

Information Sheet

Te Aka Whai Ora and Te Whatu Ora are partnering to design a nationally supported and regionally co-ordinated system for student placements

Background – why are we doing this?

Consultation on health profession education and our data confirms the following challenges:

- We need to increase the number of health professionals we are training in New Zealand.
- Tertiary Education Organisations (TEOs) could enrol more health students if they had visibility of available clinical placements and knew they had sufficient access for their students.
- Systemic inequities are exacerbated by various ways we manage student placements - the process can be manual, decentralised, and may inadvertently prioritise those who have greater availability, fewer commitments, such as whānau or employment obligations, and pre-existing health sector networks.

There is an urgent need to develop a way to manage student placements that will enable us to grow the skilled, sustainable, diverse, and responsive health workforce we need in Aotearoa.

Progress – establishing a project

Te Whatu Ora initiated a project to design an effective student placement system, in partnership with Te Aka Whai Ora, Manatū Hauora and the Education Sector.

Draft scope

We intend that the new system will include (subject to change based on feedback):

- all health professions that require student placements in their training to achieve professional registration (Nursing, Midwifery, Allied Health, Scientific and Technical Health, and Medical)
- all relevant health service settings and expand the settings where placements can take place
- all times i.e. 24 hours and the whole calendar year, not just the academic timetable - if appropriate
- a centralised digital system to support TEOs, health providers and students to connect with placements across the motu (this may include capacity to match students to preferences, such as a region they whakapapa to; and modelling and reporting to support planning).
- coordination support potentially delivered by service hubs that streamline, relationships between health and education providers; reduce manual and duplicated administration; and provide dedicated education resources and guidance for stretched services, to improve quality.

See Appendix A for a proposed logic map with outputs and anticipated impacts of this new system.

Phasing and timing

The intention is to undertake a detailed current state analysis through targeted sector engagement and other research by March 2023, then to use this to develop a detailed business case by May 2023. Following approval of the business case and confirmation of the scope and system requirements the detailed design of a new system and coordination service will begin.

We propose to phase the design and implementation of the new system which includes:

- identifying opportunities for immediate improvements

- a co-design - 'launch, learn and build' approach which tests both the digital system and service hub infrastructure, starting in a smaller area and expanding
- a staged roll out across student groups, starting with undergraduates, then postgraduates, with a possible inclusion of employed people under clinical supervision at a later stage
- considering implications for organisational design and change management. Even with a digital matching system, great effort will still be required, by those involved, to ensure a positive student/supervisor experience. Any new system design will be developed in conjunction with those currently doing this work, to ensure we develop a system that best meets our collective needs.

How can you help now? Information gathering

If you are involved in the health student placement system, we are interested in hearing your perspective on how the system works and what can be improved. There are various ways you can provide input:

- An initial online survey of people involved in coordinating student placements to help us gain an accurate picture of the current state.
- Targeted focus groups with subject matter experts via Microsoft Teams or Zoom.
- Submissions on any of the questions below, including research or data you think will shed light.
- An online survey in 2023 will help to further validate our findings and design ideas.

What we want to know - our questions

We have already gathered some information and aim to confirm and refine this through this engagement process. Please see a draft 'Persona' attached which illustrates some insights we have captured so far.

We aim to develop, end-to-end, journey/process maps for different professions, localities, TEOs and student scenarios to help us identify differences, similarities and opportunities for improving processes. To do this we are gathering information on the following questions:

Enrol/Plan	How, and when, do TEOs have visibility of what placements might be available? And what is the impact on enrolment numbers?
Requirements	What are the placement requirements? Are there options for innovation? What do they do in other jurisdictions?
Coordination	What are the agreements between TEOs and health providers about placements? What payments are made-and how? How do TEOs record or address learner preferences? What is the process for confirming / amending placements? How are students, TEOs and services informed of change?
Clinical supervision	How are supervisors trained and supported? What is the complaints process? How are placements and students monitored?
Opportunities	What improvements could we do now to increase the availability and visibility of placements? What are the key issues or opportunities in the way student placements are managed with regard to systemic racism, or other barriers to growth of the Māori health workforce, and how should they be addressed?

Contact information

For any queries about this project and a desire to provide input please contact:

PlacementModel@health.govt.nz

Appendix A: Proposed logic map and anticipated impacts of a new system

Issues / 'the Why'	Input	Desired outputs	Desired outcomes / benefits	Impacts
<ul style="list-style-type: none"> Insufficient health workforce and insufficient workforce diversity perpetuating systemic inequities for Māori, Pacific and disabled populations. Not training enough health professionals in Aotearoa. Training providers can't increase enrolments because clinical placement opportunities are not visible or accessible. Poor student placement experiences and inadequate support for clinical supervision. Duplicative and inefficient effort including by clinical and educator staff placement coordination. No national view of student placement capacity –or where students are in health system -prevents effective planning. 	<p>A central digital system to support TEOs, health providers and students to connect with placements across the whole motu.</p> <p>Coordination service for student placements delivered by service hub(s).</p>	<p>1) More, and a wider variety of, placement opportunities are visible to TEOs and students</p> <p>Related work* will also deliver more and better-quality placement options through:</p> <ul style="list-style-type: none"> widening timeframes new learning models anti-racism initiatives 	<ul style="list-style-type: none"> TEOs are able to plan to grow and enrol more learners with confidence on how many placements are available. Easily accessed and understood system. Preferences can be matched including for a more diverse cohort of students and in a more diverse range of settings. Capacity to prioritise e.g. Māori students that whakapapa to a particular area. 	<ul style="list-style-type: none"> More learners and graduates through the system. Student retention increases as quality placements are available and attractive. Better representation for Māori and Pacific people amongst students and graduates and the overall health workforce. Growth of opportunities to educate in service areas and communities currently under-used. Freeing up resources previously allocated to organising student placements – more available for clinical supervision and student support. Improved reputation of Aotearoa's Student placement system. Improved forecasting planning, capacity building, and risk management for the health workforce to enable the strategic intent of pae ora – to embed Te Tiriti, and enable distribution of a workforce based on population needs.
		<p>2) Coordination support for education and health providers that place and receive students – including growing opportunities, addressing equity and quality.</p> <p>Related work* on efficiently and fairly meeting costs of placements will also reduce administration and increase support for clinical supervision.</p>	<ul style="list-style-type: none"> Less duplicative administration for both TEOs and health providers and improved use of existing placement options. Improved collaboration, reducing competition, bias and network driven inequity in the system. Support for underused providers to take students and fairer distribution including private providers. Support for rostering and training supervisors -especially smaller providers. Elimination of bullying and racism. 	
		<p>3) Accurate reporting capabilities and data management.</p> <p>*Related work is being carried out in other projects including the workforce working groups. Engagement findings will inform related work.</p>	<ul style="list-style-type: none"> Development of prioritisation systems, monitoring and evaluation that addresses equity and health needs. Available, accurate, and live record of where our future workforce is in each pipeline. Dashboard reporting for regions and visibility of student locations across the Motu. Uniquely identifiable health workforce available for wider workforce uses. 	

Appendix B: Draft 'persona'

