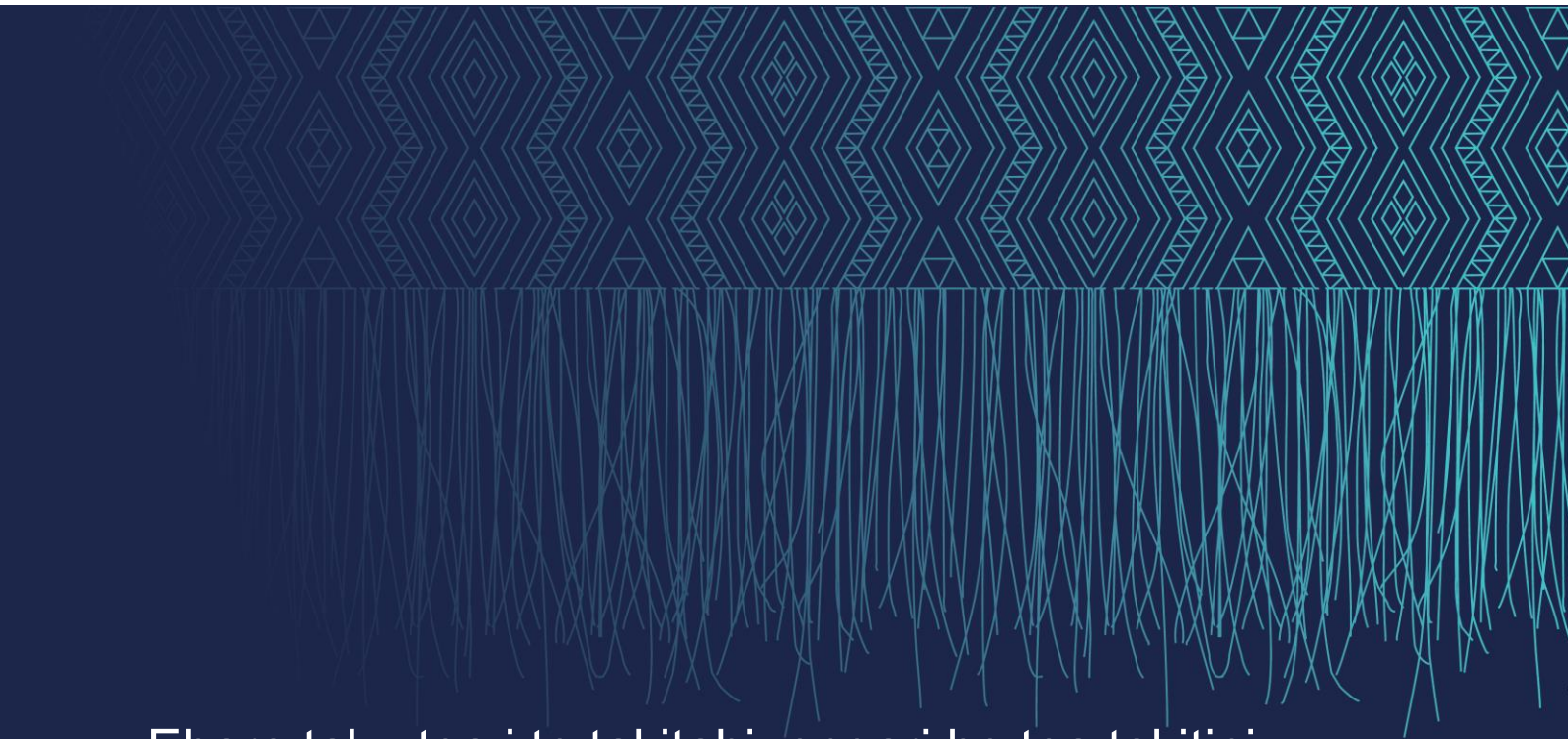
Health New Zealand
Te Whatu Ora

A digital tool to help coordinate health student clinical placements

Collaborative design document

March 2024



Ehara taku toa i te takitahi, engari he toa takitini

My success is not mine alone, it is the success of the collective

Contents

Call out – to people who may use the proposed health student placement digital tool, in the future:

- placement coordinatorsi in the education and health sectors
- academic and clinical placement supervisors[ii]
- pre-registration students who undertake clinical placements in the health sector as part of their education programme, including nursing, midwifery, allied, technical and scientific students (not including medical students)
- IT, student support and administrative staff and other student placement stakeholders.

Let’s work together to design a digital tool that works for you

This document outlines a draft design of a digital tool for clinical student placements in health. In-depth workshops are underway with some potential future users to understand the user requirements and to collaborate on the design. Our intention is to keep these initial workshops tight to get through them in February and March 2024. This document provides another opportunity to have your say and get involved.

Please read this document and consider our prompting questions. We would appreciate any feedback you have to improve the organisation of student clinical placements across New Zealand.

Please email your feedback to **placementmodel@tewhatuora.govt.nz** by **26 March 2024**. We’ll use your feedback to inform the next phase of this design process.

Context – establishing a nationwide student placement system

The work to design and develop a new digital tool to manage student placements is part of a key initiative in the Health Workforce Plan 23/24 to establish a nationwide student placement system.

We need to collectively widen the clinical placement road (remove the bottle neck)

To help increase our home-grown health workforce.

Greater coordination and visibility of placements, and better student experiences, will lead to more people enrolling and graduating with a health education.

The proposed digital tool is a critical component of broader work to strengthen the organisation of student placements

We have four workstreams underway to improve student placements. The proposed digital tool contributes to achieving the broader objectives for the project, including:

- Tahi: alongside the digital tool, establishing national support for local coordination infrastructure (e.g. a student placement hub / helpdesk).
- Rua: improving the quality and fairness of placements by standardising processes, contracts and agreements, and forms (e.g. work on a unified Student Clinical Placement and Access Agreement with Te Whatu Ora for all education providers).
- Toru: growing placement numbers and improving the quality, including in more diverse settings, with Māori and Pacific health providers and in community and rural settings.
- Wha: ensuring better experiences and supporting students to finish studying, through culturally appropriate placements that consider work and whānau commitments, while supporting the equity goals of Pae Ora.

