








MEETING NOTES		ACDHS WORKING GROUP- 'Clinical hours'	
MEETING CHAIR		Professor Kathryn Refshauge	
DATE		20 April 2018	
TIME		12-1	
Members	Attending	Apologies	
	Kathryn Refshauge		
	Esther May		
	Catherine Itsiopoulos		
	Megan Smith		
	Sarah Roberts-Thomson		
	Lisa Hanna	Catherine Bennett	
		Ross Young	
		Terry Haines	
In attendance ACDHS EO		Robyn Adams	
Draft Meeting notes			
Item	Discussion		Actions
1.	<p><b>Background</b></p> <p>The requirements and expectations about the volume, quality, setting and availability of clinical education (CE) have been long standing discussion points at ACDHS meetings. Drivers for ongoing discussions include</p> <ul style="list-style-type: none"> <li>▪ Variability in hours in accredited programs</li> <li>▪ Lack of substantive evidence base for specified CE requirements</li> <li>▪ Authority</li> <li>▪ CE capacity of health service providers</li> <li>▪ Expectations about the quality of CE placements</li> <li>▪ Consistency within and across professions</li> <li>▪ Portability</li> <li>▪ Transferability of CE learning across CE placement settings</li> </ul>		
2	<p><b>Aim</b></p> <p>After some discussion, members suggested the draft aim of working group be amended from</p> <p style="padding-left: 40px;"><i>"To develop a shared vision and plan to inform communication and actions about clinical education hours &amp; quality of CE hours required to produce a 'good graduate'"</i></p> <p>to</p> <p style="padding-left: 40px;"><i>"To develop a shared vision and <b>evidence based framework</b> to inform communication and actions about clinical education hours and quality of CE hours required to produce a '<b>competent entry level graduate</b>'"</i></p> <p><b>Outputs</b></p> <ul style="list-style-type: none"> <li>▪ Position paper ( a consensus paper from the Council) <ul style="list-style-type: none"> <li>○ Including an EB framework that is sensible and logical</li> </ul> </li> <li>▪ Systematic review</li> <li>▪ 1-2 peer review articles</li> </ul> <p><b>Audience</b></p> <ul style="list-style-type: none"> <li>▪ Accreditation bodies, registration boards</li> <li>▪ Professions/ professional associations/</li> <li>▪ CE providers/ Clinical partners/on the ground educators</li> <li>▪ Academics/ other unis with AH programs</li> </ul>		

<p>3</p>	<p><b>Discussion points</b></p> <ul style="list-style-type: none"> <li>▪ ACDHS is adopting a proactive approach to identified CE capacity issues</li> <li>▪ Inherent power of ACDHS working group and broader Council to             <ul style="list-style-type: none"> <li>○ collate available evidence</li> <li>○ produce position papers and/or peer review articles, and</li> <li>○ <b>lead the discussion</b> on CE including                 <ul style="list-style-type: none"> <li>▪ time based V competency based CE</li> <li>▪ Assessment of competency ....</li> </ul> </li> </ul> </li> </ul> <p><b>Challenges include</b></p> <ul style="list-style-type: none"> <li>▪ Expectations/prioritisation of traditional placements</li> <li>▪ Growth in enrolments in health programs</li> <li>▪ Resulting increase in need for clinical placements</li> <li>▪ Capacity challenges of health and community sector providers</li> <li>▪ CE quality measurement/assessment</li> <li>▪ Coal face culture of CE supervisors/ cultural change clinical partners</li> <li>▪ Innovation/creativity limited by current constraints</li> <li>▪ Decision makers of competency             <ul style="list-style-type: none"> <li>○ What is the decision making process?</li> <li>○ Who decides                 <ul style="list-style-type: none"> <li>▪ who signs off on competency</li> <li>▪ ie who makes the final decision?</li> </ul> </li> </ul> </li> <li>▪ Pragmatics for university scheduling clinical placements             <ul style="list-style-type: none"> <li>○ Practical realities preclude an individual approach to competency assessment → adopting an ‘on average’ approach</li> </ul> </li> <li>▪ Individual academic’s understanding of cost of course/CE delivery options</li> <li>▪ Variable primary focus of stakeholders within complex system of CE             <ul style="list-style-type: none"> <li>○ a student focus adopted by academics</li> <li>○ ... ?tbc focus adopted by the professions/reg boards</li> <li>○ ... ? tbc focus of the accrediting councils</li> </ul> </li> </ul> <p><b>Some questions</b></p> <ul style="list-style-type: none"> <li>▪ Are the current CE requirements, in particular CE hours, necessary to produce a competent entry level graduate?</li> <li>▪ What level/amount of CE is considered ‘<i>enough</i>’ for an entry level graduate             <ul style="list-style-type: none"> <li>○ Aspirational V efficient ( not to be confused with ‘minimum’ or ‘dumbing down’)</li> <li>○ HWA work on minimally efficient pathway                 <ul style="list-style-type: none"> <li>▪ Existing variability in program hours points to an option for challenge</li> </ul> </li> </ul> </li> <li>▪ How to get traction when we ( the higher education program providers) are part of the problem</li> </ul>	
<p>4.</p>	<p><b>Available evidence</b></p> <p>Initial literature search by colleague at USyd revealed</p> <ul style="list-style-type: none"> <li>▪ limited evidence with considerable heterogeneity in the focus and measures eg             <ul style="list-style-type: none"> <li>○ hours required</li> <li>○ achievement of competencies</li> <li>○ quality of supervision</li> <li>○ simulation replacement</li> <li>○ supervision models ( no students/supervisor or peer)</li> <li>○ peer assisted learning</li> <li>○ gaps in work readiness</li> </ul> </li> <li>▪ no accessible evidence to support current specified hours for accreditation ( OT, ESSA)</li> <li>▪ the OT specified hours is to comply with WFOT recommendations</li> <li>▪ there are at least 5 AH disciplines that have competency based assessments in place or in development             <ul style="list-style-type: none"> <li>○ Ex Phys, MRS, OT, PT,SP ( ref Table 4 in meeting papers)</li> </ul> </li> </ul>	<p>All WG members to send known evidence to EO</p> <p>EO to arrange folder in members section of ACDHS website</p>

