progress through discussions (*e.g. via phone, or on campus with the student, or on site visits to student and practice educator, or by review of student work through means such as email, learning logs, reflective journals*).

Recovery⁹¹ is a deeply personal process and no single, universally accepted definition of recovery currently exists. In the simplest sense, recovery is a lived experience of moving through and beyond the limits of a person's mental illness. In this process, individuals develop a positive and meaningful sense of identity separate from their condition, disability or its consequences in their life.

Key characteristics of recovery include:

- Recovery is personal and individualised (not defined by a treatment agency)
- Recovery moves beyond symptom reduction and relief (e.g. meaningful connections in the community, overcoming specific skill deficits, establishing a sense of a quality of life and wellbeing)
- Recovery is both a process of healing (regaining) and a process of discovery (moving beyond)
- Recovery encompasses the possibility for individuals to test, make mistakes and try again.

Recovery can occur within or outside the context of professionally directed care and treatment, and where professional treatment is involved, it may, depending on its orientation and methods, play a facilitative, significant or inhibiting role in the recovery process.

Recovery Oriented Practice⁹² ensures that services are delivered in a way that recognises the uniqueness of the individual; provides real choices; promotes and protects rights; supports with dignity and respect acknowledging that each individual is an expert in their own lives; offers realistic ways to help people realise their own hopes, goals and aspirations and enables them to track their own progress.

Student⁹³ is a person undertaking formal education and training in a practice placement within the health sector. The term is intended to encompass the VET sector, professional entry to postgraduate students, and vocational trainees in medicine, nursing, dental and allied health.

USyd is the University of Sydney.

UND is the University of Notre Dame.

UWS is the University of Western Sydney.

Work-based project⁹⁴ is a specific piece of assessed work for a formal course, undertaken at an employer's premises.

90 Australian Nursing Federation 2005, p. 9.

91 MHCC 2012, p. x-xi.

92 MHCC 2012, p. xi.

93 Health Workforce Australia 2011b, p. 4.

94 London Centre for Arts and Cultural Enterprise 2008, p. 7.

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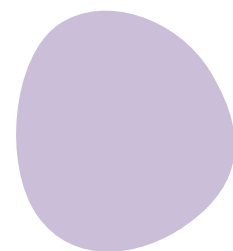
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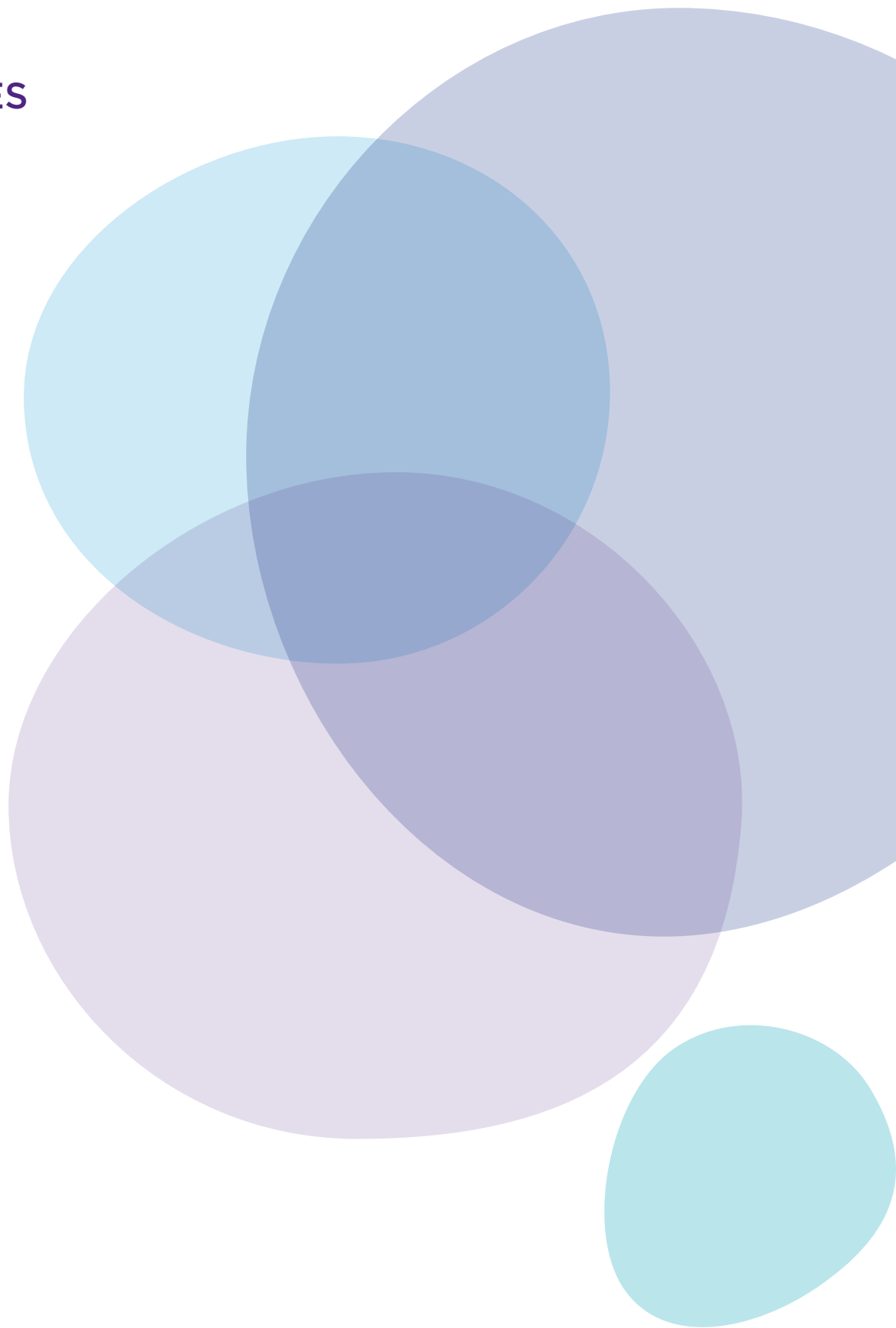
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APPENDICES



Appendix 1. Funding Agreement Deliverables

Task/Strategy	Timeframe*		Performance Measure	Person(s) responsible
	START	END		
Activity 1 Scoping Report	14/1/2013	30/5/2013	A scoping report will be produced that will inform project Activities 2 - 6	Tina Smith Project Manager
Activity 2 Practice placement Guide for MH CMO's	13/2/2013	30/5/2013	A Clinical Guide will be developed and available for distribution to the MH CMO sector. Feedback from the sector will indicate the usefulness of the guide.	Tina Smith Project Manager
Activity 3 Piloting of placements in the MH CMO sector	1/4/2013	15/5/2013	Placements will be piloted and evaluated at three MH CMO's. This has not previously been conducted or evaluated so all data gathered will be useful for future placements.	Tina Smith Project Manager
Activity 4 List of MH CMO's available for practice placements	15/5/2013	30/5/2013	A list of MH CMO's available for practice placements will be made available to HEP's. This has not previously been available to HEPS and would be beneficial.	Tina Smith Project Manager
Activity 5 Evaluation	15/4/2013	15/5/2013	Evaluation will be undertaken. The evaluation will indicate the strengths of the initiatives and areas of improvement. Placements within the MH CMO sector in NSW has not previously been conducted or evaluated so all data gathered will be useful for future placements.	Tina Smith Project Manager
Activity 6 Final Report	1/6/2013	30/6/2013	A Final Report will be produced and widely available. The collated information in this report will be useful for future placements.	Tina Smith Project Manager

*Some timelines were negotiated for earlier start dates to ensure timely deliverables.

Appendix 2. Higher Education Provider (Consortium) Expectations - Pilot Disciplines

DIETETICS	UWS	USYD	UND
Timeframes	10 weeks (x 35 hrs) during undergraduate study.	<ul style="list-style-type: none"> 6 weeks community placement 4 weeks food service. 	N/A
Student level	3rd year		
# of students			
HEP role	<ul style="list-style-type: none"> Publicise possibilities. Liaise with CMO in small way. No assessment involved in placement. 		
Supervisor		Supervisor should be an accredited practising dietitian (APD) with 2-3 years relevant experience. If no APD is on site there are ways to get around this.	
CMO role	<ul style="list-style-type: none"> Provide experience which is course related in some way. Provide reference statement of at completion of practice placement 	Provide an experience that would allow the supervisor to assess some very specific competencies.	
Resources			

MEDICINE	UWS	USYD	UND
Timeframes	3 days/ week over 5 weeks		Year 3: 8 x 5-week rotations through core specialties ⁹⁵ Year 4: 8 x 4-week rotations through core specialties ⁹⁶
Student level	Year 3	Years 1 and 2	Years 3 and 4
# of students	up to 4 at any time	2 x 2 at a time	
HEP role	HEP contact with students through: <ul style="list-style-type: none"> 1 day/ week at HEP 1 day with GP during MIS period 	Learning agreement Student produces a write up on placement.	
Supervisor	Program manager.	Program Manager on-site	
CMO role	<ul style="list-style-type: none"> Supervision meeting weekly; CMO provides intro session on MH/ recovery model; Set program across service to give broad exposure 	<ul style="list-style-type: none"> Provide students with a varied program Give students opportunities to gain a broad sense of community services. 	
Resources	Placement Agreement		