You can read more about these workstreams **here**.

The benefits of a digital tool are wide ranging

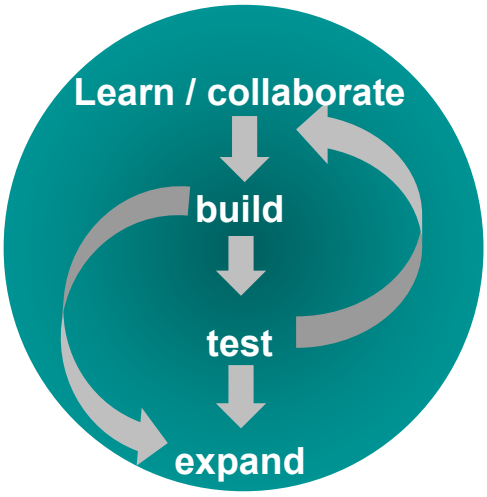
They include:

- nationwide visibility of placement opportunities and future student numbers
- enabling placements to happen in wider timeframes (more days a week and more days across the year) and in a wider range of health settings – leading to more placements being available
- improved experiences for students resulting from greater flexibility to place students where their learning needs, preferences and circumstances are best addressed
- accurate and timely data on placements to enable planning across the year, regions, and health and education providers
- greater transparency and monitoring of fairness and equity of placement allocations
- enhanced local coordination networks and reduced administrative burdens
- enhanced engagement with health students for the health sector.

The design process is iterative and collaborative

We developed a high-level understanding of “user requirements” for the digital tool from engagement with a very broad range of stakeholders in 2023. We also explored various digital tool options.

From this we defined common processes across health professions that could benefit from using a digital tool (see the current state analysis). We built on these common processes to develop the scope for a Minimum Viable Product (MVP) of the digital tool.



This MVP approach allows us to make quick progress and a real difference to the system users as fast as possible. It also formed the basis of our collaborative design workshops and for this consultation document.

Once we have received feedback from this consultation, we’ll use what we heard to refine the design and build components of the tool to test. We’re working in an ‘agile’ way so we can learn collaboratively, design, build, test and expand with a continuous feedback and improvement cycle.

It is important to understand that ‘nothing is set in concrete’ and your feedback is valuable.

The following pages outline the proposed details for the digital tool, followed by a set of questions we’re looking for your feedback on.

Overview of the proposed digital tool

There are four phases proposed for the Minimum Viable Product (MVP) of the digital tool outlined in the table below[1]. Appendix A provides detail on each of these phases.

Phase	Portal	Key processes and roles in each phase
1 Register System users register and able to perform roles	Education	• Education providers register (one off process) • Allocate roles and access to sub-users, set up placement types of interest
	Health	• Health provider organisations register (one off process) • Allocate roles and access to sub-users, and establish 'clinical areas'[iii]
	Student	• Students are registered (get a unique ID), consent to use of data for specific purposes, indicate which education provider they are enrolled with and update contact details as required.
	Hub	• Invites providers to register and confirm and accepts (operates a helpdesk)
2 Plan capacity Visibility and capacity to map and plan in advance	Education	• Education provider uploads placement requirements[iv] including anticipated maximum student numbers, type etc
	Health	• Health provider uploads placement offers[v] (type, time, profile / details / maximum numbers) • Placement offers can include information on pre-requisites[vi] etc
	Student	• Indicates preferences[vii] and circumstances that may impact placement availability on their profile (note it will be unlikely that students can see offers or requirements)
	Hub	• Identifies gaps, overlaps, risks and develops plans to address them
3 Liaise | Match **Placement distribution**	Education	• Request[viii] placements from offers (potentially pre-arranged outside of the digital tool, including through legal access agreements) • Contact details made available for offline discussions
	Health	• Approve, modify, decline requests (for placements rather than specific students) Note requests will likely need to be considered together (in an agreed timeframe) to prevent a 'first in first serve' scenario
	Student	• Specific students not allocated to placements in this phase
	Hub	• Guidance on fairness and equity (for students and across providers) and monitoring and reporting on the resulting distribution

[1] Please note the way we describe the four phases here is slightly different from the collaborative design workshop slides. It is not a substantive change and hopefully easier to understand.

Phase	Portal	Key processes and roles in each phase
4 **Confirm | Prepare** **Students allocated**	Education	• Registered students are placed into confirmed placements (note sometimes this task is delegated to health providers) • Supervisors are assigned • Tick box to confirm compliance with pre-requisites for placements
	Health	• Supervisors are assigned and can initiate onboarding
	Student	• Placement details are uploaded to profile including key contacts, welcome packs and links to online learning for onboarding etc
	Hub	• The Hub can provide helpdesk and support for providers with low internet access, and can address any glitches

Questions and discussion

The following questions and discussion have been considered in the collaborative design workshops and could provide a useful starting point for your feedback.

Scope - it is important to agree the boundaries of this tool

Q What principles should help determine the boundaries / scope of the tool?

Here are some draft principles for the digital tool. Please let us know if these need changing or if there is something else that needs to be focussed on:

- It can be used by the whole health sector and tertiary education sector (which could mean it is not fully embedded in any one part of the sector)
- It is easy to use, intuitive and inclusive of all users (which may require various tailored interface options for different user groups)
- It recognises data sovereignty and respects the privacy and security of student information (which will mean some information is not collected, robust consent processes are used and there is clarity about how information can and cannot be used for tool users)
- It supports transparent and equitable allocation of placements (which impacts the information that is visible for tool users and reporting)
- It does not add unnecessary burdens to tool users (which means effort is made to streamline and reduce duplicate tasks where possible)
- It supports health workforce planning and the Pae Ora (Healthy Futures) Act (which could mean it links student identities with future workforce information, it also

means enabling expansion of placement opportunities with settings outside of hospitals and wider timeframe options (24/7 and 365 days of the year)

- It enhances and does not override effective networks, agreements, and pre-commitments[ix] (which means that it reduces the administrative burden and streamlines contacts, while also offering flexibility for users to transparently discuss and honour allocation decisions).

