

# Standardised Schedule of Fees for Clinical Placement of Students in Victorian Public Health Services for 2018

Published July 2017

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Available at <https://www2.health.vic.gov.au/health-workforce/education-and-training/student-placement-partnerships/fee-schedule-for-clinical-placement-in-public-health-services>

# Contents

<b>Contents .....</b>	<b>3</b>
<b>The Schedule .....</b>	<b>4</b>
Background and context.....	4
Aim and Scope .....	4
Principles and values.....	4
Applicability.....	5
Definitions .....	5
Fees chargeable to education providers .....	6
Non-fee contributions to the cost of clinical placements .....	8
Implementation .....	8
Documentation of established fees .....	8
Compliance.....	9
<b>Appendix 1: Allied Health Disciplines .....</b>	<b>10</b>
<b>Appendix 2: Suggested options for in-kind arrangements .....</b>	<b>11</b>

# The Schedule

## Background and context

It is widely acknowledged that there are mutual benefits to all stakeholders from clinical placements of students and these are equally valued by education providers, health services and students. Students enrich the clinical environment and all health professionals have a responsibility to develop the future workforce through participation in clinical education and training activities. Education providers and students benefit from experienced health professionals imparting their knowledge, enabling students to complete their course requirements and be work ready.

The Schedule is the outcome of extensive consultation with Victorian stakeholders. The contribution of all those involved in developing and reviewing the Schedule is acknowledged and valued.

## Aim and Scope

The Schedule provides guidance and direction for public health services and partner education providers in establishing fees by setting maximum chargeable fees for clinical placements. The Schedule is intended to:

- Increase the transparency of fee charges;
- Promote positive and constructive partnerships with clear accountabilities and responsibilities; and
- Ensure the sustainability of the Victorian clinical placement system by establishing maximum chargeable fees.

The Schedule does not replace the requirement for negotiation and documentation of agreed terms and conditions for clinical placements through a student placement agreement.

## Principles and values

The Schedule is underpinned by the following principles and values.

- Clinical placements are valuable to all stakeholders, government, education providers and health services. Fees contribute to the cost associated with clinical placements. This tripartite contribution is a long-standing, legitimate and widely-accepted principle in Victoria.
- Clinical placements are a common good, and they need to be accessed with minimum encumbrance and utilised effectively. Financial and operational expenses from clinical placements are incurred by both health and education stakeholders, and stakeholders should work collaboratively and cooperatively – as well as bilaterally and multilaterally – on sustainable arrangements for clinical placements.
- Clinical placement numbers, hours and supervision models will be employed to deliver the most cost-effective method of providing students with the skills and attributes required to meet the needs of the qualification and the sector.
- Fees are a contribution to the cost of activities associated with clinical education and training; they are not intended for full cost recovery. A standardised schedule of fees is consistent with the principles of fairness, equity, transparency and consistency.
- The broad disciplines of medicine, nursing and midwifery, and allied health are unique because of a range of differences, including historical arrangements, funding approaches/sources, custom and practice, and professional culture and values. These contextual factors are realised in variations in fee arrangements and supervision models/requirements and, therefore, impact on both the expectations and level of cost-sharing for clinical placements.

- The Schedule reflects the maximum fee that could be charged. Effective communication, negotiation and documentation of agreed terms and conditions between health service and education provider partners are necessary elements for an effective relationship. Where existing charging is below the maximum fee, and this has been an effective working arrangement, it is expected and strongly encouraged that existing fee arrangements are preserved.
- It is acknowledged that in-kind contributions for clinical placements are made by both health and education stakeholders and that these valuable contributions are of mutual benefit. Such contributions may be factored in the setting of fees. In-kind contributions are to be determined (by agreement) and on terms satisfactory to both partners. A list of example in-kind arrangements is provided at [Appendix 2](#).