95 General practice, psychiatry, paediatrics and child health, obstetrics and gynaecology, surgery (2) and medicine (2).

96 Community-based practice, emergency medicine, intensive care, anaesthetics, and surgery and medicine (4).

OCCUPATIONAL THERAPY	UWS	USYD	UND
Timeframes	Year 1: 2 weeks Year 3: 6 weeks Year 2: 2 weeks Year 4: 8 weeks Year 4 (Honours): 10 weeks Masters yr 1: 4 weeks Masters yr 2: 4 weeks		N/A
Student level	Varies		
# of students			
HEP role	Negotiate learning outcomes with student.		
Supervisor			
CMO role			
Resources			

EXERCISE PHYSIOLOGY	UWS	USYD	UND
Timeframes	Placement 1: 60 hours Placement 2: 80 hours	5 week block	N/A
Student level			
# of students	Varies	Varies	
HEP role	<ul style="list-style-type: none"> ■ Student locates placement agency, which must be approved by University. ■ Approval of learning contract after negotiation by student and placement supervisor. 	<ul style="list-style-type: none"> ■ Ascertain CMO suitability ■ Facilitators support Placement Educators, ■ Ensure fair assessment of student ■ To assist if there are situations that cannot be resolved between Placement Educator & student ■ Put a plan in place for students at risk of failing placement. 	
Supervisor	<ul style="list-style-type: none"> ■ Accredited- with ESSA as an Exercise Physiologist ■ Exercise Scientist from UWS or the ESSA website (www.essa.org.au) 		
CMO role	<ul style="list-style-type: none"> ■ Completion of learning contract before approval by university. Supervision of student and completion of the Placement Supervisor's Report. 	<ul style="list-style-type: none"> ■ Facilitate student access to a broad a range of relevant learning experiences ■ Permit the student to be an active participant rather than observer only, ■ At the start of the placement, discuss expectations with the student, ■ Conduct a midway and end placement assessment of student performance against the learning outcomes, ■ Contact HEP if an issue relating to the student's placement arises that cannot be easily resolved on site. 	
Resources		Guide to host institution	

PSYCHOLOGY	UWS	USYD	UND
Timeframes	1000 hours over 16-months, commencing semester 2 of year 5.	2 days/week over 6 months (48 days).	N/A
Student level	Postgraduate (Yr 5-6) only	Final year students are equivalent to Masters graduates in clinical psychologists (but we only operate a doctoral program here).	
# of students	Assist with arranging placement, liaison with CMO.		
HEP role		Clinical psychologist with post-graduate qualifications in clinical psychology plus two years of post-graduate work.	
Supervisor		Provide an hour of supervision/day worked. Trainees see patients independently.	
CMO role			
Resources			

SOCIAL WORK	UWS	USYD	UND
Timeframes	3 days/ wk (must do 55 days)	The first placement is 60 days in length and the second placement is 80 days long. Our programs commence in August for the 60 day placement and in April for the 80 day placement.	N/A
Student level	3rd year		
# of students			
HEP role	Support students for ongoing SW supervision.	Social work at Sydney University has a Field Education Manager who would be available for ongoing support to the organisations' supervisor.	
Supervisor	AASW expectation is for 1 hour supervisory support per 20 hours placement (this can be mix of formal and informal).		
CMO role	Understand that SW not always available, and supplementary support would be negotiated.	If an organisation is willing to accept a student we require them to complete an offer of placement form which outlines the learning opportunities that are available in the organisation, who will be the supervisor etc	
Resources		We offer seminars for supervisors of our students both prior to the placement commencing and at the mid-point of the placement. These seminars provide both an outline of expectations of placements and supervisors as well as offering support to the supervisors in their role.	

NURSING	UWS	USYD	UND
Timeframes	2-wk placement 8.5hrs/day	Info provided: 1st Yr June/ July 2nd Yr November/ December student placements only	Semester 1, 24th June for 6 weeks (2 x 3 week block) and potentially Semester 2, 29th October for 5 weeks depending on mental health elective numbers.
Student level	2nd year and 3rd year	1st and 2nd year	
# of students	Varies	Varies	Varies
HEP role	<ul style="list-style-type: none"> ■ Monitor student progress and achievement of learning objectives. ■ Consult with clinic/facility staff about students' progress. ■ Collaborate with staff to provide appropriate learning experiences. ■ Assess the student on assessment form at end of placement (but this is negotiable - the CMO staff may wish to do this). 	Academic Liaison Person (ALP) model: one of our clinical academics would supervise a number of students, possibly across a number of sites. This person would also work with appropriate staff from the CMO so that there is: clarity about educational goals and outcomes; agreed strategies for how those goals can be met; useful rostering of students; and, an agreed process for trouble shooting and problem solving	We work on a 1:8 ratio with our facilitators. If we supplied a facilitator we would provide them with an orientation day and expect they assist with all student assessment and bookwork and development whilst on placement
Supervisor			
CMO role	<ul style="list-style-type: none"> ■ To work with the student ■ Monitor student practice - a preceptor/mentor role; ■ Be a role model, share knowledge and be a resource for the student. ■ Provide learning opportunities in discussion with university supervisor. ■ Liaise with HEP staff. 	We expect that there will be a spread of capacity among CMOs with regard to their ability to meaningfully supervise students.	If this was a preceptored placement we would expect the same as the UNDA house facilitator. It is an expectation that student nurses are supervised by a registered nurse.
Resources	Clinical Facilitator Handbook 2012	A package needs to be developed that addresses the needs of CMOs which will be new to this relationship with students.	We offer a facilitator/ preceptor orientation day where all expectations are covered along with an overview of the Australian Nursing and Midwifery National Competencies for the Registered Nurse, conflict resolution, communication, feedback etc. Student workbooks will also be sent to the organisation.

Appendix 3. Higher Education Provider Partners and Key Contacts

DISCIPLINE ENGAGEMENT/ PLACEMENT COORDINATORS

	SYDNEY UNIVERSITY	UNIVERSITY OF WESTERN SYDNEY	UNIVERSITY OF NOTRE DAME
Medicine	<p>Dr Lilon Bandler Senior Lecturer in Indigenous Health Education</p> <p>Lyn Chick Administration Officer, Indigenous Health & Education, Electives and ILA</p> <p>Rachel McCleave Psychiatry & Addiction Medicine Co-ordinator</p>	<p>Dr Louella McCarthy Coordinator, Medicine in Context, Senior Lecturer, Medicine in Society (MIS)</p> <p>Dr Sharaman Slewa-Younan Coordinator, Year 4 Mental Health Rotation, Lecturer in Mental Health</p>	<p>JoAnne Fisher Associate Dean, Medical School (Sydney)</p>
Nursing	<p>Matina Pentes Project Officer/ Clinical Facilitation Coordination, Mental Health, Sydney Nursing School</p>	<p>Stacey Blythe Lecturer, Deputy Director Clinical Education (Professional Experience Teaching and Learning) School of Nursing and Midwifery</p> <p>Lorraine Daly Team Leader, Clinical Placement Team School of Nursing and Midwifery</p> <p>Liz Angel Casual General and Academic, School of Nursing and Midwifery</p>	<p>Teisha van de Giessen Clinical Coordinator, School of Nursing</p>
Psychology	<p>Dr Judy Hyde Director, The Psychology Clinic School of Psychology, Faculty of Science</p>	<p>Zoe Apostolatos Senior School Administrative Officer, Professional Team</p> <p>Associate Prof Tanya Meade Director Academic Program, Psychology</p>	N/A
Social Work	<p>Joanne Clarke Director of Field Education, Lecturer Social Work & Policy Studies, Faculty of Education and Social Work</p>	<p>Justine O’Sullivan Social Work Field Coordinator, School of Social Sciences and Psychology</p>	N/A

	SYDNEY UNIVERSITY	UNIVERSITY OF WESTERN SYDNEY	UNIVERSITY OF NOTRE DAME
Occupational Therapy	Emily Tartakover Associate Lecturer, Work Integrated Learning Faculty of Health Sciences	Dr Lee Zakrzewski Senior Lecturer, Occupational Therapy Fieldwork Program, School of Science and Health	N/A
Dietetics	Margaret Nicholson Lecturer/Placement Coordinator Nutrition & Metabolism	Dr Rosalie Durham Academic Course Advisor - B.Sc Nutrition and Food Science, School of Science and Health	N/A
Exercise Physiology	Jacqueline Raymond Senior Lecturer, Work Integrated Learning Faculty of Health Sciences	Dr Jason Siegler SAP Sport and Exercise Science	N/A
Other	Ms Wan, Amy Internship Program Coordinator International Office		Darren Fitzpatrick Manager, Internship Program, Office of Deputy Vice Chancellor, Sydney Campus
Community Welfare		Brenda Bartlett Lecturer, Social Work, Welfare and Therapy Studies, School of Social Sciences and Psychology, Bankstown Campus	

During the project contact also occurred with the School of Nursing at University of Technology Sydney, who were interested in the project, but were unable to be involved because the university was not in the consortium.

UNIVERSITY OF TECHNOLOGY	Victoria Norris and Lisa Townsend, Coordinators, UTS NGO/ Clinical Placements Project School of Nursing		
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Appendix 4. Funding Schedules

ACT Health⁹⁷ cites the “Gazetted fees for Education (Community Health)” as a guide to fees which should be charged for teaching.