Q What information about students should be collected?

There is a range of information that could be collected, for example from student contact details (this seems very practical and useful) through to assessments from previous placements (this may be inappropriate and breach of privacy). What student information would be

of benefit to the student and other users of the tool?

Q What level of integration or duplication with other existing digital tools used by education or health providers is appropriate?

Some student information needed to manage placements is already provided to education providers. Providers may also use a tool now that doesn't have the full functionality needed for health placements nor provide nationwide visibility. How do we minimise students or providers having to enter the same information twice but still achieve the goals of the tool? A standard integration option with the digital tool is unlikely to suit all parties as there are various systems currently deployed across the motu by education, and some have no system.

Q Are there other potential tool users that should be included in future?

The current proposal for the digital tool does not include medical students, paid intern placements, placements in non-health settings by health professions or non-registered health professional placements in health. Some of these scope boundaries could change in time but would require additional consultation and further development.

Register - organisations register and allocate users (roles and access)

Q Who needs access to the tool? And how should that be granted?

We are aware there are many different job titles and individuals in the organisations that will use the tool. These include placement coordinators, administrators, supervisors, planners, lecturers, directors and more. We're proposing a set of common roles in the digital tool with levels of access set by the role, and we would expect the providers to decide who from their organisation is placed into each role. Some people may have multiple roles. This approach would allow providers to be consistent with their organisational and legal obligations, including as prescribed in clinical access agreements and schedules.

It may also be possible, for example, for an education provider to delegate some of their student allocation responsibilities to a third party such as a Primary Health Organisation or a health provider where appropriate and consistent with practice.

It is proposed that all users receive unique logins so the Hub can determine use within the tool and monitor access. Access could also be limited to 'view-only' for some aspects and some roles.

Q How should students be registered? What option works best and why?

The proposed design for the tool relies on students being registered once, and then having ongoing access to the tool as required. There are options for this:

- Students register themselves and education providers confirm the courses they are enrolled in when required. This could mean providers ask their students to register, and then update enrolment details as required for future courses. Students would be responsible for updating their profile details.
- Education providers register students first and students keep their details up to date.
- Upload of student information from education systems this would not necessarily have continuity and may have to be regularly updated (not by the student).

Note: there could potentially be a mix of these options. Course information could be updated and controlled by education providers each year, while the student profile (contact details and preferences) could be controlled by the student. The related ID they get when registered could remain and link with their professional profile.

Plan Capacity – visibility is important for planning and the tool can control what can be seen and by who in quite complex detail

Q Should all health and education providers registered in the tool have full visibility of information? Why? What filters would be useful to make viewing easier?

The tool can show all the placement offers by health providers and all the placement requirements from education providers, and these can be filtered by region, profession or provider.

This visibility can aid planning, allow for informed decision making about programmes, resourcing, enrolments and investment, enhance network discussions on fair allocations and identify risks in a timely way. We're interested in 'who' should be able to see what information? What are the benefits, and are there any privacy, security, or other risks?

Q What level of visibility, if any, should students have of placement offers and opportunities?

We're hearing a strong view through the collaborative design workshops that students should not be able to see placement offers as it could lead to unrealistic expectations and disappointment.

Some education providers and professions have said they currently share a list of possible placement offers with students and seek their preferences e.g. preferences for location, clinical speciality (from within a defined list) and whether clinical or location is more important to them. This then informs, but does not determine, the placement they are allocated.

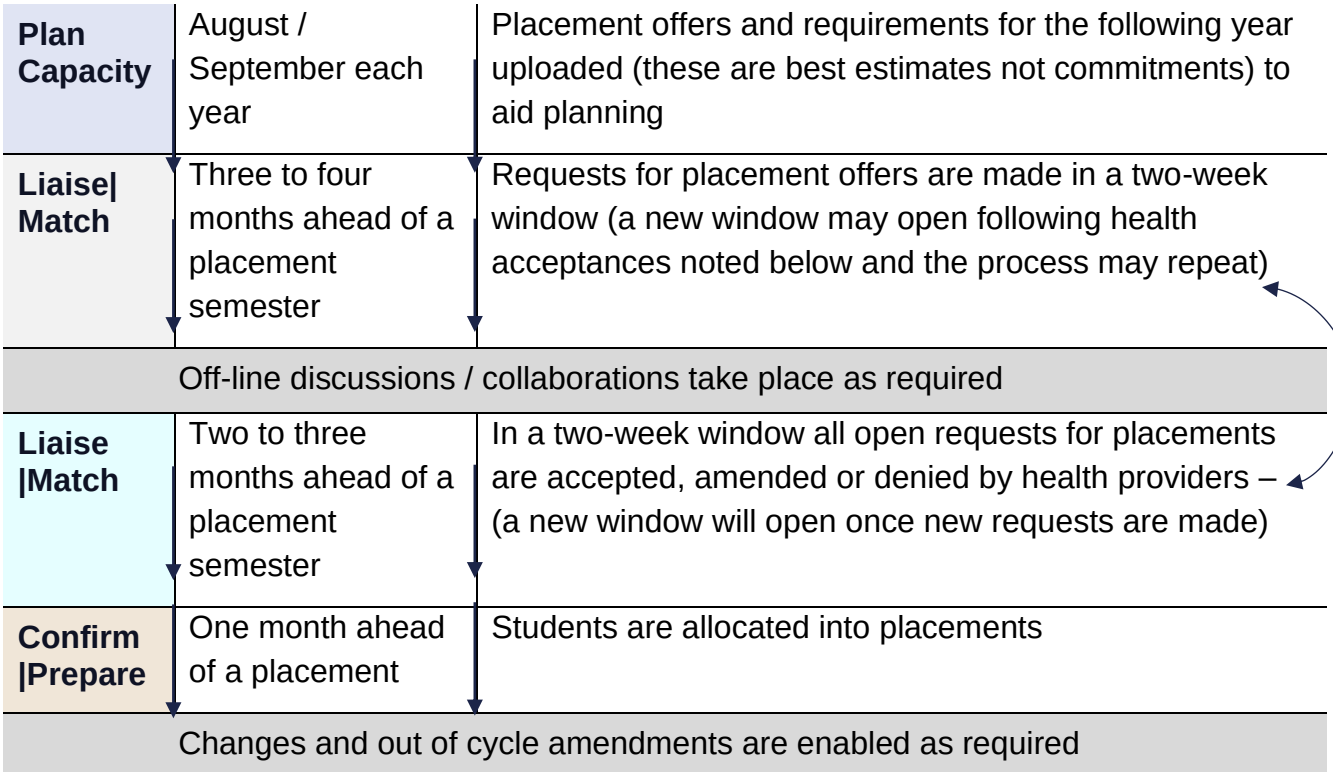
Q What information should we collect and hold on students to inform future planning?