## Applicability

- The Schedule applies to professional-entry students on clinical placement within Victorian public health services in the following disciplines.
  - Medicine;
  - Nursing, including registered nursing and enrolled nursing and Initial Registration for Overseas Nurses (IRON);
  - Midwifery; and
  - Allied health, (as outlined in [Table 1](#) and [Appendix 1](#)): applying to audiology, dietetics and nutrition, exercise physiology, medical imaging, occupational therapy, optometry, orthoptics, pharmacy, physiotherapy, podiatry, prosthetics and orthotics, psychology, social work and speech pathology.
- The Schedule applies to all professional-entry students enrolled in the above-listed disciplines, including those who are:
  - Victorian-resident or non-resident;
  - Full-fee paying or government-supported; and
  - Domestic or international.
- The Schedule applies to all education providers placing students in Victorian public health services, including:
  - Public or non-public education providers;
  - Australian education providers (Victorian or interstate); and
  - Universities (including dual-sector universities), non-university higher education providers, or vocational education and training (VET) providers (including registered training organisations [RTOs] and TAFEs).
- The Schedule does not apply to:
  - Clinical placement providers who are not Victorian public health services; however these organisations are open to use the Schedule as a guide.
  - Internships or graduate programs that are undertaken once the student has graduated from a professional-entry course.
  - Academic teaching through lectures and/or tutorials delivered by health service staff nor the supervision of student-led projects onsite at health services as these activities do not fit within the definition of a clinical placement (see [Definitions](#) section below).

## Definitions

### Clinical placement

- A clinical placement (also referred to variously as ‘student placement’, ‘fieldwork placement’, ‘clinical practicum’, ‘practical placement’ or ‘clinical practice’) is defined as the component of an accredited

curriculum conducted under supervision in a clinical environment that assists students to put theoretical knowledge into practice.

- The placement is usually associated with patient/client interaction but may also involve clinical skills acquisition via observation or simulation consistent with clinical learning objectives.

### **Clinical placement day**

- A standard clinical placement day is defined as 7.6 hours in duration for all health disciplines. A shift that varies from this duration should be apportioned accordingly for the purpose of calculating clinical placement activity and establishing fees.

### **Professional-entry course**

- A course provided by an Australian education provider, leading to initial registration for, or qualification to, practise as a health professional in Australia.

### **Supervision**

- Refers to the time a health professional supports a student's learning while undertaking clinical placement. The supervisor has overall responsibility for teaching, assessment and performance development of the student.

### **Student placement agreement**

- A student placement agreement formalises arrangements for clinical placements between a clinical placement provider and education provider and may be contained within a broader relationship agreement. It covers resources, induction and orientation, level of interaction, terms and conditions (including fees), timeframes for renegotiation, and other aspects of the partnership.

## **Fees chargeable to education providers**

The following outlines the maximum fees public health services may charge to education providers for clinical placements.

### **Nursing, Midwifery and Allied Health**

- Maximum fees for nursing, midwifery and allied health disciplines are calculated on a per clinical placement day basis.
- Actual fees will be negotiated at the local level (within the maximum amounts) based on the cost and cost effectiveness of supervision models, and may reflect; subject to mutual agreement:-
  - A supervisor engaged and paid for by the health service including innovative supervision models;
  - A supervisor engaged and paid for by the education provider;
- Health services may not recoup costs associated with normal service delivery, or for the administration of clinical placements and other related costs incurred by the health service. These costs are contributed to by department through other funding streams.
- Information relating to cancellations and absences, and make-up or supplementary days is provided in the respective sections below.

### **Medicine**

- Fees for medicine are not calculated on a per clinical placement day basis.
- The contribution of education providers to the clinical education of medical students is through historical arrangements previously outlined in the Relationship Agreement for the Public Hospital Sector. These arrangements include:

- A contribution for clinical placements based on the proportion of formal course requirements undertaken at the health service for each equivalent full-time student load (EFTSL) at a rate of:
  - Commonwealth-supported students                   \$1,394 per EFTSL
  - Domestic fee-paying students\*                       \$3,539 per EFTSL
  - International students                                   \$4,940 per EFTSL
- Using these rates, each education provider calculates the average EFTSL rate based on the overall proportion of students in each category. Payments to health services reflect the total level of placement activity (calculated as EFTSL) in that academic year.
- The rates outlined above should be documented in the student placement agreement between each health service and education provider. Further information is provided in the 'Implementation' section below.

