

Victorian Healthcare Association

Community Health and Small Rural Clinical Placement Development Program



Final Report

June 2011

This project is an initiative of
the Department of Health





This report was compiled by Clare O'Reilly and Kathryn Squires on behalf of the Victorian Healthcare Association and the Community Health and Small Rural Clinical Placement Development Program.

For correspondence relating to this report, please contact:

Victorian Healthcare Association

T: 03 9094 7777

E: vha@vha.org.au



TABLE OF CONTENTS

1.0 Executive Summary

2.0 Introduction

3.0 Aims and Objectives

3.1 Aim

3.2 Objectives

4.0 Methodology

4.1 Scope

5.0 Project Plan Key Deliverables

5.1 Project Review

5.2 Case Studies

5.3 Resource Kit

5.4 Models and Initiatives

6.0 Program Plan Deliverables/Evaluation

7.0 Program Recommendations

8.0 References

9.0 Appendices

9.1 Project Plan

9.2 Term of Reference for the Community Health and Small Rural Clinical Placement Development Program

9.3 Project Review

9.4 Case Studies

9.5 Resource Kit

9.6 NWMR Student Placement Project – Marketing Poster Aimed at Community Health Staff

9.7 Student Placements in Community Health



1.0 Executive Summary

The Community Health and Small Rural Clinical Placement Development Program (CH&SRCPDP) aims to support effective clinical placements within community health and small rural health services. The Victorian Healthcare Association (VHA) has been contracted by the Department of Health (DH) to manage and implement this initiative over a 12-month period.

The CH&SRCPDP is part of the broader DH clinical placement strategy to promote clinical placement activity in non-acute health settings to better align student training and the evolving requirements of healthcare delivery. The project is being undertaken in parallel with two other DH-funded expanded settings projects, focusing on supporting the capacity and quality of clinical placements in the residential aged care and community-based mental health sectors.

The project's key deliverables were developed in collaboration with DH. A Reference Group of key stakeholders met regularly throughout the project to provide input.

The first key deliverable for this project was the provision of a project analysis to bring together and report on the work of projects in relation to student placements in small rural and community health services. The key themes on which the project analysis reported are presented in four sections:

- **Agencies** - examines the opportunities for organisations to address barriers to increasing the numbers of student placements hosted and the quality of such placements
- **Students** - explores the methods by which student reluctance to participate in placements in community health and small rural health services can be overcome
- **Educational institutions** - provides information about the strategies education providers placing students can use to support agencies and students in order to increase placement capacity and quality
- **Coordination** - outlines opportunities for improved coordination processes between education providers and health services.

The second key deliverable was the presentation of five case studies from the sector, highlighting initiatives that addressed a barrier, or assisted to build capacity in these health services. The case studies examine:

- Inner South Community Health Service - Student Placement Planning
- Bendigo Community Health Services - Student Orientation
- Eastern Metropolitan Region Alcohol & Drugs Strategy - Group Student Orientation and Placement
- ISIS Primary Care - Multiple Student Placement in Podiatry
- Kyneton District Health Service - Student Accommodation

The third key deliverable for this project was the provision of a Resource Kit. The kit provides templates, sample wording and check lists for resources required for small rural and community health services managing student clinical placements. The Resource Kit includes:

- Orientation checklist (pre placement, commencement, during & post placement)
- Orientation manual (contents page)
- Policy and procedures (contents page)
- Position descriptions (reference to student supervision and training [sample wording])
- Student evaluation tool
- Supervisor evaluation tool



The project also undertook a Desktop Analysis of sector participation in the Clinical Placement Networks (CPNs). The data currently available (at May 2011) shows that 78% of the community health sector and 86% of the small rural sector are participating in the CPNs.

The project has also made several recommendations pertaining to issues raised by the reference group that were beyond the scope of this project.

The resources developed by the project as the key deliverables are included as appendices to this report.

2.0 Introduction

To meet evolving models of health service delivery and growing workforce demand, developing the capacity of the primary care sector to provide quality clinical placements will be a critical strategy in graduating appropriately trained health students.