Liaise I Match - timeframes can be used to ensure a fair approach

Q Will set timeframes (windows for activity in the digital tool) ensure a fair approach?

Timeframes for clinical placements are different between professions, education, and health providers. We are proposing set timeframes for each of the phases to ensure those 'first in' do not benefit by taking placements over others.

We recognise that some professions may have different key timeframes than others so we are keen to understand what those are. For example, below is an option – please let us know if this could work for your situation.



Q What tool features would enhance your current practice? E.g. reduce the administration burden and enable productive collaboration across regions, and providers?

Confirm | Prepare – student experience can be improved through streamlined and standard information collection and sharing

Q What information should we collect on students to inform allocations of students to placements?

The range of useful information collected might include: whether a student has access to a car or has a full driver's license; disability; feasibility and desirability for out of region placements (whānau connections and personal commitments); conflicts of interest; iwi/hapu affiliations; and more.

Q What information could usefully be provided to students or supervisors via the system when a placement is confirmed?

There is scope to distribute placement specific information at the point of confirmation via the student and provider portals. This could: include contact details; placement profile information; parking or accommodation details; logins for online learning; privacy, code of conduct and other forms; and more.

Q Is it appropriate to go straight to the confirm phase – if you have agreed at the 'last minute' a placement e.g. for a nursing student with a GP practice?

Implementation – there are various options for phasing the tool in

Q What should we implement first and how should we phase the tool in?

Some of the changes proposed with this tool will be small and easy, and others may require a shift in mindset and changes to the broader placement system. It is important this digital tool brings benefits and overall improvements to how placements are managed, so we're interested in how it can be phased in with limited disruption.

We note in Victoria, Australia it took four to five years from implementing the Minimum Viable Product (similar to our proposal) to see a fully enhanced system, with peoples' requests for improvements incorporated once they were using it.

Some options for phasing include:

- releasing the tool phase by phase, starting with 'Plan Capacity'. This would provide visibility of placement capacity for planning and allow us to bring on education and health providers before students.
- introducing the digital tool by profession and region. For example, it could start with nursing in one region, before introducing it to other regions and other professions in a planned and staged way. This would allow us to learn and adjust as we go.
- controlling when students are brought into the system and placements are allocated to students. It is likely we would want to grow it carefully. For example, we may want to start with 500 students logging in first, instead of all 18,000 students at once.
- releasing the Minimum Viable Product, followed by prioritising additional features we're hearing could be useful.

Please note these options could all be part of the implementation plan.

Summary of questions - we need your insights

Phase	Questions
Scope	•What principles should help determine the boundaries / scope of the tool? •What information about students should be collected? •What level of integration or duplication with other existing digital tools used by education or health providers is appropriate? •Are there other potential tool users that should be included in future?
1 Register	•Who needs access to the tool? And how should that be granted? •How should students be registered? What option works best and why?
2 Plan capacity	•Should all health and education providers registered in the tool have full visibility of information? Why? What filters would be useful to make viewing easier? •What level of visibility, if any, should students have of placement offers and opportunities? •What information should we collect and hold on students to inform future planning?
3 Liaise | Match	•Will set timeframes (windows for activity in the digital tool) ensure a fair approach to allocation? •What features would enhance your current practice? E.g. reduce the administration burden and enable productive collaboration across regions, and providers?
4 Confirm | Prepare	•What information should we collect on students to inform allocations of students to placements? •What information could usefully be provided to students or supervisors via the system when a placement is confirmed? •Is it appropriate to go straight to the confirm phase – if you have agreed at the 'last minute' a placement e.g. for a nursing student with a GP practice?

We are having collaborative design workshops with some stakeholders

It is important we work together and hear from users of the future tool to inform the design. In intensive workshops over February and March this year we're benefiting from the time and insights from over 130 participants– from different regions, professions, various types of education and health providers and students.

You may be interested to read the snapshot below of what we have heard so far. Your feedback from this consultation will contribute to these insights and suggestions for refinement of the design.

Summary of insights from workshops to date

The processes outlined for the tool are largely similar to what happens today

- The intention of the tool is to reflect and enhance current practice.
- There is general acceptance of the proposed business processes that can be supported by the digital tool for most areas and professions.

Visibility of all placements and requirements for placements across the motu is helpful for health and education

- It can help health and education providers with planning and identifying opportunities for innovation.
- Improved visibility could, for example, lead to placement dates being shifted to reduce placement congestion. Health or education providers can sometimes adjust offerings or requirements slightly to address congestion issues when they can see them – solutions become apparent.
- Placement details, including specific types (which vary based on profession) should be clear in the system. For example, the tool could capture whether a placement offer is prioritised for Māori, Pacific, whaikaha or other requirements around student knowledge and attributes.
- If students want placements outside the region of the education provider, we should be able to accommodate that, but education providers in the other region should also be told as a courtesy before placements are requested.

Clear timeframes for activity in the tool will be important to make it fair

- There may be some profession specific nuances for how timeframes are managed in the digital tool.
- Suggestions to add placement requests at least three months prior to placements.