Table A. ACT Gazetted fees for Education (Community Health) as of 1st July 2006.⁹⁸

COMMUNITY HEALTH CARE PROGRAM		EXCLUDING GST	INCLUDING GST
Nursing and Allied Health education - business hours	per hour	\$72.50	\$79.75
Nursing and Allied Health education - after hours	per hour	\$108.50	\$119.35
Nursing and Allied Health education (tertiary standard) - business hours	per hour	\$155.00	\$170.50
Nursing and Allied Health education (tertiary standard) - after hours	per hour	\$232.00	\$255.20
Community Rehabilitation Program Education and/or Training (for student groups, private and public sector staff groups)			
i) Per facilitator – business hours	per hour (half hour min)	\$54.00	\$59.40
ii) Per facilitator – after hours	per hour (half hour min)	\$81.50	\$89.65

In Victoria, it has been stated that it is unacceptable for host organisations to conduct placements at a financial loss, and it has also been proposed that these organisations should not profit from charging for clinical placements⁹⁹. A draft Fee Guide has also been proposed, as shown in Table B.

Table B. Draft fee guide proposed by the Victorian Clinical Placements Council¹⁰⁰

DISCIPLINE	RECOMMENDED RANGE (PER STUDENT PER DAY)	MAXIMUM RATE (PER STUDENT PER DAY)
Registered Nursing Enrolled nursing	\$50 - \$65 <i>(dependent on any educator-to-student ratio)</i>	\$65
Medicine	Commonwealth-supported Students: Domestic fee-paying Students: International Students:	\$1,244 per EFTSL ¹⁰¹ \$2,819 per EFTSL \$4,096 per EFTSL
Allied health <ul style="list-style-type: none"> ■ exercise physiology ■ dietetics/nutrition ■ occupational therapy ■ physiotherapy ■ podiatry ■ speech therapy 	<i>Economies of scale and differentsupervision models may allow lower fees to be negotiated.</i> <i>Inclusion of other health disciplines to be determined by further consultation.</i>	\$35
Allied health <ul style="list-style-type: none"> ■ social work 		\$25

97 ACT Health 2007, Appendix 1 p. xli.

98 From ACT Health (Fees) Determination 2006 No 1; Disallowable Instrument DI2006 in ACT Health 2007, Appendix 1 p. xli.

99 Victorian Clinical Placements Council 2012a.

100 Victorian Clinical Placements Council 2012b.

101 Equivalent Full-Time Student Unit.

Appendix 5. Community Managed Mental Health Sector Capacity

Elements of community managed mental health sector capacity

1. CONSUMER EXPERIENCE (PROGRAM RANGE & RESPONSIVENESS)

- People are informed, educated and empowered about mental health issues, and linked with needed personal mental health supports.
- Accessible, relevant, well-coordinated, recovery oriented mental health programs, using evidence based supports, are available for people with mental health concerns.
- Programs are provided across the spectrum of age groups, in urban, rural and remote areas, using culturally and linguistically competent and disability friendly responses.
- Recovery oriented indicators of wellbeing are used to enable consumers to monitor outcomes.

2. SERVICE PROVISION (ORGANISATIONAL CAPACITY)

- CMOs are strategically and operationally sound, well resourced, skilled and engaging with each other in a streamlined regulatory environment.
- Community partnerships are mobilised to: identify mental health problems, develop solutions to increase wellbeing, and to provide accessible, relevant, well-coordinated mental health supports.
- A competent mental health support workforce is in place.

3. POLICY AND PLANNING (PLANNING, FUNDING AND EVALUATION)

- Transparent, consistent, sector planning, funding and evaluation mechanisms are in place.
- Policies and plans that support individual and community mental health efforts are developed.
- Evaluation of the effectiveness, accessibility, and quality of personal and population-based community managed mental health programs leads to progressive change in the sector.

4. RESEARCH AND DEVELOPMENT (INNOVATION AND GROWTH)

- Transparent, consistent, sector research mechanisms are in place.
- Mental health problems and mental health stressors in the community are investigated.
- New insights and innovative methods to increase wellbeing and prevent mental health problems are researched.
- Wellbeing of the population is monitored and community mental health problems are identified.

Appendix 6. Community Managed Mental Health Sector Survey Results

The community managed mental health sector survey was developed in consultation with MHCC staff and the Workplace Research Centre. The consortium partners and their initial nominated practice placement coordinators were also given the opportunity to comment on the survey during its development.

The survey was distributed to MHCC member organisations via a link to Survey Monkey on 13/2/13 with a deadline for completion of 1/3/13. The survey was promoted to MHCC's membership via a targeted sector email and our weekly FYI e-newsletter.

Fourteen responses were received by 27/2/13 and the timeline for responses was adjusted to 8/3/13, by which 4 more responses were received; a total of 18 responses.

After cleaning the data for failed response attempts, duplications etc. there were 13 valid responses (12 organisational and one program).

Q1. Consent to use of information n = 13 (100%)

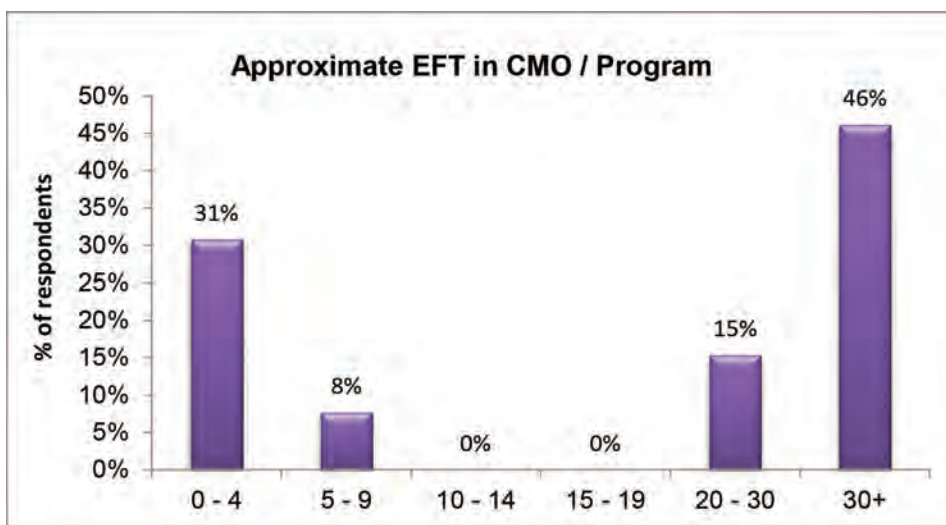
Q2. Respondents n = 13

1. Adults Surviving Child Abuse (ASCA)
2. Aftercare
3. Early Childhood Intervention Program - Coffs Harbour
4. Jetty Bunker Youth Service
5. Neami
6. Newtown Neighbourhood Centre Inc
7. New Horizons Enterprises
8. On Track Community Programs
9. RichmondPRA - Organisation
10. Schizophrenia Fellowship of NSW
11. The Disability Trust Clinical Services Team
12. The Marmalade Foundation Limited T/AS Lou's Place
13. UnitingCare Mental Health

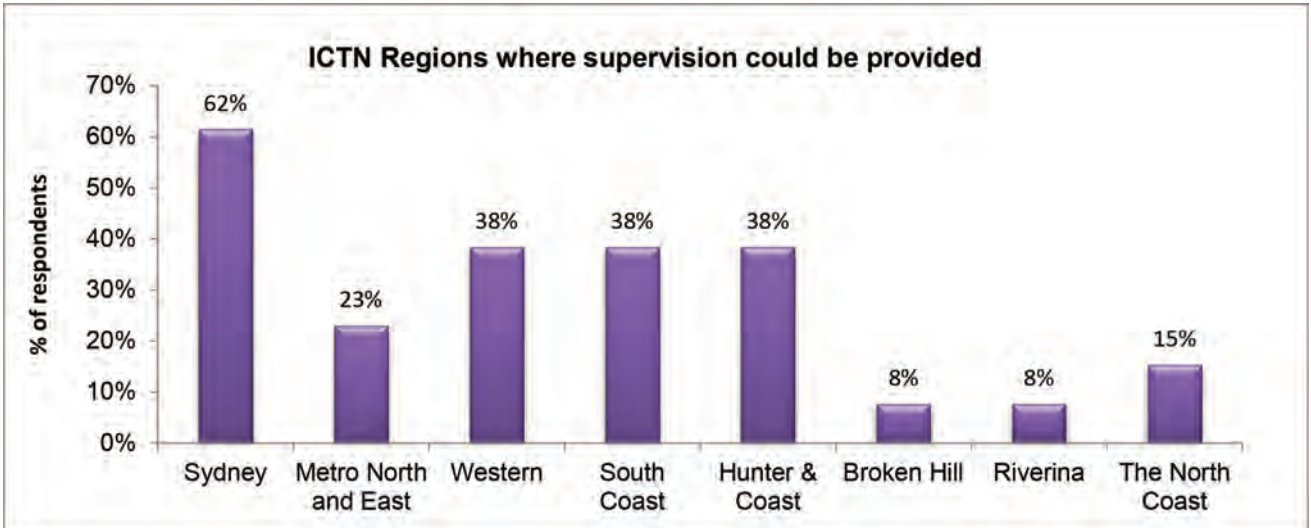
Q3. Answering on behalf of n = 13

1. whole organisation 12 (92%)
2. specific program 1 (8%)