5.	<p><b>Evidence required to support conversations/recommendation includes areas such as</b></p> <ul style="list-style-type: none"> <li>▪ quality</li> <li>▪ authenticity</li> <li>▪ transferability</li> <li>▪ specified requirements- hours, supervision, setting</li> <li>▪ soft skills V technical skills acquisition ( and/or competency)</li> <li>▪ simulation</li> <li>▪ economic analysis ( <i>...noting current IHPA TTR classification development</i>)</li> <li>▪ economic modelling ( <i>could underpin vision/ framework that is to be developed</i>)</li> <li>▪ affordability</li> <li>▪ methodological approaches ( <i>for example, examining system complexity</i>)</li> </ul> <p>Related discussions</p> <ul style="list-style-type: none"> <li>▪ highlighted the absence of evidence to support specified requirements and current variability in hours in accredited programs ( HWA profiles inserted as PDFs below)</li> <li>▪ perhaps add to the evidence of what is required</li> <li>▪ consider within a conversation of ‘chaos’ <ul style="list-style-type: none"> <li>○ that in the absence of evidence, capacity is framed within historical requirements</li> <li>○ could be that 1000 hours is about right... gather evidence to support/refute</li> </ul> </li> </ul>	
6	<p>Terms to avoid</p> <ul style="list-style-type: none"> <li>▪ Capacity is a driver, but should not be core to messaging</li> <li>▪ Minimum</li> <li>▪ ‘messy’ terms <ul style="list-style-type: none"> <li>▪ ‘Capacity’ ...relates to existing models, expectations and cultures and existing demand and supply <ul style="list-style-type: none"> <li>○ Related issue of ‘untouched capacity’</li> </ul> </li> <li>▪ ‘Demand- supply’</li> </ul> </li> <li>▪ Varying definition of terms <ul style="list-style-type: none"> <li>○ clinical placement hour</li> <li>○ A clinical placement ‘day’ 7 or 8 hours...varies</li> </ul> </li> </ul> <p>Terms to use....</p> <ul style="list-style-type: none"> <li>▪ Entry level graduate</li> <li>▪ Entry level graduate attribute</li> <li>▪ Competent</li> <li>▪ Competent entry level graduate</li> <li>▪ Preparedness for practice</li> <li>▪ Quality</li> <li>▪ Authentic/authenticity</li> </ul>	
7	<p><b>ACDHS support</b></p> <ul style="list-style-type: none"> <li>▪ ACDHS secretariat will provide administrative support to working group</li> <li>▪ ACDHS website will provide host location for material</li> <li>▪ ACDHS council has approved in principle an allocation of funding to support collation of evidence</li> </ul>	
8	<p><b>Next steps/actions</b></p> <ul style="list-style-type: none"> <li>▪ <b>May 10 meeting in Sydney</b> <i>Camperdown Campus Sydney University 1-4.30pm ( room tbc)</i> Agenda to be developed, but include <ul style="list-style-type: none"> <li>○ Developing first draft of position paper</li> <li>○ Writing commissioning brief for systematic review</li> <li>○ Developing role requirements for possible researcher/writer</li> <li>○ Developing communication/advocacy plan</li> </ul> </li> </ul>	<p>EO Follow up room booking with USyd</p> <p>EO develop draft agenda</p>