Clinical placements are an important aspect of healthcare education in Victoria. Clinical experience enables students to integrate and apply the knowledge, skills and attitudes they learn in the classroom to clinical settings, equipping them for challenges they may encounter as qualified practitioners.

The DH has developed a clinical placements strategy to support a more cohesive and sustainable approach to clinical education in Victoria. The strategy *Clinical Placements in Victoria: Establishing a Statewide Approach* identifies key objectives and priorities across five broad areas: governance and coordination, funding, innovation, data and planning, and enhanced capacity and quality.

<http://www.health.vic.gov.au/vcpc/resources/index.htm>

This strategy was the foundation for the establishment of a new system of clinical placement governance in Victoria. The new arrangements include 11 geographically-defined Clinical Placement Networks (CPNs) and a statewide advisory body, the Victorian Clinical Placements Council (VCPC). The CPNs will assist in developing and implementing locally-driven approaches to clinical placement planning, coordination and delivery that reflect the needs of stakeholders in the region. The VCPC is responsible for strategic policy setting and planning, and efficient provision of stakeholder-informed advice to the DH and Health Workforce Australia.



3.0 Aims and Objectives

3.1 AIM

The CH&SRCPDP aims to enable the development of the future health workforce by supporting effective clinical placements within community health and small rural health services. It will contribute to the capacity of organisations to facilitate a greater uptake of existing resources, troubleshoot local road blocks to placements, share best practice examples and implement systemic processes.

3.2 Objectives

The program objectives are to:

- 1) Improve the capacity for, and quality of, clinical placements
- 2) Participate in the new model of clinical placement governance in Victoria (in particular, the Clinical Placement Networks)
- 3) Support the development of organisational culture that values learning
- 4) Identify best practice clinical placement models and/or activities

The long-term objective is to increase clinical placement capacity in Victorian community health and small rural health services, through developing appropriate organisational systems to sustain high-quality clinical experiences for the next generation of health workers.

4.0 Methodology

In order to review and implement the program brief, representation was sought from small rural health services, community health services and tertiary institutions to form a reference group for the CH&SRCPDP. The reference group consisted of:

Community Health

- Barb Bell, Darebin Community Health
- Nicole Kondogiannis, Doutta Galla Community Health Service
- Alana Hulme-Chambers, Gateway Community Health
- Kim Sykes, Bendigo Community Health
- Deborah Mellor, Bendigo Community Health

Small Rural Health

- Jennifer Gale, Kyneton District Health Service
- Matthew Sharp, Rochester & Elmore District Health Service
- Nicole Kellow, Gippsland Southern Health Service

Tertiary Institutes

- Tammy Bowman, Goulburn Ovens Institute of TAFE
- Dr Adam Bird, La Trobe University
- Angie Cassar, Victoria University

Department of Health

- Kade Dillon, Workforce, Leadership & Development, Department of Health
- Margie Powell, Partnerships and Primary Health, Department of Health

Victorian Healthcare Association

- Clare O'Reilly, Project Manager
- Kathryn Squires, Project Officer

The reference group reviewed the program plan and terms of reference at its first meeting. Approval of the final program plan and performance indicators was provided at the second reference group meeting. It was agreed the Project Manager would receive input from the CH&SRCPDP Reference Group and other key stakeholders as part of the development and implementation of the project. Members of the reference group met six times over the 12-



month project. Members met in July, September and December 2010 and March, April and May 2011.

The initial key deliverables identified in the project brief were to produce a literature review, undertake sector surveys and develop a resource kit for the sector. In discussion with the reference group, the scope of the literature review was clarified as gathering information from former projects around student clinical placements focusing primarily on the grey literature in Victoria. As a result, the literature review was changed to project analysis to better reflect the content of the source documents.

A number of Victorian student placement projects had undertaken surveys or held forums that identified challenges to student clinical placements and strategies to address these. Therefore, it was deemed more meaningful to undertake in-depth interviews to form sector case studies, rather than repeating the same process. The resource kit was developed by utilising current sector documentation in consideration of the Best Practice Clinical Learning Environments (BPCLE) Framework. The documentation developed had been identified in the project analysis as being important to build capacity.

In March 2011 the DH requested the project undertake a desk top analysis to assist the CPNs to identify and target non-participating health services. The results of this are included in section 6.0.