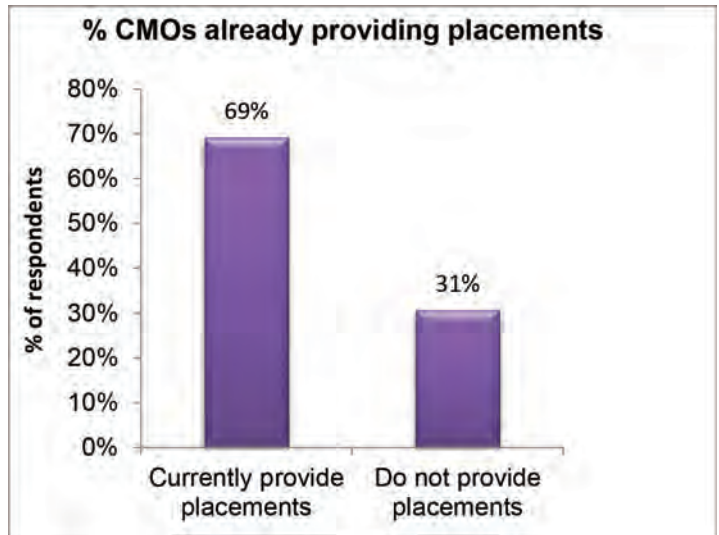
Q.4 Approximate Effective Full Time Staff (EFT) in CMO / Program n = 13



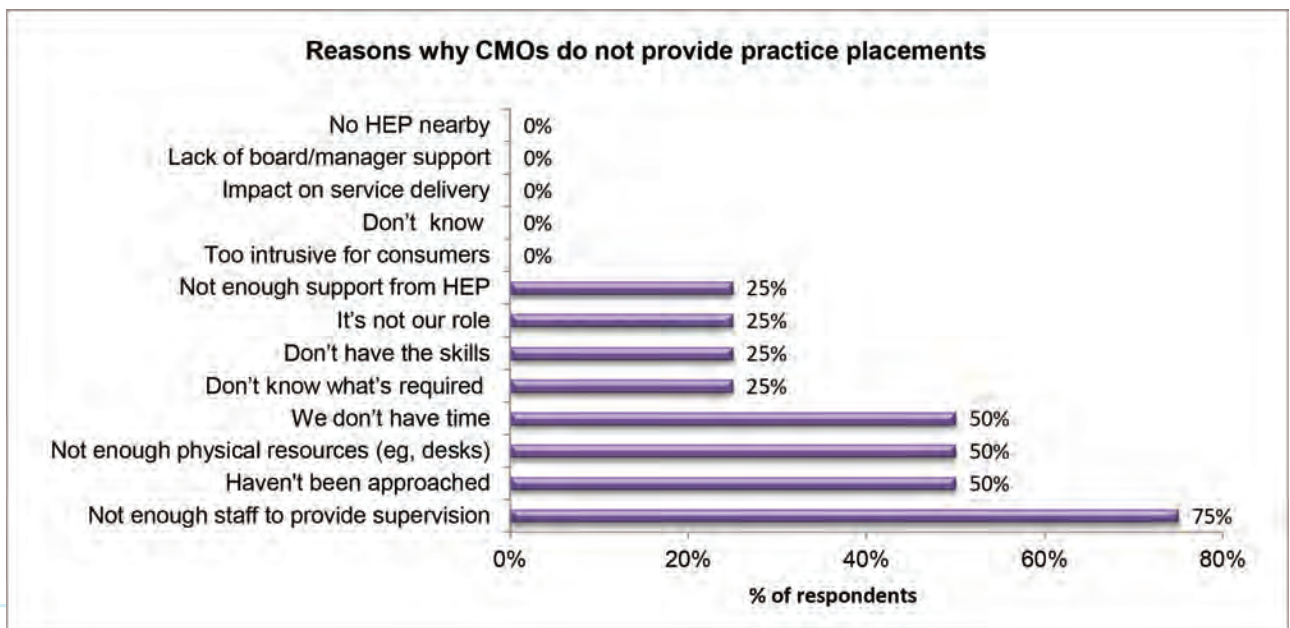
Q5. Regions where supervision could be provided n = 13

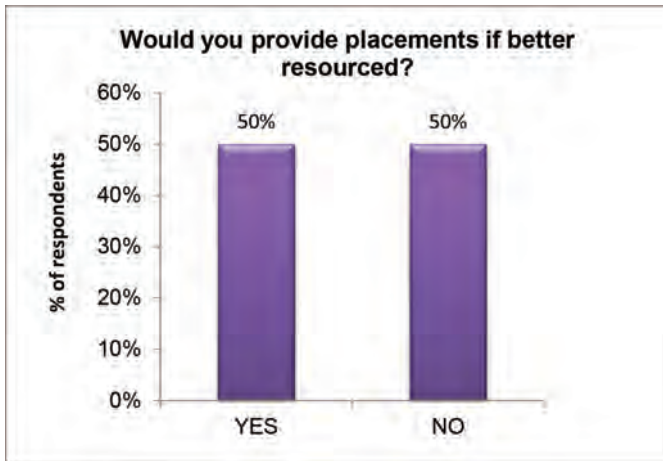


Q6. CMOs already providing practice placements n = 13



Q7. Main reasons for not providing placements n = 4



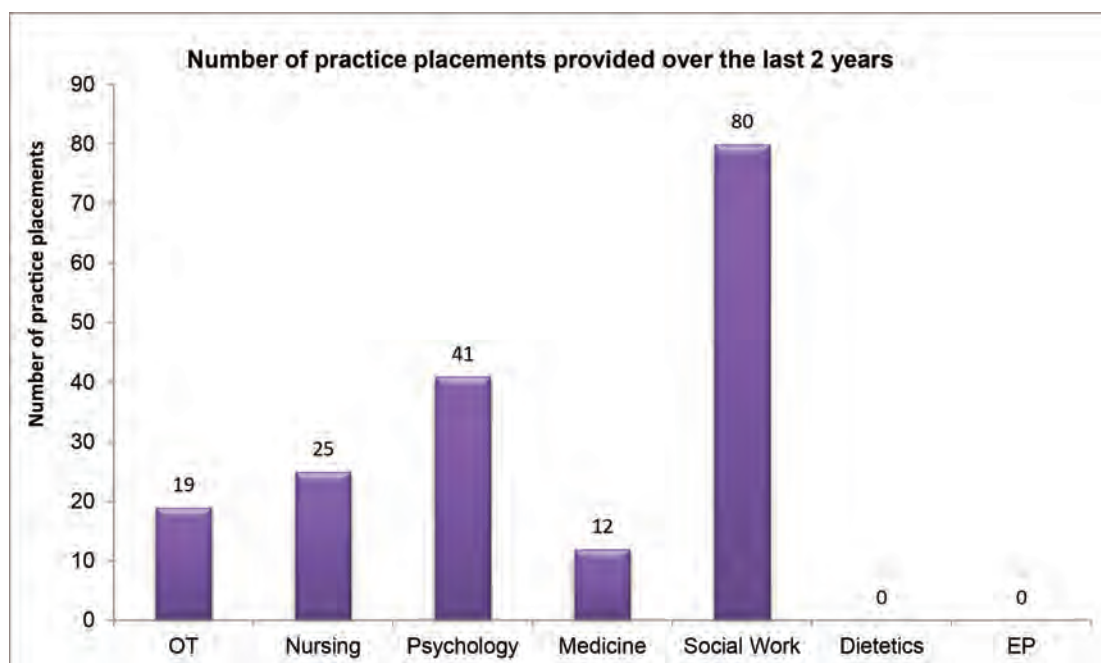


Q8. If the CMO was better resourced and well supported, would it be interested in providing practice placements? n = 4

Q 9-11. How many practice placements has your CMO provided over the last 2 years in any of the following disciplines n = 8

Table 1. Number and length of placements in pilot disciplines

DISCIPLINE	n	TOT #	Avg #	TOT length (wks)	Avg length	TOT weekly hrs	Avg hrs p/wk per student
OT	5	3.8	20	4	143	28.6	
Nursing	2	25	12.5	8	4	78	39
Psychology	2	41	13.7	26	8.7	28	9.3
Dietetics		0	0	0	0	0	0
EP		0	0	0	0	0	0
Medicine	1	12	12	5	5.0	21	21.0
Social Work	6	80	13.3	81	13.5	154	25.7
Other	3	31	10.3	21	7.0	80/	26.7
Overall (not including "other") for pilot disciplines			11.06		7.04		24.72



Q12. Does your CMO have a designated staff member who coordinates practice placements? n = 8

YES 5 (50%) NO 4 (50%)