	<ul style="list-style-type: none"> <li>▪ <b>Actions</b> <ul style="list-style-type: none"> <li>○ WG members to send available evidence to Robyn to collate and store on ACDHS website</li> </ul> </li> </ul>	<p>All WG members send evidence</p>
<p>9</p>	<p><b>Evidence/links list</b> (<i>mentioned on TC... the start of a working list</i>)</p> <ul style="list-style-type: none"> <li>▪ McAllister, L &amp; Nagarajan, S. V. (2015). Accreditation requirements in allied health education: Strengths, weaknesses and missed opportunities. Journal of Teaching and Learning for Graduate Employability, 6(1), 2–24 <ul style="list-style-type: none"> <li></li> <li>McAllister, L and Nagarajan, S. V. 201</li> </ul> </li> <li>▪ SPA Transfer of Clinical Competency project (<i>yet to source -Chris Brebner was Project officer</i>)</li> <li>▪ <b>HWA publications</b> <ul style="list-style-type: none"> <li>○ <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/hwa-archived-publications">http://www.health.gov.au/internet/main/publishing.nsf/Content/hwa-archived-publications</a></li> <li>○ HWA draft clinical profiles of selected professions ( followed by some more links to older site below) <ul style="list-style-type: none"> <li> 20140116_Consultation version_profile_</li> <li> 20140207_DRAFT_Optomety_Clinical_Tr</li> <li> 20140312_draft_pharmacy_clinical train</li> <li>○  20140214draft</li> <li> HWA_Clinical Clinical profile Podi</li> <li> HWA_Clinical Training Profile_Phy: Training Profile_Nur</li> </ul> </li> </ul> </li> <li>▪ <b>HWA links</b>...access the older HWA files is via the <b>second Pandora link</b>. <ul style="list-style-type: none"> <li>○ ... the third of which takes you to some older clinical placement data</li> <li>○ The fourth is the 2013report</li> <li>1. <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/hwa-archivedpublications">http://www.health.gov.au/internet/main/publishing.nsf/Content/hwa-archivedpublications</a></li> <li>2. <a href="http://pandora.nla.gov.au/pan/133228/20150419-0017/www.hwa.gov.au/index.html">http://pandora.nla.gov.au/pan/133228/20150419-0017/www.hwa.gov.au/index.html</a></li> <li>3. <a href="http://pandora.nla.gov.au/pan/133228/20150419-0017/www.hwa.gov.au/resources/clinicaltraining-placement-census.html">http://pandora.nla.gov.au/pan/133228/20150419-0017/www.hwa.gov.au/resources/clinicaltraining-placement-census.html</a></li> <li>4. <a href="http://pandora.nla.gov.au/pan/133228/20150419-0017/www.hwa.gov.au/sites/uploads/Clinical-Training-2012.pdf">http://pandora.nla.gov.au/pan/133228/20150419-0017/www.hwa.gov.au/sites/uploads/Clinical-Training-2012.pdf</a></li> </ul> </li> <li>▪ 2013 CW DOH link <ul style="list-style-type: none"> <li>○ <a href="http://www.health.gov.au/internet/publications/publishing.nsf/Content/work-review-australian-government-health-workforce-programs-toc~chapter-3-ensuring-capable-qualified-health-workforce~chapter-3-health-education-training">http://www.health.gov.au/internet/publications/publishing.nsf/Content/work-review-australian-government-health-workforce-programs-toc~chapter-3-ensuring-capable-qualified-health-workforce~chapter-3-health-education-training</a></li> </ul> </li> <li>▪ Links to competency based assessment in other professions <ul style="list-style-type: none"> <li>○ Medicine <ul style="list-style-type: none"> <li>▪ <a href="http://www.medicaldeans.org.au/wp-content/uploads/Medical-Deans-Competencies-Project-Stage-2-Final-Report-August-2012.pdf">http://www.medicaldeans.org.au/wp-content/uploads/Medical-Deans-Competencies-Project-Stage-2-Final-Report-August-2012.pdf</a></li> </ul> </li> <li>○ Engineering competency requirements ( &gt;Entry Level) <ul style="list-style-type: none"> <li><a href="https://www.engineersaustralia.org.au/resource-centre/resource/stage-1-competency-standard-professional-engineer">https://www.engineersaustralia.org.au/resource-centre/resource/stage-1-competency-standard-professional-engineer</a> <ul style="list-style-type: none"> <li>▪ <a href="http://www.web.uwa.edu.au/_data/assets/pdf_file/0012/1898229/Assessing-the-generic-competencies-of-engineering-graduates.pdf">http://www.web.uwa.edu.au/_data/assets/pdf_file/0012/1898229/Assessing-the-generic-competencies-of-engineering-graduates.pdf</a></li> </ul> </li> </ul> </li> </ul> </li> </ul>	



	<ul style="list-style-type: none"><li>▪ HETI NSW<ul style="list-style-type: none"><li>○ <a href="http://www.heti.nsw.gov.au/Global/Clinical%20Supervision%20Series/HWA_National-Clinical-Supervision-Competency-Resource_FINAL.pdf">http://www.heti.nsw.gov.au/Global/Clinical%20Supervision%20Series/HWA_National-Clinical-Supervision-Competency-Resource_FINAL.pdf</a></li></ul></li><li>▪ 2013 ACDHS project<ul style="list-style-type: none"><li>○ The <b>Clinical Placement Assessment Instrument Harmonisation</b> project aimed to progress the development and implementation of more consistent competency based clinical placement assessment instruments (CPAIs) within and across the twelve allied health disciplines covered by members of the Australian Council of Pro Vice-Chancellors and Deans of Health Sciences (ACPDHS), where these did not already exist (permission to circulate?)</li></ul></li></ul>	
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