4.1 Scope

The target audience for this program was Community Health and Small Rural Health Services. In Victoria, there are 36 small rural health services. Small rural health is block funded by DH, while rural and regional health services are output funded. The program also focused on registered (stand alone) community health services and non-integrated (public) community health services.

The disciplines included in the scope of this project are medical, nursing and allied health students. Allied health is used as the collective term for a wide range of tertiary qualified health professionals, other than medical and nursing, including but not limited to:

- Art Therapists
- Audiologists
- Chiropractors
- Clinical Psychologists
- Dieticians/Nutritionists
- Health Information Managers
- Medical Scientists
- Medical Imaging Technologists/Radiographers
- Medical Physicists
- Music Therapists
- Nuclear Medicine Technologists
- Occupational Therapists
- Optometrists
- Orthoptists
- Orthotists/Prosthetists
- Osteopaths
- Pharmacists (Community)
- Pharmacists (Hospitals)
- Pharmacists (Pharmacy Guild)



- Physiotherapists
- Podiatrists
- Radiation Therapists
- Social Workers
- Sonographers
- Speech Pathologists

Source: <http://www.health.vic.gov.au/workforce/allied>

5.0 Project Deliverables

The key project deliverables - project analysis, case studies and resources - are reported below. The remaining deliverables are reported on as part of the program evaluation.

5.1 Project Review

The scope of the project review includes existing projects and practical examples, primarily from Victoria, in relation to student clinical placements. Specifically, the project review describes the barriers to increasing placement capacity in the sector and suggests methods for overcoming these barriers. It examines best practice approaches to improving the capacity for, and quality of, placements in the sectors. See Appendix 9.3.

5.2 Case Studies

Case studies were developed from in-depth interviews with four community health services and two small rural health services. Each service was identified for its innovative approaches to overcoming student placement barriers, providing quality placements and building capacity in their organisations.

One of the case studies was not included in the final report because the training was still in progress and outcomes had not been identified. Instead, the case study from Djerriwarrh Health Service is described in summary form in section 5.4. The five remaining case studies (see Appendix 9.4) are:

- Inner South Community Health Service Student Placement Planning
- Bendigo Community Health Services Student Orientation
- Eastern Metropolitan Region Alcohol & Drugs Strategy Group Student Orientation and Placement
- ISIS Primary Care Multiple Student Placement in Podiatry
- Kyneton District Health Service Student Accommodation

5.3 Resource Kit

The resource kit was developed utilising current sector documentation in consideration of the DH Best Practice Clinical Learning Environments (BPCLE) Framework. The resource kit (see Appendix 9.5) includes:

- Orientation checklist (pre placement, commencement, during & post placement)
- Orientation manual (content page)
- Policy and procedures (contents page)
- Position descriptions (reference to student supervision and training (sample wording))
- Student evaluation tool
- Supervisor evaluation tool



The resource kit will be used to contribute to and complement the DH's BPCLE resource development project.

5.4 Other Models and Initiatives

In addition to the examples provided in the project review and highlighted as case studies, a number of other health services have implemented a range of initiatives. A summary of these examples is provided below.

5.4.1 Djerriwarrh Health Service

Djerriwarrh Health Services (DjHS) is a public health service operating in the Melton and Moorabool regions west of Melbourne. In 2010, DjHS hosted 2,690 student clinical placement days in midwifery and nursing.

The majority of nursing staff at DjHS had attended preceptorship training, providing them with basic supervision skills. Supplementing this, DjHS is currently supporting six nursing staff to undertake the Certificate IV in Training and Assessment. This course was identified as enabling student supervisors to gain a better understanding of the requirements of clinical supervision.

The aim of this solution was to provide the best and most appropriate training possible for nursing staff at DjHS in order to support students undertaking clinical placement and fulfill the requirements for a nurse to undertake a position as a clinical teacher. Through this process, the DjHS believed the Certificate IV in Training and Assessment was found to provide the best potential outcomes to address both of these needs.