We need to identify and agree what student information is important to collect and how it will be used

- Giving students the ability to add their preferences may be an option to help reduce unnecessary travel. However, their preference may not be the right placement for the student. It is important that education providers have the final say in placement allocation.
- Some education providers already collect this information which could create duplication.
- Health providers often don't see preference information and some mentioned that they might be able to make accommodations based on understanding preferences.
- Allowing students to add their preferences could give a view of where students see themselves working in the health sector. This is valuable from a health sector planning perspective and to improve placement experiences for students.
- There are varied views from education providers about whether students should add their own personal details, and it appears there are different types of information that should be treated differently.

The scope of the digital tool should be broad and include community health providers

- It is important that the tool is for the whole health system to use – all health and education providers who offer courses with health placements. Free of charge.
- An orientation to support new health providers could be a good idea.
- Need to link in more with Pacific and Māori health providers.
- Automation and integration between this tool and existing tools can be good. However, if it prevents a whole sector approach it may be problematic and should be resisted.
- There maybe a need for education providers to load placements on behalf of some sole practice health providers e.g. Lead Maternity Carer or Physios or minimise admin.

How placements are arranged should reflect existing relationships and arrangements and enable fair and equitable allocations

- There are concerns about the scale and management of change. It is important we do not lose effective practices or networks as change is rolled out.
- Pre-commitments between education and health providers will be honoured where and when possible, as occurs now, but the tool will provide greater transparency.
- The tool can provide rich filter options for a good view of placements. It would help is Education providers can search for placements by location, clinical area, suitability for different year levels etc

- Standard processes where possible will benefit all. Including standard timeframes or windows for the placement request process and confirm process. This is critical to ensure it is not ‘first in, first served’.
- Placements are currently planned through existing relationships and most midwives prefer kanohi ki te kanohi or over the phone contact.
- There was a suggestion for a tag or notification be added to the tool to let placement coordinators know when they’re near their threshold for placements, as per their agreements. It could also signal proportionality of placements per provider student numbers. This information could go to the Hub.
- Education providers may prefer notifications in bulk, not one for each student.

There are great opportunities to streamline and improve access to information

- The Confirm | Phase received the enthusiasm in workshops. The tool was seen as having potential to reduce the administrative burden and improve student experience.
- A feature offering the contact details of supervisors and students along with placement information when a placement is confirmed will be useful.
- Higher level pre-placement preparation and requirements information might sit with the placement profile, however, the capacity to amend and manage this information at the time of confirmation is important.
- Education providers want to control the timing of placement publication to students and ensure it goes to all students in the same programme at the same time.

Potential future functions – beyond MVP

The collaborative design workshops have identified some additional functions and processes that the digital tool could provide. These may not be part of the MVP but are important to identify in advance, and if possible they can be addressed through the ongoing agile development process.

Desired additional processes we have heard so far include:

- Feedback processes so students and supervisors can use the tool to provide feedback on placement experiences and the digital tool. This would allow for continuous improvement, quality development and could also help with overall monitoring and reporting.
- Attendance, related invoicing / billing processes and possibly payments could run through the tool with the latter incentivising health providers to offer placements.
- Capacity to record and make changes during placements, for example if a student is sick, the tool could assist with facilitating make up hours.
- Providing a record of placement hours and assessments for each student.

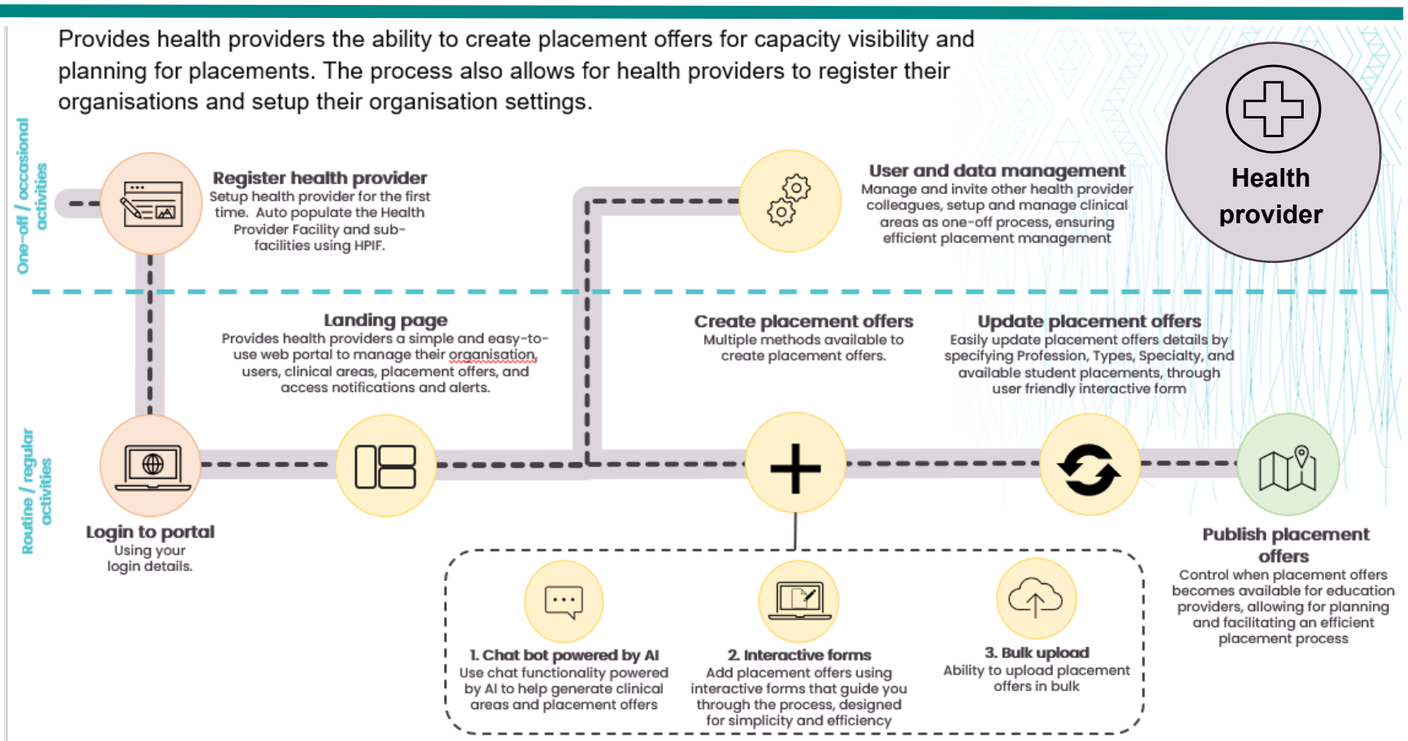
We can also add suggestions from this consultation to the potential list of future functions.