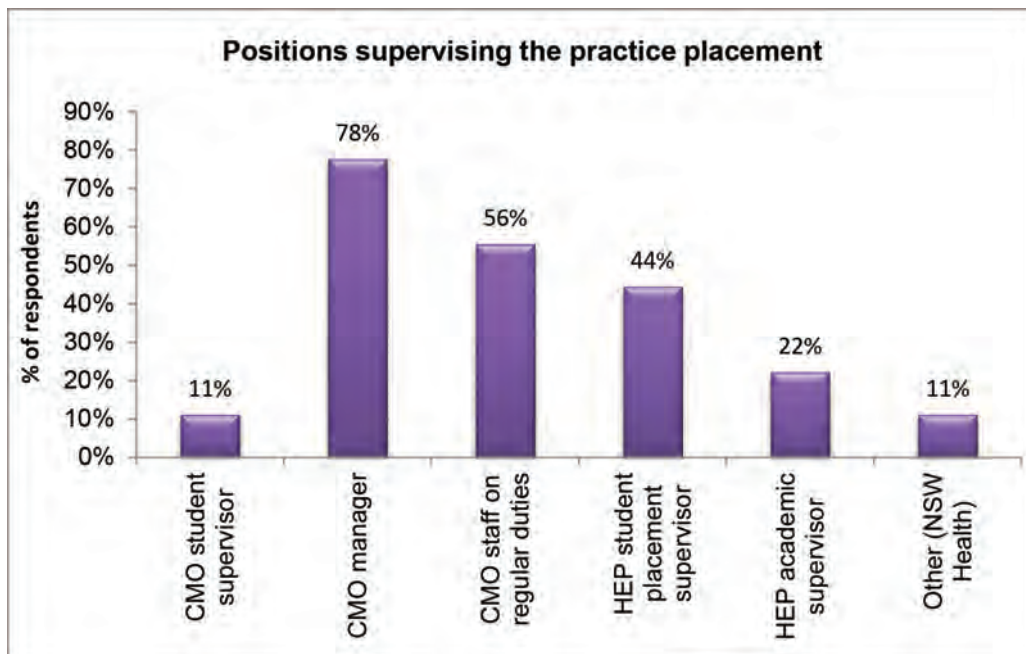
a) Approximately how many hours per week does this staff member spend coordinating practice placements? range - 1 to 30hrs/wk; total = 35, average per org = 8.75 hrs / wk

Coordination of placements -

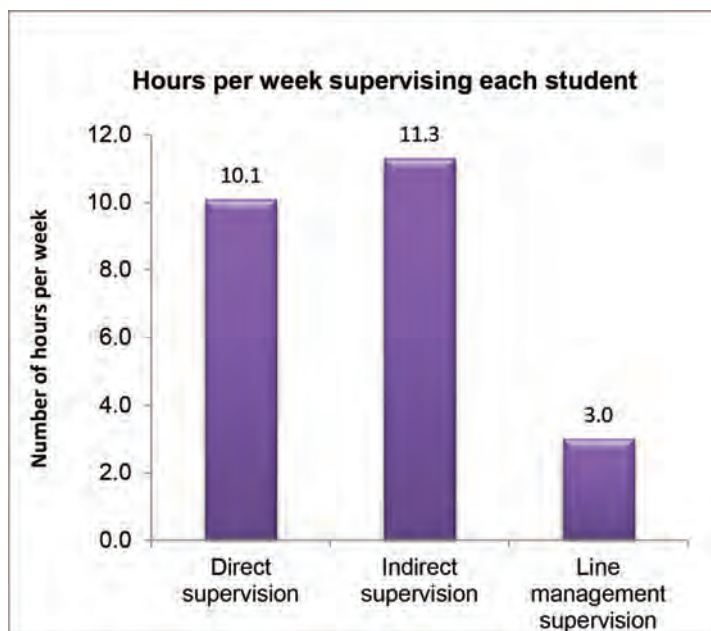
If coordinating 4 weeks before placement, during placement, and 1 week after placement

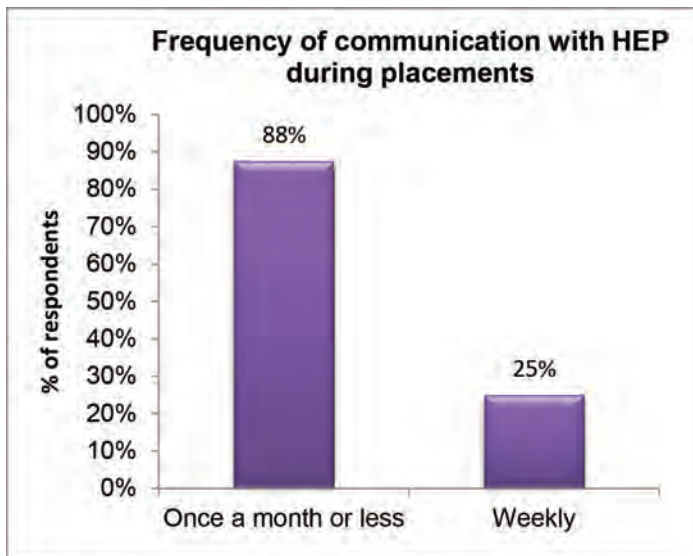
▶ 4 weeks + 3.5 weeks + 1 week = 8.5 weeks; 8.5 x 8.75hrs = 74 hrs per annum

Q13. Who provides supervision for practice placements at your CMO? n = 9



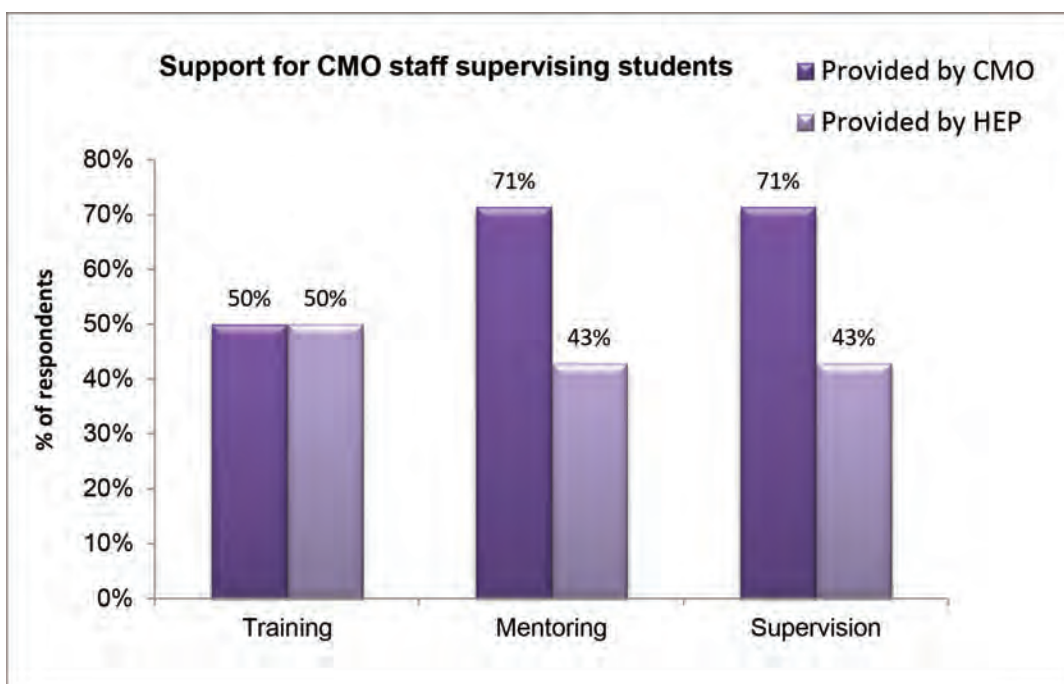
Q14. During practice placement periods, approximately how many hours per week of the following are provided by CMO staff for each student? n = 8





Q15. During placement periods, approximately how often does the CMO communicate with the Supervisor from the higher education provider (HEP)?
n = 8

Q16. Which of the following do your CMO staff receive in regard to the supervision of practice placements? n = 6



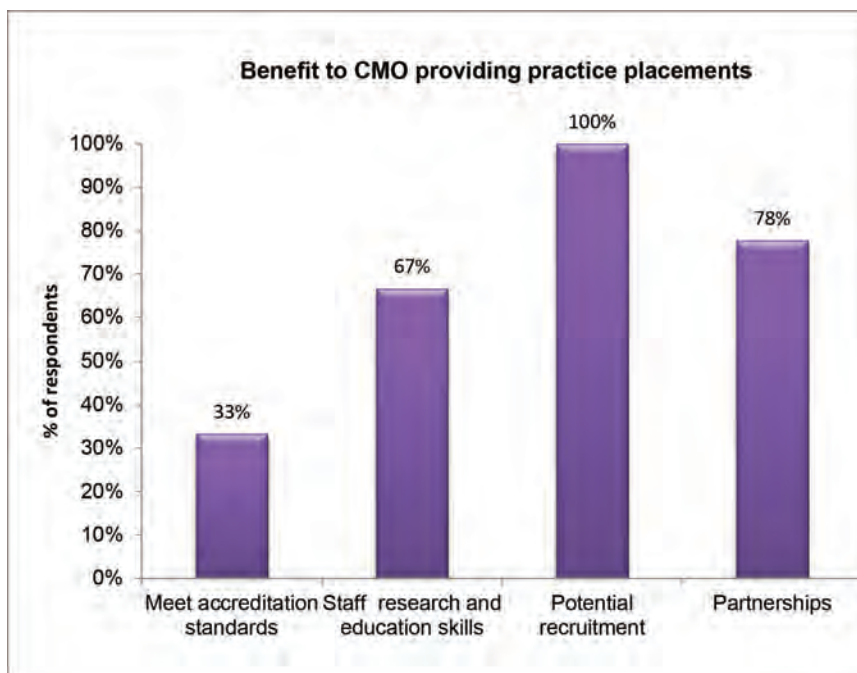
Q17. Does your CMO benefit from practice placements? n = 8

YES NO

8 (100%)

Q18. If NO, why are you providing placements?