For further information and outcomes post training, contact Sheryl Beech at Djerriwarrh Health Service, Email: Sherylb@djhs.org.au Phone: 5367 9635

5.4.2 Sunraysia Community Health – Dental Clinic – Student Teaching

Sunraysia Community health has a four chair community dental clinic and a four chair student teaching clinic with one designated dentist supervising. The community health service takes eight student dentists at a time. Two dental students work together and one student assists while the other works directly with the client. This enables the students to see a broader range of client cases and observe the techniques of fellow students.

The teaching clinic has glass walls so the supervising dentist can see each student as they work. This approach allows a greater number of student dentists to be supervised at the one time and doubles the number by having a buddy system in place. For further information contact Sonya Harmer at Sunraysia Community Health.

Email: sharmer@schs.com.au Phone: 5022 5444

5.4.3 Interprofessional Placements

A number of health services have begun to expose students to interprofessional work environments during their clinical placements. In this situation medical, nursing and allied health disciplines work together to plan and deliver care for clients. Students consolidate their own discipline's skills while also developing a better understanding of the process and dynamics of team-based care. The three examples of interprofessional placements presented have occurred in a community health setting, a small rural health service and a metropolitan health service. For further information contact the following three organisations:

Gippsland Southern Health Services

Nicole Kellow, Email: Nicole.Kellow@gshs.com.au Ph: 5667 5529



Northern Health
Robyn Smith, Email: robyn.smith@nh.org.au Ph: 9495 3333

Latrobe Community Health Service
Jane Taylor, Email: jane.taylor@lchs.com.au Ph: 5136 5400

6.0 Program Plan Deliverables/Evaluation

As identified in the program plan, the evaluation of the program will be based on the project plan performance indicators, timelines and outcomes. The project plan is attached in Appendix 9.1.

Performance Indicator 1.1 – The project reference group members selected represent the community health, small rural health and tertiary sectors. The terms of reference and the KPIs were developed as part of the project plan. This occurred on schedule and the project plan was developed as the outcome.

Performance Indicator 1.2 – The project analysis report was completed in May 2011. While the analysis was complete, the timing of this outcome was delayed significantly. The outcome has been met with a standalone project analysis document provided.

Performance Indicator 1.2a – The Project Manager gave a presentation at a community health forum in August 2010 and a small rural health forum in September 2010. The focus of this presentation was to outline and promote the project and consult with the sector regarding challenges to clinical placements and best practice examples. These presentations took place to coincide with the scheduled sector forums.

Performance Indicator 1.2b – Six case studies were presented to the reference group in May 2011. Initial in-depth interviews took place December and January, with ongoing follow up and review of related documentation until April 2011. There was a delay in finalising these documents, however the outcome has been met and five case studies have been reported in detail.

Performance Indicator 1.3 – The project plan included a comparative analysis of 2009 and 2010 student placement data to determine increased capacity. This indicator was not met due to the unavailability of clinical placement data from Health Workforce Australia.

Performance Indicator 1.4 – A Resource Kit has been developed utilising current sector documentation in consideration of the DH BPCLE Framework. The resource kit will contribute to, and complement, the DH BPCLE resource development project.

Performance Indicator 2.1 & 2.2 – The CH&SRCPDP background and progress reports were presented to the CPN Project Managers in November 2010 & February 2011. Ongoing dialogue has taken place with CPNs in relation to contact information, updates for newsletters and in discussions on CPN engagement.

It was anticipated that the DH Clinical Placement Summit would be a valuable opportunity to highlight the key outcomes of the report. Unfortunately, the project was not successful in its application to present at the conference. However, the Project Officer attended the conference to network and gain additional information on clinical placement initiatives in Victoria.



The Project Officers have utilised sector forums, other VHA meetings and conferences as well as the project reference group to obtain feedback on, and assist with, engagement between CH&SRH and the CPNs.

Performance Indicator 3.1 – As part of the resource kit to the sector, a contents page for an organisation's student clinical placement policy and procedures has been developed and approved by the reference group.

Performance Indicator 3.2 – As part of the resource kit to the sector, an employee position description (including sample wording and reference to student supervision training) has been developed and approved by the reference group.

Performance Indicator 3.3a – The NWMR project did not present at the CH&SRH forums, however the Project Manager made reference to key aspects of the NWMR project as part of this program's presentation.