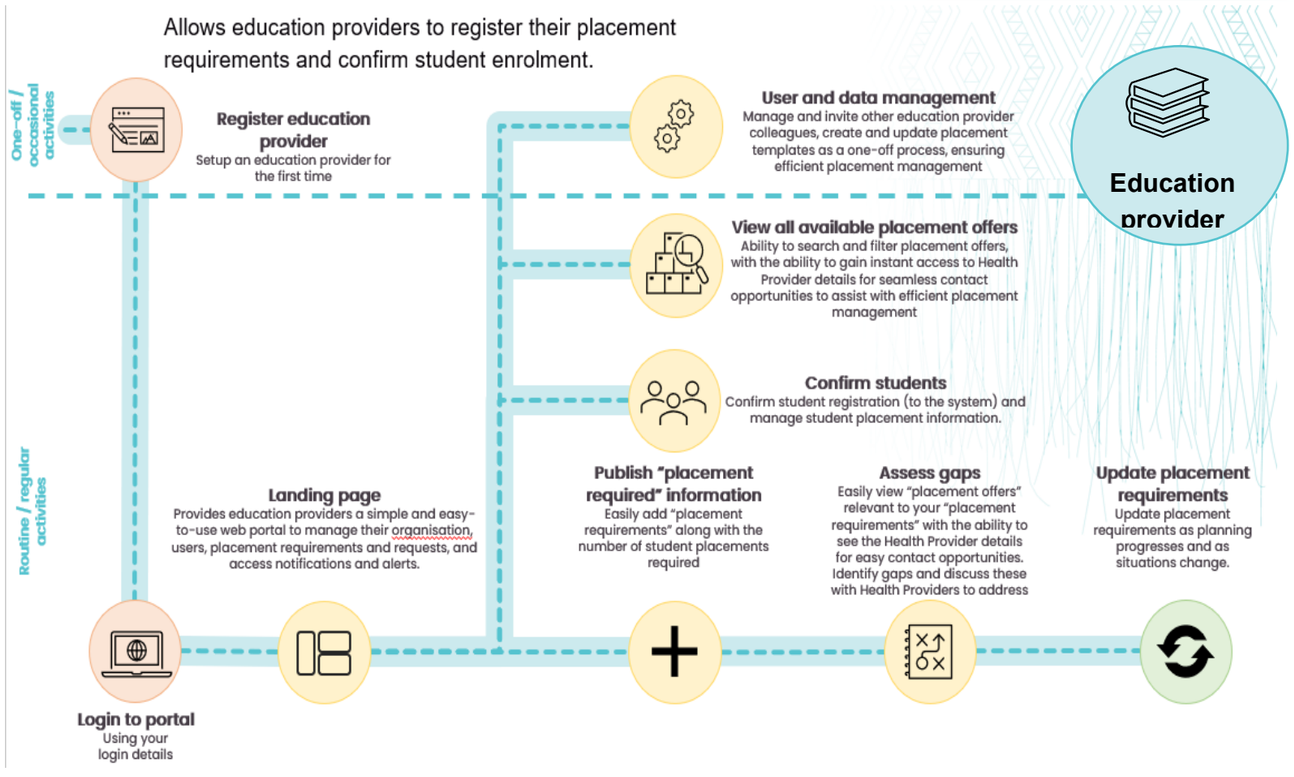
Appendix A: Diagrams outlining each phase of the digital tool