Q19. If YES, how does your CMO benefit? n = 9



Q20. What challenges would your CMO face if there was an increase in practice placements? n = 8

- Administration of placements and suitable on site supervisors
- Physical space is limited
- Increase in supervision and increase responsibility on our staff that buddy our students.
- Availability of staff to mentor placement students
- Lack of office space and computers
- Time constraints on the current organiser.
- Increased line supervision burden plus additional support requirements from student
- Supervision time, overcrowding, consumer overwhelm, access to resources
- Ensuring that supervisors of students are adequately resourced and trained
- Unable to handle excellent supervision
- Providing adequate experience and hours required for the placement

Q21. How might these challenges be overcome? n = 7

a) Education

- ▶ Centralised practice placement training for CMO supervisors to help, plus adding this to Training Officer responsibility to reduce burden on line manager at the site
- ▶ Briefing session for Student Supervisors

b) Job redesign

- ▶ We may need to consider having a dedicated student placement coordinator.

c) Other

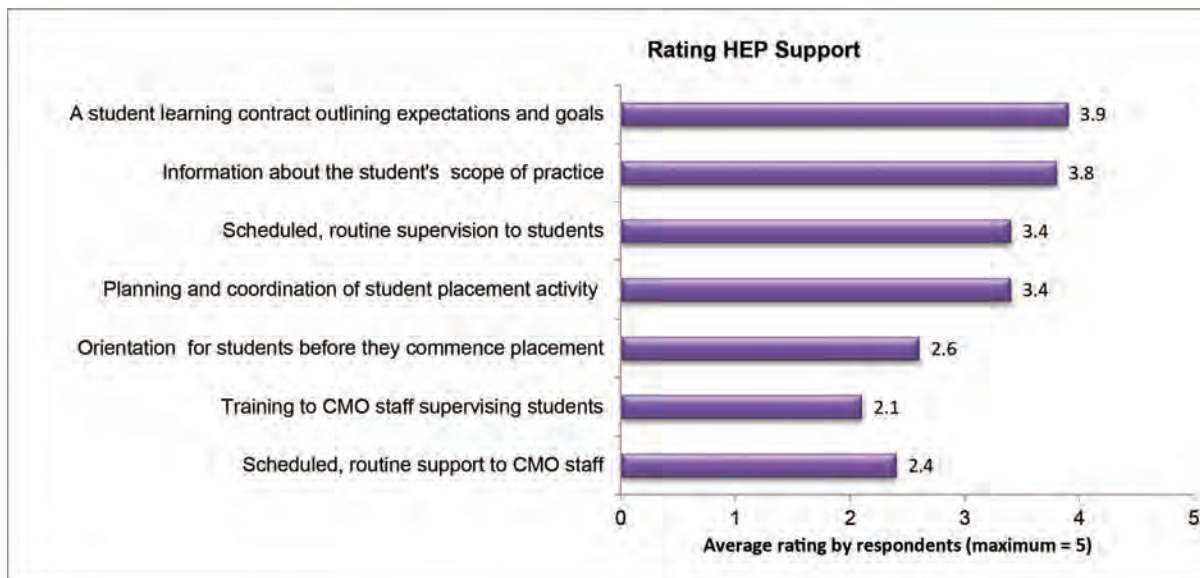
- ▶ Social Work supervisors provided, insufficient trained SW supervisors within CMO
- ▶ Relocate and share placement with other agencies.
- ▶ Timing and hot-desking
- ▶ More skilled supervisors on site

Q22. Which of the following partnership arrangements are in place between your CMO and higher education provider(s) in regard to practice placements? n = 7

- a) a formal written agreement 7 (100%)
- b) payment to your CMO for supervising the student/s on placement 0
- c) Other 1 (14%) Informal arrangements

Q23. Please rate the degree to which higher education provider(s) using your CMO for practice placements provide the following: n = 8

Q24. Does your CMO currently have ... n = 8



	YES	NO	UNSURE
a) policies for practice placements?	6 (75%)	2 (25%)	
b) procedures for practice placements?	4 (50%)	4 (50%)	
c) willingness to share your p&p?	4 (50%)		2 (25%)

Q25. Has your CMO previously attempted to expand the range, number and/or quality of practice placements? n = 8

YES	NO
4 (50%)	4 (50%)

Q26. If YES, what did you do, and how effective was it?

- Looked beyond traditional social worker/ community work placements to disciplines such as events management, business studies
- Made contact with other universities to offer placements, which resulted in more students working with us
- The answer is no, however there has been an expansion in that we have been approached to provide more practice placements
- Encourage teams to accept 3rd yr OT students that are usually very skilled and add value to services, they can often do a particular project that helps the service. Social Work students are harder to support as they require a trained SW supervisor within the CMO, only done twice in last 2 years,
- TAFE students only accepted if interviewed first and judged to be sufficiently skilled.
- 3 poor outcome for all due to over-crowding and demand on consumers
- 4 Increased networks including Gold Coast Volunteering

Q27. Has your CMO previously provided a practice placement that didn't work out? n = 12

YES	NO
5 (42%)	7 (58%)

Q28. If YES, why didn't it work out?

- had counselling students from counselling college on 1300 line and level of
- expertise was not satisfactory for nature of work
- Unskilled TAFE MH Cert IV students that have created additional stress for staff and service
- Student personal issues
- Inefficient student placement with possible mental health condition
- Student did not have the skills to adequately be actively involved in the Program

Q29. If you could go back to that time - and you had unlimited resources - what would you put in place to enable the practice placement to work out?

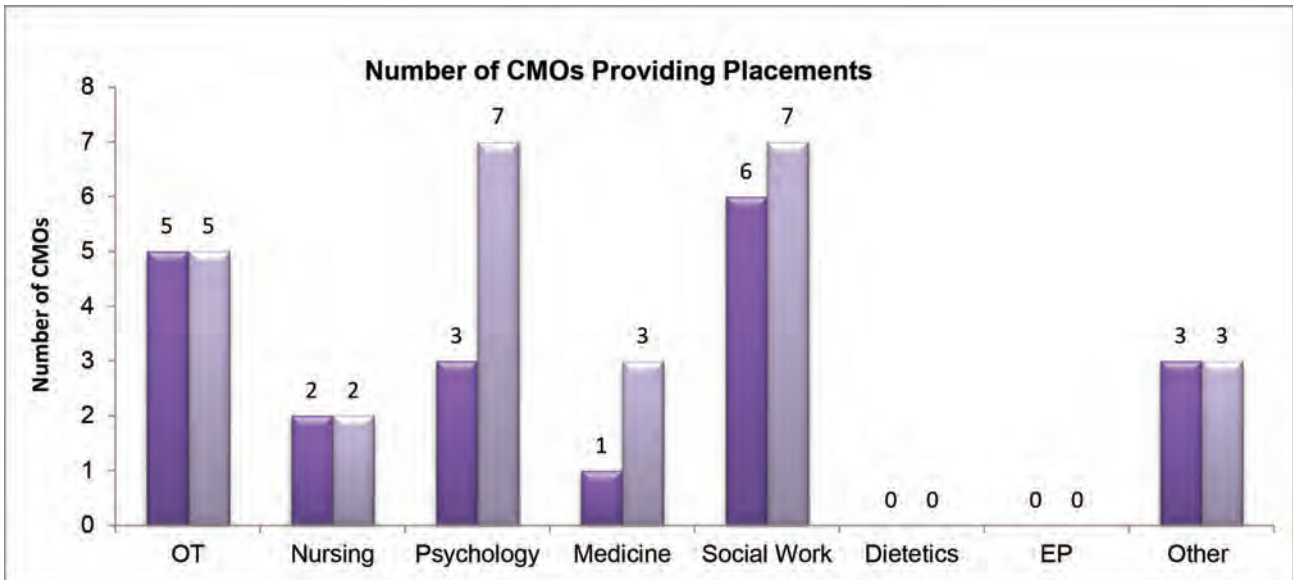
- Ensure role appropriate for level of experience and training
- Develop strong relationship with the TAFE provider in order to work out the level of competence required.
- Doubt that time would make a difference
- Not suitable
- Better support for the student and increased preparation for the student of our expectations.
- Better supervision from TAFE we have only had TAFE placements
- Students who are able to be more self-directed

Q30. Is your CMO considering / planning to provide practice placements over the short to medium term (1-5yrs)? n = 12