Performance Indicator 3.3b – The most significant strategy to reward supervisors identified by the CH&SRH sector was access to the universities' online library services. Some universities provide library access to health services that accept their students on placement. A number of health services are not aware of this and this information will be promoted to all health services. The focus for this indicator then turned to having a more streamlined process to make online library access automatic so that it wasn't dependent on different contacts at different faculties. The clinical schools at LaTrobe University have included the streamlining of library access to health services on their agenda. However, at the time of writing a formal process had not been developed.

The University of Melbourne has a similar arrangement to LaTrobe University. Victoria University is working on access for health services, although access is currently only permitted to university employees. This will be a work in progress and is an initiative that the North West Metropolitan Region Student Placement Steering Group is also monitoring.

Performance Indicator 3.3c – The NWMR student placement project developed a marketing poster to promote the uptake of student supervisors in health services. The CH&SRHCPDP Project Manager attended the reference group meetings and contributed to discussions on the development of the poster. The CH&SRH program will contribute funding for poster printing and distribution to the NWMR agencies. Formal permission will be sought by the DH for the statewide release of the poster as part of a consolidated release of resources in conjunction with the BPCLE resource development project. Pending consent from the NWMR agencies, this would occur in the latter part of the year.

Performance Indicator 3.3d – An orientation checklist and an orientation manual (contents page) was developed to form part of the project resource kit to the sector and was approved by the reference group.

Performance Indicator 4.1 – The case studies highlighted in this project provide examples of innovative and/or best practice approaches to overcoming some of the challenges faced in student clinical placements. In addition, the project analysis identifies strategies that health services haven't developed and implemented to overcome barriers to student clinical placements. Examples of other initiatives across the state have been included in section 5.4 of this report.



Student Placements in Community Health

The VHA undertook a project on student clinical placements in 2007. The resources developed as part of that project were utilised along with the sector documentation. In addition, the web-based format has required updating. As part of this project, the relevant parts of this information have been updated and edited to be more user-friendly and relevant. It will sit as an additional attachment within this project (refer Appendix 9.7).

Sector engagement

The service audit of all of the CH&SRH services was undertaken. As at 31 May we have a sector engagement status for community health and small rural health services as indicated below.

Small rural health engagement

31 of the 36 (86%) small rural health services are engaging or aware of the CPNs. 21 of the 36 (61%) small rural health services in Victoria are actively engaged with the CPNs and a further ten (28%) are aware of the CPNs, although not actively engaged. The status of three rural health services is unknown and two intend to engage in the near future.

Community health engagement

34 of the 39 (87%) community health services in Victoria are engaged with the CPNs. The status of five community health services is unknown at this time.

7.0 Program recommendations

The project review touched on the need for internet access by students undertaking a placement. The reference group raised the need for an accepted definition of a reasonable minimum standard of service to be adopted, preferably the minimum definition of 'broadband' as defined by the Australian Government:

"Under the Australian Broadband Guarantee, a metro-comparable broadband service is defined as any service that offers a minimum 512 kilobits per second download and 128 kilobits per second upload data speed, with three gigabytes per month data usage at a total cost of \$2500 GST inclusive over three years (including installation and connection fees)."

http://www.dbcde.gov.au/broadband/australian_broadband_guarantee

Recommendation 1

That the definition of a metro-comparable broadband service used by the Australian Broadband Guarantee be used as the minimum standard of service required when providing internet access to students on placement.

The project review reported on recommendations from a range of projects, one of which was a call for standardised agreements between universities and health services. It is acknowledged that these agreements are very complex and that one agreement may not be relevant to all. Instead, a template could act as a guide for health services. The DH has a template designed for medical and nursing placements in the public hospital sector on its website.

<http://docs.health.vic.gov.au/docs/doc/Relationship-Agreement-for-the-Public-Hospital-Sector>

Recommendation 2

In order for an agreement between universities and health services to be a useful tool, further consideration in regard to its implementation is needed.



Not all universities have a clear understanding of all of the programs in community health and therefore feel unable to allocate students to these additional areas.