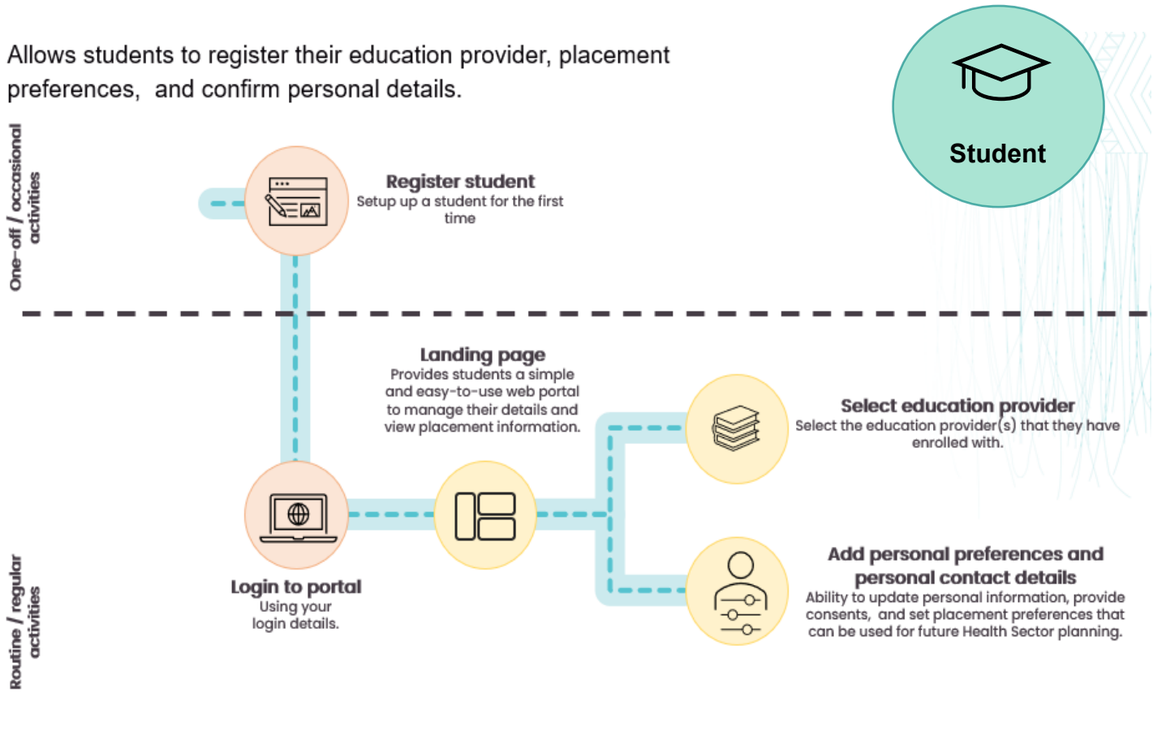
Register | Plan Capacity Phases

It is envisaged that Health NZ will establish a **Student Placement Hub** alongside the digital tool which will have a particular role in the Register and Plan Capacity phases:

- assist education and health providers to register with the tool (invite providers as necessary and confirm logins etc)
- act as a helpdesk for all service users
- provide student placement system expertise as required
- monitor and report as required, including on opportunities to address gaps, overlaps and other risks that may be identified during the plan capacity phase
- ensure continuous improvement as required.

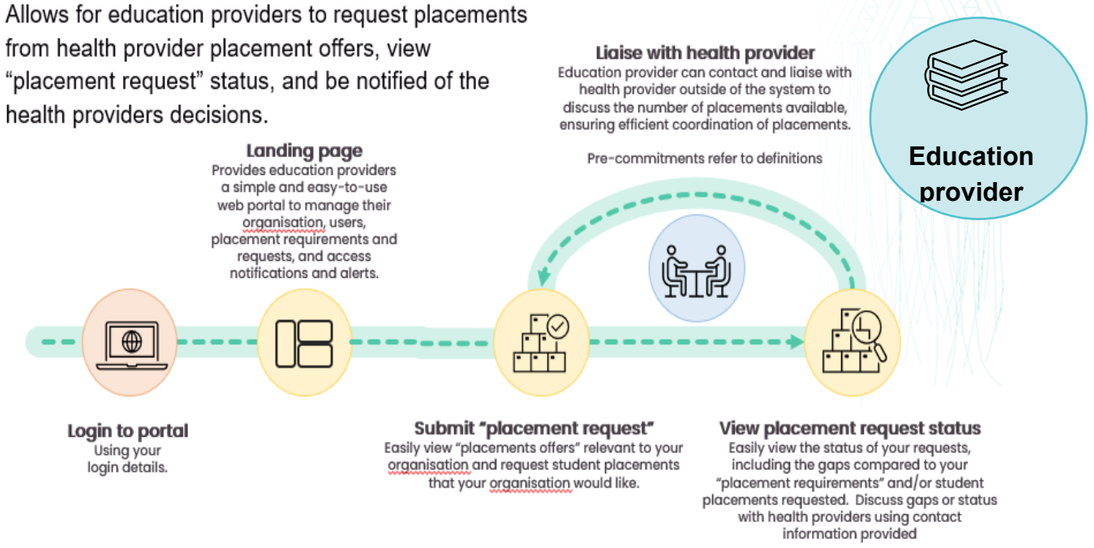




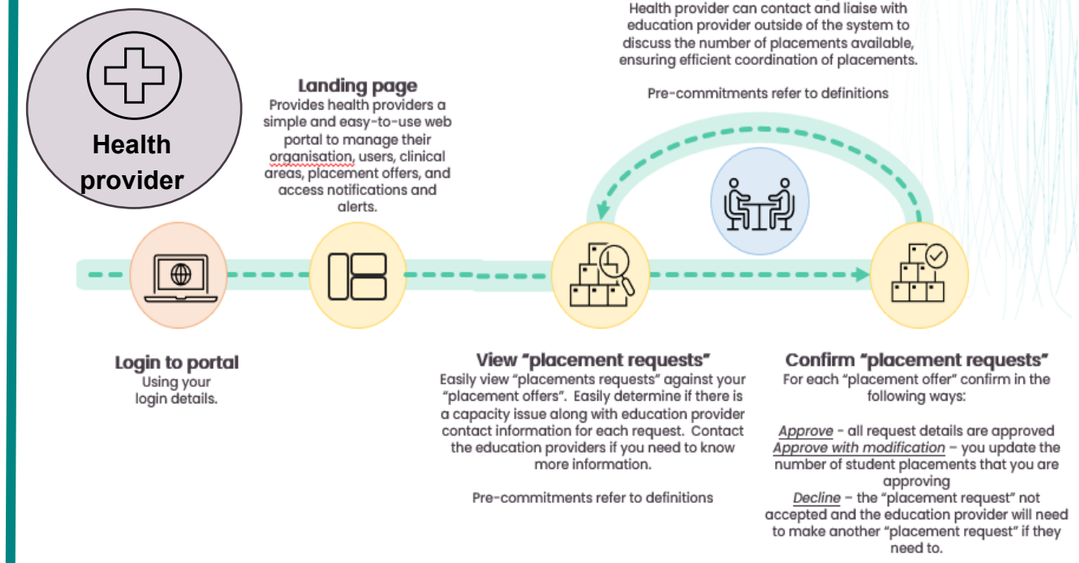


Liaise | Match Phase

Allows for education providers to request placements from health provider placement offers, view "placement request" status, and be notified of the health providers decisions.