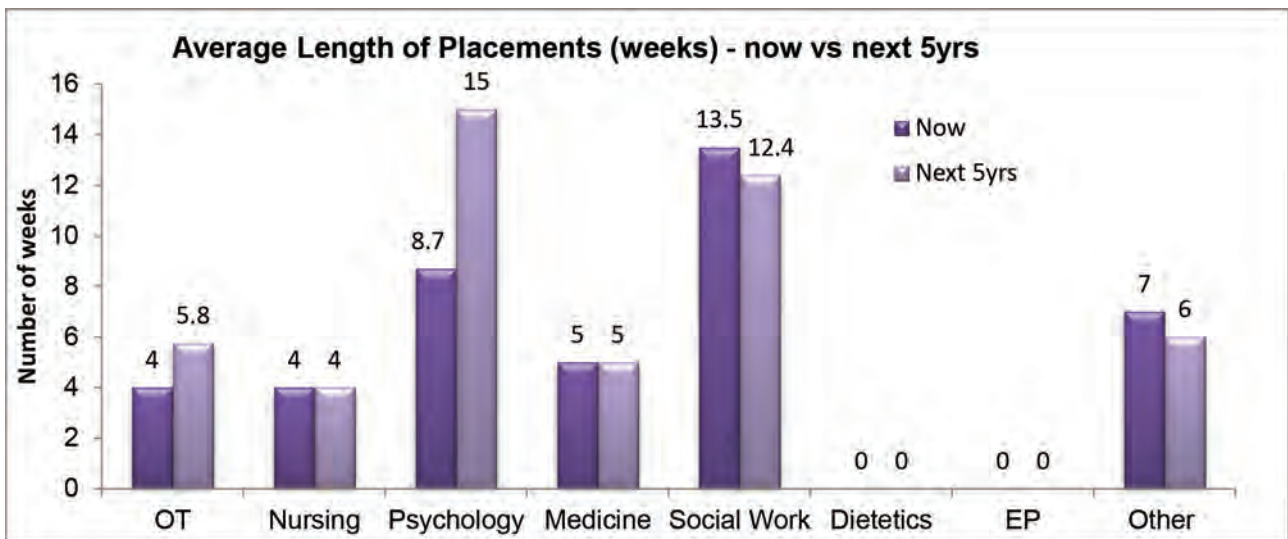
YES NO UNSURE
9 (75%) 3 (25%)

Q31-33. If YES, in which of the following disciplines, and for how much time? n = 10

	<i>OT</i>	<i>Nursing</i>	<i>Psychology</i>	<i>Medicine</i>	<i>SW</i>	<i>EP</i>	<i>Dietetics</i>	<i>Other</i>
n (respondents)	5	2	7	3	7	0	0	3
<i># respondents stating length</i>	4	2	2	1	5			3
Total length of placement	23	8	30	5	62			18
Average length of placement (wks)	5.8	4	15	5	12.4			6
<i># respondents stating hrs</i>	3	2	2	1	5			1
Total hrs per student	50	78	26	21	116			38
Average hrs per week per student	16.7	39	13	21	23.2			38

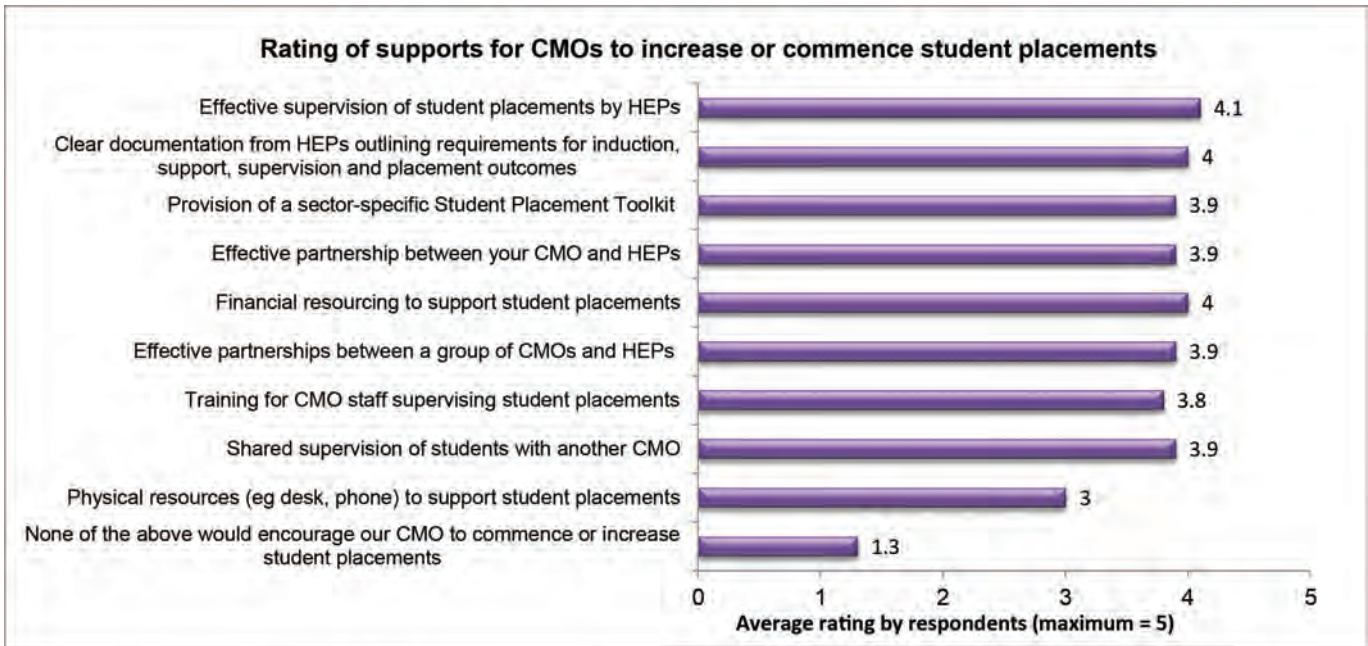


Number of Respondents providing placements now vs next 5 years **n = 10**

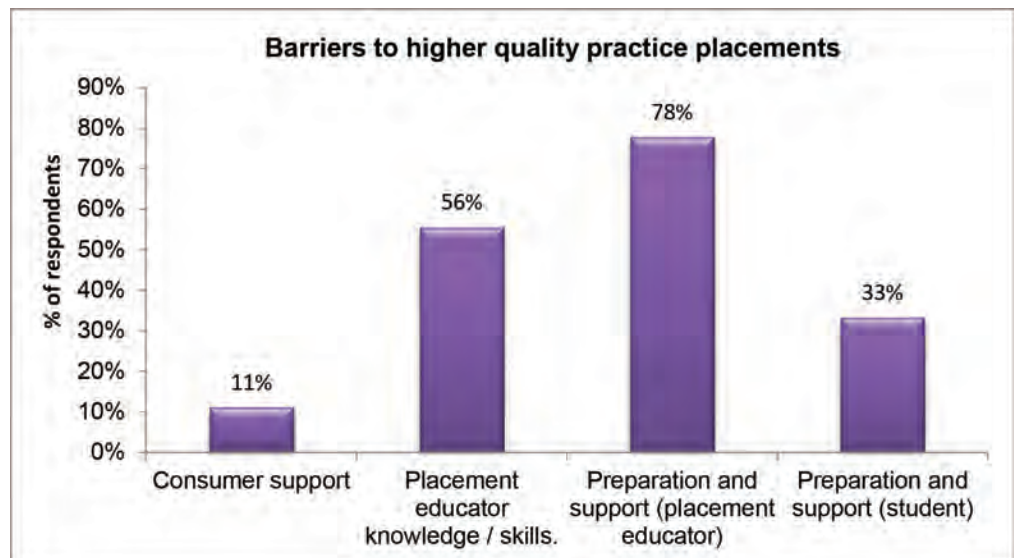


Average length of placement (wks) now vs next 5 years **n = 10**

Q34. Please rate the degree to which the following supports would encourage your CMO to commence or increase practice placements n = 12



Q35. Barriers in regard to offering better quality student placements n = 8



35-37. What barriers do you see in regard to offering better quality practice placements? n = 8

Quality area	# Identify as barrier		Q36 SPECIFIC BARRIER(S)	Q37 HOW MIGHT THE BARRIER(S) BE OVERCOME?
	#	%		
Consumer support	1	11	<ul style="list-style-type: none"> High demand on consumer for student learning Time 	<ul style="list-style-type: none"> Sharing with other agency Not taking on too many practice placements
Clinical supervisor knowledge / skills.	5	56	<ul style="list-style-type: none"> Lack of availability Need trained SW for SW, OT students easier Experience 	<ul style="list-style-type: none"> A funded position? More support from Education provider Training
Preparation and support (clinical supervisor)	7	78	<ul style="list-style-type: none"> Awareness of CMO, nature of 'business'. Lack of availability and time Sometimes heavy supervision demand on Line Manager, written documents Other staff being ? 	<ul style="list-style-type: none"> Shared informed, briefing sessions In house training and special responsibilities allowance
Preparation and support (student)	3	33	<ul style="list-style-type: none"> Complex demands of work Other staff prepared to add student supervision to their workload 	<ul style="list-style-type: none"> Discussion re expectations, challenges Staff training

Q38. Is your CMO willing to consider providing interprofessional practice placements over the short to medium term (1-5yrs)? n = 9

YES NO UNSURE

9 (100%)