Recommendation 3

Universities and health services (particularly community health) work together to market health services and their program areas so that tertiary institutes have a better understanding of their programs and services in order to allocate and coordinate student placements.

Clinical Models/Activities

The project review has highlighted a number of challenges to student placements facing the sector as well as strategies utilised to overcome these. In addition, the five case studies provide detailed information on initiatives that have been successfully used in the sector to expand the quality and quantity of student placements. Additional examples have also been identified in section 5.4 and a brief summary provided.

Each of these examples can be duplicated to ensure viable, sustainable and enriching clinical placement experiences for students, depending on the context of the individual health service. However, this project is unable to recommend any specific models or activities as this is dependent upon the unique environment of each health service. Instead, these examples are presented for each health service to consider as part of its individual strategy for increasing clinical placement capacity and quality.



9.0 APPENDICES

9.1 Project Plan

Objectives	Strategies	Performance Indicators	Outcomes
1.0 To improve the capacity and quality of clinical placements	<p>1.1 Establish project</p> <p>1.2 Develop literature review</p> <p>1.2a Utilise existing CH & SRH forums to promote project and consult with the sector</p> <p>1.3 Analyse and benchmark data</p> <p>1.4 Develop tools and resources to support clinical placements</p>	<p>1.1 Establish project reference group (RG) develop TOR and KPIs</p> <p>1.2 Analysis of existing knowledge, describe best practice approaches</p> <p>1.2a Forum agendas include clinical placement challenges & best practice</p> <p>1.2b Undertake case studies with key stakeholders</p> <p>1.3 Collate existing project data & DH data</p> <p>1.4 Tools and resources kit packaged and distributed to CH & SRH</p>	<p>1.1 Project plan</p> <p>1.2-1.3 Literature review</p> <p>1.4 Tools & resources disseminated by sector (including Best Practice Clinical Learning Environment Framework)</p> <p>1.4 Resources on VHA website</p>
Objectives	Strategies	Performance Indicators	Outcomes
2.0 Participate in the new model of clinical placement governance in Victoria (CPNs)	2.1 Project Manager to liaise with CPNs and attend CPN statewide forums	2.1 & 2.2 Working relationships established between CH, SRH and CPNs	2.1 Representation at CPN Steering Committee



	2.2 Identify barriers and develop mechanisms to enable CH&SRH to participate and engage with CPNs		2.2 CH&SRH engaged with CPNs
Objectives	Strategies	Performance Indicators	Outcomes
3.0 Support the development of an organisational culture that values learning	<p>3.1 CH & SRH clinical placement policy and procedures developed that address: Clinical Placement support and capacity building for staff and students</p> <p>3.2 Training and support for supervisors</p> <p>3.3 Apply NWMR student placement project resources to state</p>	<p>3.1 CH&SRH policy & procedures documents include reference to clinical placement capacity</p> <p>3.2 Encourage sector to provide initial and ongoing training for supervisors</p> <p>3.3a NWMR project to present findings at CH&SRH forums</p> <p>3.3b Identify strategies for education & CH&SRH sectors to reward supervisors</p> <p>3.3c Support the development/implement of marketing strategies to increase the number of staff supervisors</p> <p>3.3d Provision of sector specific student orientation</p>	<p>3.1 Policy and procedures relating to clinical placements endorsed by CH & SRH boards</p> <p>3.2 Training provided</p> <p>3.3a Share & engage sector in best practice ideas</p> <p>3.3b Reward systems in place in sectors</p> <p>3.3c Marketing strategies distributed across sector</p> <p>3.3d Student orientation resource distributed to sector</p>



Objectives	Strategies	Performance Indicators	Outcomes
4.0 Identify best practice clinical placement models and/or activities	4.1 Utilise CPNs and other forums to inform and discuss best practice models and activities with sector	4.1 Engagement in process	4.1 Models identified for sector 4.1.1 Final report to incorporate literature review, data analysis, resources and best practice models



9.2 Terms of Reference for the Community Health and Small Rural Clinical Placement Development Program

Community Health and Small Rural Clinical Placement Development Program

Reference Group – Terms of Reference

Introduction

The Community Health and Small Rural Clinical Placement Development Program (CH&SRCPDP) Reference Group has been established to function as a broad consultative forum that works to assist in the uptake and improved quality of Clinical Placements in Community Health and Small Rural Health Services.