\* Higher fees for domestic fee-paying students only apply where student fees are greater than the combined Commonwealth Grant Scheme and HECS funding amounts.

Note: The rates outlined above are based on the 'medical' loading provided to universities through the Commonwealth Grant Scheme. Rates are updated annually.

## Maximum chargeable fees for 2018

**Table 1: Maximum chargeable fees (GST exclusive) for 2018**

Health discipline	Supervision provided by:	
	Health service	Education Provider
Nursing and Midwifery	\$55.52 per student per clinical placement day	No fee
Allied Health	\$35.53 per student per clinical placement day	No fee
Medicine	Annual fee based on EFTSL activity in academic year	No fee

Note: A shift that varies from the standard definition of a clinical placement day may be apportioned accordingly for the purpose of calculating clinical placement activity and establishing fees.

## Cancellations and absences

- A cancellation provision in the Schedule recognises that plans can change unexpectedly, but that there may be costs incurred by the health service for bookings that will not be fulfilled, particularly when the vacated booking cannot be replaced or staffing roster altered. A cancellation fee also provides a financial disincentive to education providers in order to minimise or avert cancelled placements.
- Like the maximum daily fees presented above, the cancellation periods and associated fees are presented as the maximum time frame and cost which a health service may charge education providers for cancelled placement days. Reduced time periods and fees may be agreed between health service and education provider partners.
- Partners are encouraged to consider the circumstances for cancellations in determining if, and/or how much of, a cancellation fee should be charged.
- Health services may apply the following fees to placements that have been confirmed by the education provider in Placeright:

- When a booking is formally cancelled (or student numbers reduced) in Placeright 60 or more calendar days prior to the first day of clinical placement, a maximum fee of \$11 (GST exclusive) per student per cancelled day may be charged.
- When a booking is formally cancelled (or student numbers reduced) in Placeright less than 60 calendar days prior to the first day of clinical placement, the full fee per cancelled day may be charged (as agreed between partners in line with the rates stipulated above).
- If a student is absent during a confirmed placement, up to the maximum fee per day may be charged, that is, the full fee per cancelled day.
- No fee may be charged:
  - If the education provider replaces cancelled or reduced bookings
  - When a booking has not been confirmed in Placeright by the education provider as per timelines for clinical placement planning.
- If a public health service cancels a booking then no fee may be charged to education providers. Student placement agreements may detail any recompense for education providers under this scenario.

### **Make-up or supplementary days**

- In the case of make-up or supplementary days, fees may be charged up to the maximum daily rates for any additional days formally arranged and confirmed in Placeright in addition to any fees charged for the original booking.

### **Non-fee contributions to the cost of clinical placements**

Other than the fees outlined in this Schedule, no financial contributions for clinical placements may be charged to education providers (or students) or accepted by public health services. However, it is encouraged that in-kind arrangements are considered as part of the negotiation and establishment of fees (see [Appendix 2](#)). It is also acknowledged that a higher level agreement may exist between the health service and education provider which documents partnership matters outside of the clinical placement experience (for example, non-clinical teaching provided by health service staff, research and infrastructure).

It should also be recognised that other defined contributions exist to contribute to the cost of, and build the capacity and quality of, clinical placements including the Training and Development Grant: professional-entry student placement subsidy (provided by the department) [further information available at: <https://www2.health.vic.gov.au/health-workforce/education-and-training/training-development-grant>].

Where the above funding sources, combined with any fees outlined in the Schedule, do not cover the full cost of clinical placements, Victorian public health services absorb the balance of cost through the WIES (Weighted Inlier Equivalent Separation) cost weights provided by the department.

### **Implementation**

- This Schedule is effective for activity occurring from 1 January 2018. Public health services and their partner education providers have a responsibility to establish fees in adherence not only with the maximum chargeable rates, but also with the principles and values outlined in the Schedule.
- Any fees (in accordance with the Schedule) should be communicated clearly to partners whilst planning placements, and reflected explicitly in current and/or future partnership agreements. Further information is provided in the 'Documentation of established fees' section below.