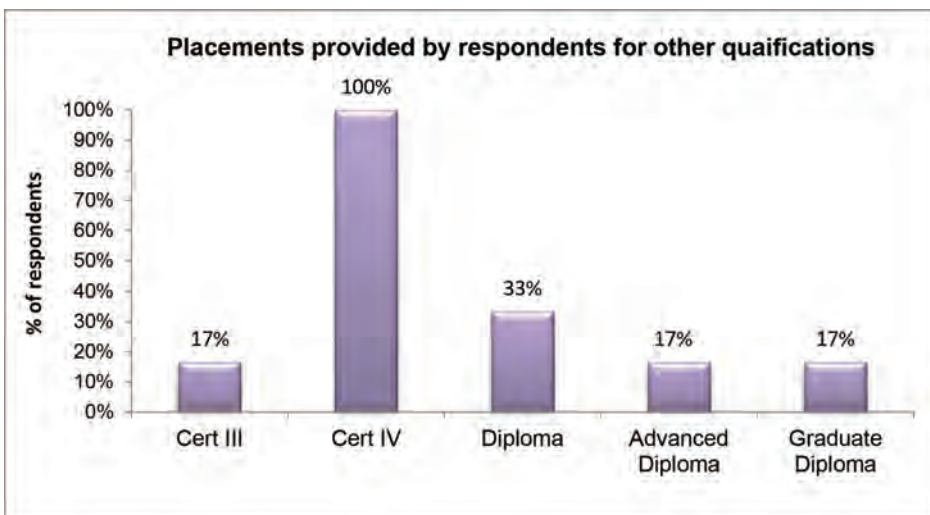
Q39. If YES, would your organisation be willing to be added to a Placement Listing that is being developed as part of this project? n = 9

YES NO UNSURE

9 (100%)

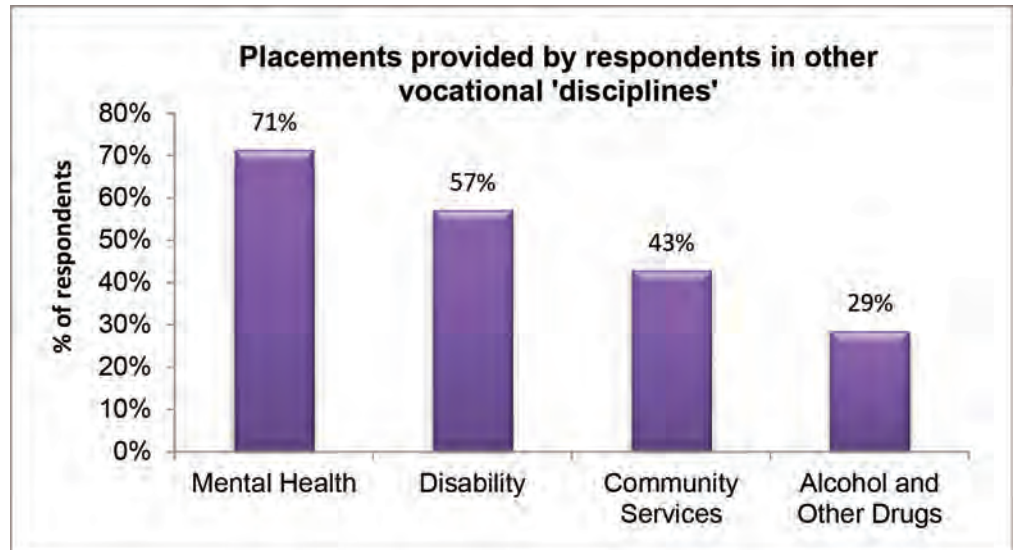
Q40. Does your CMO provide other types of placements? (eg Vocational Education and Training Providers) n = 9

YES NO
6 (67%) 3 (33%)



Q41. If YES, for which qualifications? n = 6

Q42. If YES, for which areas? n = 7



Q43. Which of the following documents are you aware of? n = 5

Document	#	%
a) <u>National Clinical Supervision Support Framework - Health Workforce Australia. (2011).</u>	2	40
b) <u>Implementing Practice Supervision in Mental Health Community Managed Organisations - MHCC (2012).</u>	4	80
c) <u>The Superguide: A handbook for supervising allied health professionals - Health Education and Training Institute (2012).</u>	0	0

Q43. Are you willing to be contacted further about the Practice placement Project? n = 9

YES NO
 9 (100%) 0 (0%)

Appendix 7. Practice Placement Responsibilities

Responsibilities articulated by HWA for HEPs are adapted and expressed in Box 1.

Box 1. HEP Practice Placement Responsibilities¹⁰²

1. Oversee practice education

2. Manage practice placement

e.g. specification of the student's required time commitment, responsibilities, attendance requirements and goals/learning outcomes

3. Define what is expected from the student

e.g. learning objectives and relevant details such as student dress, identification, compulsory student equipment and consumables.

4. Inform supervisors of learning objectives and context

Ensure learning objectives for the placement and context of the placement in the broader education curriculum are accessible to Placement Facilitator, Placement Educator and student.

5. Student monitoring, feedback and assessment tools and processes

Ensure Placement Facilitators and Placement Educators have access to, knowledge of, and training in (if applicable) these tools and processes.

6. Student assessment

With input from Placement Facilitator and Placement Educator about student performance while on placement.

7. Administration and conduct of the student during placement

e.g. attendance, guidance, and discipline.

8. Ensure student participation in consumer support at levels that match their capability.

Clearly define student's scope of practice

9. Inform students of pre-placement conditions

10. Clarify any HEP support available for the Placement Facilitator and Placement Educator

e.g. access to tools and resources.

11. Ensure all HEP staff involved in the practice placement process are aware of and abide by the practice placement agreement.

12. Use best efforts to ensure that students:

- a. comply with the relevant policies and procedures of the CMO
- b. demonstrate high professional standards in terms of appearance, attitude and professional behaviour
- c. complete required pre-placement conditions

¹⁰² Adapted from Health Workforce Australia 2012, pp. 10-12

Appendix 7. Continued

HWA suggests joint responsibilities for HEPs and CMOs which are adapted and expressed in Box 2. HWA (2012) proposes that these may be joint or collaborative responsibilities and that a practice placement agreement should:

- Clarify each issue and
- Identify who is responsible for which areas

Box 2. HEP and CMO – Joint Responsibilities for Practice Placements¹⁰³

- 1. Establish and agree on the amount, nature and level of student supervision**
- 2. Identify the Placement Facilitator's and/or Placement Educator's role expectations**
including agreed level of supervision, time spent in supervisory role and any other relevant supervision requirements.
- 3. Establish procedures and supporting processes for the support and management of underperforming students.**
- 4. Clarify responsibilities about providing support for student welfare**
including support for students with difficulties (personal or professional).
- 5. Establish processes for feedback and evaluation of the placement**
by the student, Placement Facilitator, Placement Educator, HEP and CMO including specification of what type of feedback is sought and how it will be used.
- 6. Provide student with access to appropriate training and/or support for adjustment to remote placements with specific cultural issues.**
- 7. Establish administration and governance processes to support the placement**
- 8. Specify obligations of the HEP and CMO about:**
 - a. insurance(s)
including public liability, professional indemnity, and workers' compensation
 - b. indemnity
 - c. verification of insurance¹⁰⁴

103 Adapted from Health Workforce Australia 2012, pp. 10-12.

104 For example, the CMO may request evidence of the education provider's insurance cover.

Appendix 7. Continued

Responsibilities of the host organisation are also suggested by HWA (2012). These are adapted in Box 3.

Box 3. CMO Practice Placement Responsibilities¹⁰⁵

1. Obtain consumer consent

2. Ensure that duty of care is balanced with dignity of risk

3. Provide adequate access for the student to

- a. consumers
- b. opportunities for practical experience
- c. facilities and equipment
- d. relevant policies and procedures

4. Student orientation

including emergency procedures

5. Consumer support

including articulated expectations to ensure service delivery requirements are met

6. Ensure an appropriate and safe physical environment,

including adequate infrastructure and student access to appropriate resources for the practice placement (e.g. IT and desks).

7. In regard to the Placement Educator:

- a. state required core competencies
- b. arrange appropriate training (if required) and adequate, ongoing support
- c. define expectations

including statement of their role and responsibilities (time commitment required, clarification of education goals/learning outcomes and other responsibilities such as student welfare / pastoral care).

8. Ensure CMO staff involved in the practice placement process are aware of, and abide by, the practice placement agreement.

¹⁰⁵ Adapted from Health Workforce Australia 2012, pp. 10-12

Appendix 8. Functional Accountabilities During Placement

Person/Org	Potential Functional Accountabilities
Student	<ol style="list-style-type: none">1. Meet pre-placement conditions2. During placement:<ol style="list-style-type: none">a) Develop learning planb) Learn professional skills for the workplacec) Apply professional skills to the workplace
CMO staff	<ol style="list-style-type: none">1. Placement coordination2. Prepare workplace3. During placement:<ol style="list-style-type: none">a) Manage studentb) Workplace orientationc) Support development of a learning pland) Teach and mentor studente) Assess studentf) Professional supervision of student
HEP staff	<ol style="list-style-type: none">1. Placement coordination2. Prepare student to meet pre-placement conditions3. During placement:<ol style="list-style-type: none">a) Support management of studentb) Support teaching and mentoring of studentc) Assess studentd) Professional supervision of student
External agent	<ol style="list-style-type: none">1. Placement coordination2. During placement:<ol style="list-style-type: none">a) Teach and mentor studentb) Assess studentc) Professional supervision of student

NOTES

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