



Clinical Supervisor Support Program (CSSP) Discussion Paper Submission Template

Organisation: Services for Australian Rural and Remote Allied Health (SARRAH)

Contact Name and Title: Rod Wellington – Chief Executive Officer

Phone Number: 02) 62854960

Email Address: rod@sarrah.org.au

Date of Submission: 3 September 2010

Submission Process:

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

CSSP Discussion Paper Policy Options and Questions:

Clarity

Policy Option 1: Develop national principles for education and training in the health sector.

Do you support this policy option?: yes/~~no~~

Question 1:

Does your organisation have clinical education and training principles that could be applied to health services nationally? If yes, please include in your submission, if no, what are the key action areas that you would like included in national principles developed for clinical education and training in Australia?

Response:

As a grassroots organisation of allied health clinicians practicing in regional, rural and remote settings in Australia, Services for Australian Rural and Remote Allied Health (SARRAH) provides a collective voice for these practitioners. Most rural allied health professionals do provide clinical supervision for students, yet there are issues unique to their rural settings that could be usefully addressed as HWA develops its policy to support clinical education more generally.

It should be noted that rurally practicing new graduates also require considerable clinical supervision as there is not a site based network of collegial support as there might be in a metropolitan centre.

A paper describing the needs for clinical supervision of new graduates practicing in rural and remote settings can be found at the following URL:

http://www.ircst.health.nsw.gov.au/_data/assets/pdf_file/0004/67936/Rural_NSW_Allied_Health_Clinical_Supervision_Paper_Final.pdf

Policy Option 2: Develop a nationally agreed statement of role and function supervisor/supervision.

Do you support this policy option: yes/~~no~~

Question 2:

Does your organisation have agreed terminology and definitions for the role and function of “clinical supervisor” or “clinical supervision”? If yes, please include the definitions in your submission, if no, what terminology does your organisation use to describe these functions? What cross-profession terminology do you think should be used in the National Clinical Supervision Support Strategy and Framework?

Response:

The term most often to describe a person who supervises students in medical and nursing professions is “preceptor”. This term is not typically used across allied health professions but could be easily accommodated. It is more common that in allied health, these people are simply called student supervisors.

SARRAH recommends that the term “Clinical supervision” be abandoned as referring to student supervision. Psychology, social work and mental health nursing professions have a clear understanding of this term that is not at all related to the clinical education of students in their professions. Use of the term “clinical supervision” is confusing as it is clearly understood in mental health settings as being synonymous with the concept of professional development and support of best practice by qualified practitioners.

As public health managers are recognising the need for ongoing professional development and support, policies are being developed, for example in NSW Health, mandating that all allied health professionals must have formal clinical supervision as a strategy to improve both the quality of clinical services and improve staff retention. This is particularly important to rural and remote clinicians. Confusion around the terminology is proving very difficult in implementing these policies.

Policy Option 3: Develop an agreed competency framework that defines the knowledge, skills and attributes necessary for quality supervision.

Do you support this policy option: yes/~~no~~

Question 3:

Are there core generic competencies you would like added/deleted?

Response:

SARRAH agrees with the competencies suggested in the discussion paper, that is: clinical skills & knowledge; adult teaching & learning skills; giving and receiving feedback; communication; appraisal and assessment; remediation of poorly performing students; and interpersonal skills.

In rural and remote settings, it is also an essential skill to practice culturally safety and should be added to the list of essential competencies.

Question 4:

For organisations delivering professional entry training or other curricula: to what extent are the skills already included in current curricula? Do you support greater coverage of these skills in entry to practice courses? To what extent could this replace post-entry to practice supervision skills development?

Response:

SARRAH recognises that the University Departments of Rural Health (UDRH's), where they exist, provide excellent access to training for rural allied health professionals in all of the above mentioned competencies.

SARRAH supports the continuation and expansion of the number of UDRH's and also recommends that dedicated allied health clinical academics be established at every UDRH, so interprofessionally adapted education can be provided to increase access to this important education.

Question 5:

For professional associations and registration boards: does education and training form part of the current CPD program?

Response:

N/A

Policy Option 4: Develop best practice guidelines and templates for clinical placement agreements between health services and university.

Do you support this policy option: yes/no

Question 6:

Do you currently have clinical placement agreements in place? If yes, please include a copy with your submission, if no please indicate what should be included in the best practice guidelines.

Response:

SARRAH has no opinion on this matter.

Question 7:

Do you currently have agreements in place in relation to student documentation? If yes, please include a copy with your submission, if no please indicate what should be included in the best practice guidelines.

Response:

N/A

Quality

Policy Option 5: Develop a generic training program aligned to agreed core competencies.

Do you support this policy option: yes and no

Question 8:

Do you provide, or are you aware of, courses that are currently available that address some or all of the generic skills outline above?

Response:

The core competencies are, indeed, generic in nature and many allied health university programs are already offering interprofessional training for student supervisors.

However, there are also context-specific issues in terms of applying these generic principles that are both discipline specific and relative to the rurality of the practice setting. SARRAH supports the development of generic training programs coupled with more specific contextual training such as breakout model to contextualise the larger generic training program.

Question 9:

Are you aware of a course that could be adapted to align to agreed core competencies that should be considered as part of this project?

Response:

There are several postgraduate degree programs in Clinical Education in the allied health professions, including Charles Sturt University (NSW) and Flinders University Rural Clinical School (SA), which could be adapted to serve the educational purposes proposed by HWA.

“Teaching on the Run” (Lake FR and Ryan G, 2007, Medical Journal of Australia. ISBN 0 9775786 07) is a print resource developed by and for medical practitioners that could be usefully adapted to be more relevant to student supervision in the allied health and nursing professions.

Policy Option 6: Support health services to deliver training locally that builds capacity.

