

19 March 2009

## **Response to the National Health Workforce Taskforce Discussion Paper ‘Health Education and Training – Clinical Training: Governance and Organisation’**

This response to the NHWT Discussion Paper on Clinical Training – Governance and Organisation is from the Council of Deans of Nursing and Midwifery (Australia & New Zealand) (CDNM).

The Discussion Paper published by the NHWT at its end lists six questions for discussion. The questions are ones to which individuals or individual Schools of Nursing could well respond since they ask for evidence from the experience of those individuals. The CDNM has encouraged its members to respond in this way. It is less easy for an umbrella organisation such as this Council to respond to them since the experiences of the members are varied and whatever the Council might say might not cover every case. The Council nevertheless has chosen to respond but perhaps not in the form in which the NHWT might prefer.

We compliment the authors of the Discussion Paper on setting out the present situation and the issues accurately and fully. Many of our members will recognise from their own experiences the situations described in the Paper. For the last twenty years or so our members have made their various arrangements for clinical placements for their students and are well aware of the difficulties and pressures on health facilities as well as on their own educational staff and students. We are gratified to see the issues recognised at a national level, and movement towards addressing them on a national basis.

We agree with the analysis on p.11 of the Paper under the heading *The Agency’s Role in Clinical Education and Training*. This analysis leads on to consideration of four possible new arrangements to optimise provision of clinical placements for all health professions. The NHWT will be well aware that any new arrangements will be resisted in some places or professions where current arrangements are working well for the units concerned, even though the arrangements are not suitable for others. You will hear repeatedly: “If it ain’t broke, don’t fix it” even though the system is broken at the national level, the level which the NHWT has to fix.

We are wary of the Facilitative Model. While we would love to see a model which led to improvement in “governance policy, innovation and best practice in clinical education” we are sceptical that negotiating relationship principles, disseminating innovation and best practice approaches, facilitating a focus on competency-based clinical training and supporting interdisciplinarity will on its own solve the problems which now exist. All these measures are good and desirable, but we believe there needs to be something more systematic, more “hard-edged” to achieve the results we seek.

At the other extreme, we believe the Central Allocation Model would be inappropriate for Australia, given the size of its population, the diversity of its environments and the fact that, like it or not, the nation is a federation of states and territories. Allocation of clinical places by a central body would create endless opportunities for conflict between jurisdictions.

A Tendering Model would avoid that problem, but at the expense of extra paperwork and administration. There is effort for all tenderers, only one of whom will be successful in any tender; effort for the organisation letting the tender and evaluating all the applicants; effort in supervising the successful tenderer. We are aware of the usefulness of tenders for many activities, but we see this model as bringing daunting difficulties into the business of clinical placements.

Therefore, we favour the Brokerage Model in which a broker “would identify clinical placement needs and match them with health service capacity”. The broker “would not make allocative or distributional decisions for states and territories”, thus avoiding the conflicts raised by central allocation. The broker would have a facilitative, developmental role, but with a direct involvement in actual situations which could be missing in the Facilitative Model. We believe that a national brokerage arrangement could meet the “Other Considerations” listed on pp.11-12 of the Paper without the disadvantages which we perceive in other options.

We thank the NHWT for the opportunity to comment and we wish you well in your deliberations.

For further comment, please contact:

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