### **Documentation of established fees**

- The Schedule provides guidance and direction for public health services and partner education providers in establishing fees by setting maximum chargeable fees for clinical placements. It does not

replace the requirement for negotiation and documentation of agreed terms and conditions for clinical placements through a partnership agreement.

- Student placement agreements should provide clarity on terms and conditions (including on fees for clinical placements and any charges for cancellations), roles and responsibilities, and expectations of partners.
- Fees charged to each education provider should not be amended more frequently than annually, with documentation uploaded to the 'Partnership agreement documentation' section of Placeright.

## Compliance

Compliance with the Schedule is a condition of receiving the department's Training and Development Grant: Professional-entry student placement subsidy (the Grant), as specified in the annual Victorian Health Policy and Funding Guidelines. Known breaches of the Schedule may be raised with the department via email to [peopleinhealth@dhhs.vic.gov.au](mailto:peopleinhealth@dhhs.vic.gov.au).

## Appendix 1: Allied Health Disciplines

<b>Allied health discipline</b>
Audiology
Dietetics and nutrition
Exercise physiology
Medical imaging (Applicable for year 1 to 3 students only)
Occupational therapy
Optometry
Orthoptics
Pharmacy
Physiotherapy
Podiatry
Prosthetics and orthotics
Clinical-based Psychology
Social work
Speech pathology

N.B: As per the 'Applicability' section of this document, the Schedule applies to clinical placement activity for the above-mentioned disciplines.

# Appendix 2: Suggested options for in-kind arrangements

Some examples of in-kind contributions are listed below; however it should be noted that this list is not exhaustive.

## Arrangements to support education and training

### Options to enhance student supervision

- Options to enhance the supervision experience and potentially increase placement capacity with particular emphasis on those providing the supervision. This includes:
  - Access to a clinical supervision course
  - Access to adult learning education including new or innovative teaching methods
  - Development of, and access to, innovative models of clinical teaching and learning, including the use of simulation centre modules and video-conferencing
  - Access to supervisor support models across disciplines and education providers – could be facilitated groups or one-on-one.
  - Access to forums, workshops or other professional development related to planning and management of placements
  - Provision of academic awards or prizes

### Options to enhance clinical staff expertise

- Access to facilities and other opportunities for all clinical staff, not only those involved in clinical teaching and supervision. Such access provides motivation for all discipline staff to support clinical placements. These include:
  - Access to skills training and other professional development, including medical image interpretation
  - Access to library, journal publications, online resources
  - Subsidised post-graduate places in clinical areas through faculty scholarships or other arrangement
  - Provision of post-graduate units on-site at health services
  - Customised short courses, clinical practice updates, academic presentations made available on-site at health services or via video-link or download
  - Access to affiliated associate or adjunct professorial posts or other joint appointments for service-based clinical experts, such as Adjunct Fellow or honorary positions
  - Opportunities for clinical staff to contribute to curriculum development and or implementation such as during accreditation processes or providing lectures, tutorials
  - Access to revision opportunities for subjects such as anatomy and physiology

## Arrangements to support research and service delivery

### Options to enhance research opportunities and capacity

- Access to research expertise could be coupled with a strong clinical focus to enhance clinical practice and expand the evidence base for clinical interventions. Options include:
  - Development of Associate or Adjunct Professor roles potentially both within and across disciplines, and across multiple health services

- Support for research/clinical appointments so staff can undertake clinical work and translational research at the same time – could include development of clinical guidelines
- Access to research mentors – with potential to transition clinical questioning to post-graduate research
- Access to research seminars and/or research methodology training (including statistical analysis) either on-site or on-line
- Assistance with writing grants applications and seeking funding opportunities
- Allocation of research assistants (potentially from the post-graduate pool) to health services
- Presentation skills training
- Access to statistical software (e.g. SPSS)
- Access to visiting professors
- Joint research agreements

### **Options to enhance operational aspects of service delivery**

- Opportunities for support for non-clinical aspects of health service delivery could assist development of those services to enhance operations management, including:
  - Provision of data and interpretation from Schools of Public Health
  - Access to research and training opportunities from other areas of the education provider such as Schools of Business and Education
  - Access to statistical analysis from areas within the education provider focused on data
  - Opportunities to present at job expositions