Do you support this policy option: yes/æ

Question 10:

Does your organisation have “dedicated clinical educator” positions? If yes, how is this position funded?

Response:

SARRAH recognises that the absence of dedicated allied health clinical educator positions is a major obstacle to clinical education in allied health. There are severe workforce shortages in rural and remote Australia, which places increased demands on potential student supervisors’ time, and there is substantial pressure to provide clinical service delivery in preference to clinical education.

Full time dedicated allied health educator positions are particularly well suited to the regional setting where there is a larger concentration of infrastructure and the capacity to take greater numbers of students. In contrast, dedicated allied health educator positions would be more appropriately on a part time basis in rural and remote settings.

SARRAH recommends that, in rural and remote settings (RA 4 & 5), dedicated clinical supervisor positions, in addition to student supervision, should include the supervision of new graduates who are isolated and required to perform a broad range of clinical services as is typical of rural practice.

Question 11:

Are there other strategies that build local capacity that you would you like the HWA to consider?

Response:

SARRAH strongly supports the proposal that HWA provide funding to integrated regional networks to establish clinical placement support positions. As these funds are often diverted to other priorities, SARRAH recommends that an explicitly determined portion of the funding be specifically targeted to the allied health professions. If based on workforce numbers, approximately 18% of the Australian health workforce are allied health professionals.

SARRAH recognises that in remote and rural areas, much of clinical supervision is supported by distance communication methods. Telehealth infrastructure such as videoconferencing and fast broadband internet services is essential to clinical supervision in remote areas and could provide students in those settings access to clinical education tutorials and grand rounds being broadcast from metropolitan centres.

Policy Option 7: Develop consistent clinical placement assessment tools within disciplines.

Do you support this policy option: yes/~~no~~

Question 12:

Are there consistent clinical placement assessment tools in place for your discipline?

Response:

The Assessment of Physiotherapy Practice (APA) assessment tool is being used by a number of universities and is highly valued by rural clinicians as a time saving and simplifying instrument by which to measure student clinical performance.

The APA tool is available from URL:

<http://www.altc.edu.au/project-development-clinical-assessment-2006>

Develop a Teaching and learning organisational culture

Question 13:

What education and training activity would you like to see measured in health services?

Response:

Clinical education models vary amongst professions. Where students are supervised on a 1:1 basis, the measure of student-weeks may reflect actual time spent in clinical education. Where group supervision models are practiced, student-weeks may overestimate the productivity of the dedicated student clinical supervisor and underestimate the activity of ward clinicians who provide direct supervision of students in the clinical setting.

Culture

Policy Option 8: Implement a reward and recognition program.

Do you support this policy option: yes/æ

Question 14:

Does a national award program exist for supervisors in your profession?

Response:

SARRAH recognises that continuing professional development (CPD), particularly access to face to face conferences and courses, is a highly valued activity for rural and remote allied health practitioners. Indeed, there is evidence that access to CPD has a significant influence on allied health professionals intention to remain in rural practice settings.

Access to online university resources, particularly library resources, is also highly valued.

Shifting the institutional culture of clinical education so that student supervision is more highly valued would provide valuable recognition from health service managers. Clinical teaching awards and certificates of appreciation are often used to support applications for promotion and are valued as a strategy for career progression in allied health.

While remuneration of individual clinical supervisors is not practicable, departments and clinical teams would benefit from direct remuneration to meet locally determined clinical education needs such as facility based library resources or IT infrastructure.

Question 15:

For universities: is there scope to standardise supervisor supports in your organisation?

Response:

N/A

Policy Option 9: Integrate and recognise supervision as a core component of the clinical role.

Do you support this policy option: yes/æ

Question 16:

Does your organisation currently include education and training as a core function within position descriptions? Does your organisation explicitly recognise the philosophy that education is a part of health practitioner roles?

Response:

It has been well established that rural student placements increase the likelihood of a subsequent choice to work rurally after graduation. As such, clinical supervision of students is an absolutely essential part of all rural allied health practice.

In direct opposition to this is the fact of severe allied health workforce shortages in regional, rural and remote settings create exceptionally high clinical demands that make student supervision very difficult to manage.

It is absolutely essential that organisational culture shift its priority to include a longer term perspective on rural health service delivery. Locum services to support the workload demands whilst clinicians attend to clinical supervision of students would also be very helpful, as would dedicated clinical supervisor positions in allied health.

Policy Option 10: Develop national support mechanisms for clinical supervisors.

Do you support this policy option: ~~yes~~/no

Question 17:

As a supervisor do you see benefit in developing an online resource to support supervisors? if yes, what information would you like made available online to assist with this role?

Response:

Support for clinical supervision should be provided at a local level in the specific context in which the student placement is occurring. Aside from providing training in the basic competencies of clinical supervision, online resources are unable to address the context dependent issues that arise in rural clinical placements.

General Comments:

SARRAH welcomes the opportunity to submit comments on the HWA discussion paper titled Clinical Supervision Support Program.

SARRAH is nationally recognised as a peak body representing rural and remote allied health professionals working in both the public and private sector.

SARRAH's representation comes from a range of allied health disciplines including but not limited to: Aboriginal Health Workers, Audiology, Dietetics, Occupational Therapy, Optometry, Oral Health, Pharmacy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology.

These allied health professionals provide a range of clinical and health education services to individuals who live in rural and remote communities. Allied health professionals are critical in the management of their clients' health needs, particularly with chronic disease and complex care needs.

It is noteworthy that in many smaller and more remote communities those people in need of primary health care are reliant on nursing and allied health services. If these health professionals are well supported then the need to access specialist and hospital services will be reduced.

SARRAH maintains that every Australian should have access to equitable health services wherever they live and that allied health professional services are basic and core to Australians' primary health care and wellbeing.