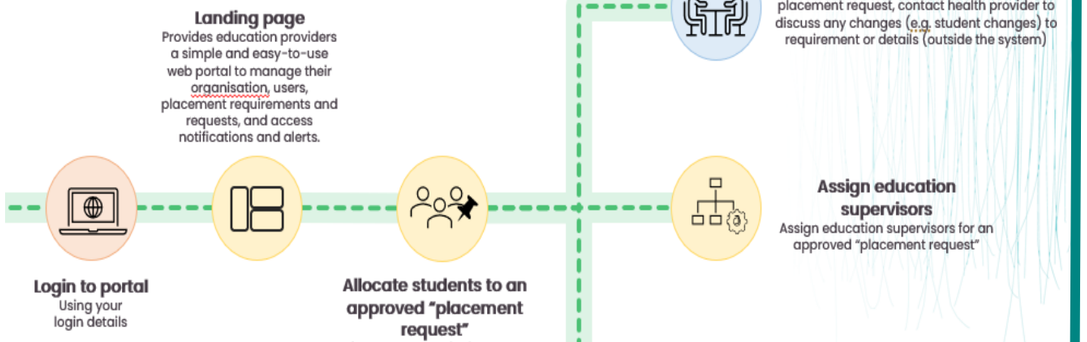


Allows for health providers to review and confirm "placement requests".

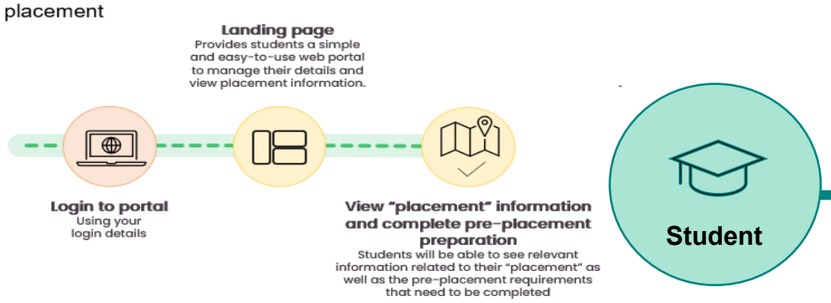


Confirm | Prepare Phase

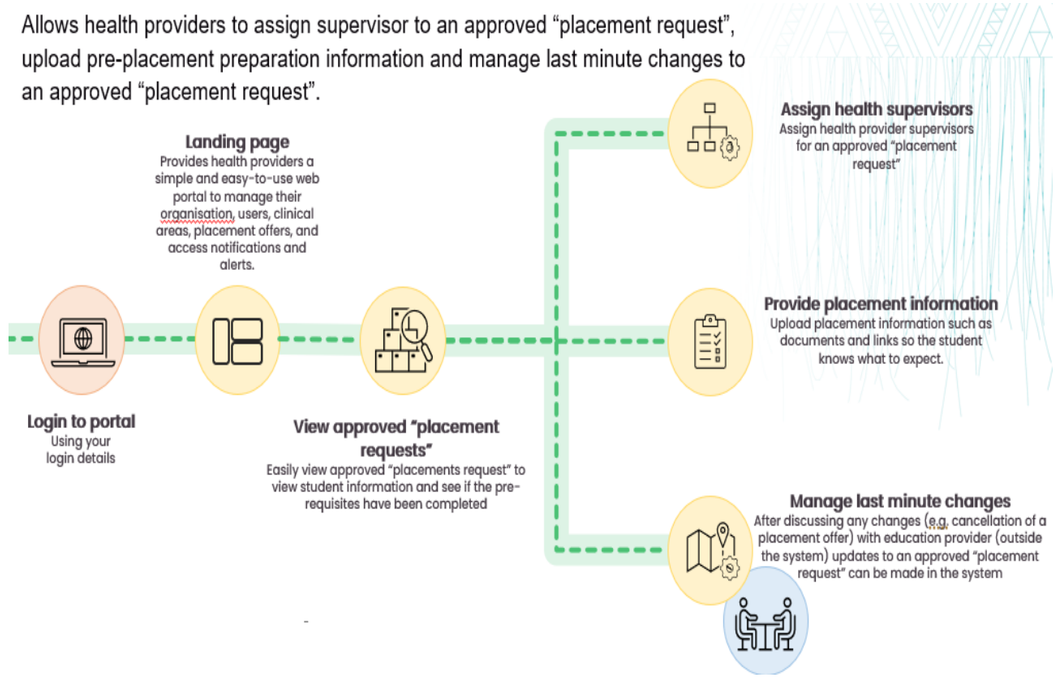
Education providers to allocate students to an approved "placement request", upload pre-placement preparation information and assign educational supervisor.



Students will be notified and able to view all relevant information about their placement



Allows health providers to assign supervisor to an approved "placement request", upload pre-placement preparation information and manage last minute changes to an approved "placement request".



Placement takes place

Feedback processes

Appendix B: Definitions and terms used in this consultation

[i]**Placement coordinators:**	Employed in both education providers and health providers, they hold key liaison roles assisting with identifying suitable placements and allocating and preparing students and supervisors prior to placements.
[ii] **Placement supervisors:**	Can be Academic (employed by the education provider) or Clinical employed by the health service (also called preceptors). Supervisors work directly with the student during clinical placements, overseeing their clinical duties and holding overall responsibility for patient care.
[iii] **Clinical Area:**	A specific type of placement setting. This could be a place e.g. a specific ward, or a team/person.
[iv] **Placement Requirements:**	The number of students needing placements along with related information such as type (e.g. Child Health), education attributes (year 1), etc. – put on the system by Education Providers.
[v] **Placement offers:**	The placement type and number of students that a health provider can support for a clinical area.
[vi] **Pre-requisites:**	Tasks or conditions that must be completed prior to placement allocation e.g. police vetting of students
[vii] **Preferences:**	Specific requests a student can register around a type of placement – e.g. a region, type of organisation. These preferences will not override the education needs as determined by the education provider.
[viii] **Placement request:**	A request by an education provider to reserve a placement offer.
[ix] **Pre-commitments:**	Local agreements and arrangements exist now, and will continue, where a health provider has agreed to take a certain number of students from a particular education provider (e.g. documented in the Schedule of the Clinical Access Agreement). These are pre-commitments that can be fulfilled in the digital tool.