Aim of the Reference Group

To support effective clinical placements within community health and small rural health services by contributing to the capacity of organisations to facilitate a greater uptake of existing resources, troubleshoot local roadblocks, share best practice and implement systemic processes.

Objectives of the Reference Group

- 1) To increase the number and quality of clinical placements
- 2) Participate in the new model of clinical placement governance in Victoria (CPNs)
- 3) Support the development of an organisational culture that values learning
- 4) To contribute towards increasing clinical placement capacity in Victorian community health and small rural health services through developing appropriate organisational systems to sustain high quality clinical teaching for the next generation of health workers.

Convenor

A member of the VHA Board will convene the Reference Group.

Membership

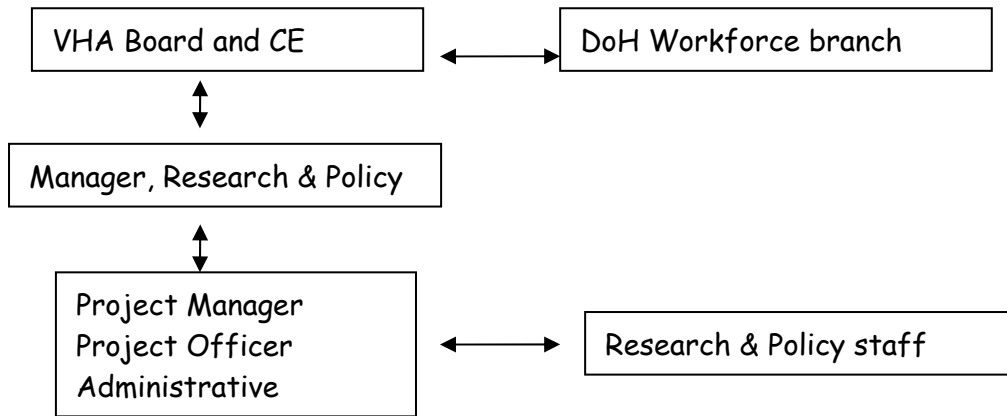
- 1) Membership of the Reference Group will include Community Health Services, Small Rural Health Services, Tertiary Institutions and VET sector, Department of Health, and Victorian Healthcare Association.
- 2) There is no fixed term of membership or conditions relating to attendance at meetings.
- 3) Up to three people from each sector can be represented at the Reference Group.
- 4) The group has the option of co-opting other members with relevant expertise as required.

1. Reporting Structure

The (CH&SRCPDP) Project Manager will receive input from the (CH&SRCPDP) Reference Group and other key stakeholders as part of the development and implementation of the project. The project manager reports to the Manager, Research and Policy at VHA and provides written and verbal reports to DoH as outlined in the project brief. The Reference Group reports to the VHA CEO and the Board of Management via the CH&SRCPDP project reporting mechanisms.



2. Figure 1. Reporting Structure



3. Meeting Procedures

Meetings will be scheduled bi-monthly and reviewed as required. Meetings will be for no longer than two hours in duration. Meetings will be scheduled to take place (day) and (time) (to be determined). Agendas will be sent out one week prior to the meeting and minutes distributed one week after the meeting.

4. Functions

Development and implementation of a 12-month project work plan (see attachment 1).

5. Project Management

The (CH&SRCPDP) Reference Group will provide advice and support as appropriate. The VHA had developed a unique structure in the development and implementation of this project to ensure the most effective and efficient use of staff resources. The project team will consist of a project manager, project officer and administrative assistant. The project manager will develop the project brief and oversee and contribute to its implementation, liaise with relevant stakeholders and report to the Reference Group. The project officer will undertake specific aspects of the project brief and provide high level secretariat support. The administrative assistant will provide administrative and secretariat support to the project and the reference group.

In addition, the VHA research and policy staff will be briefed by the project manager to ensure opportunities to promote the project and obtain additional feedback from members is captured during member visits and forums. The project team will ultimately report to the VHA Board of Directors via the Research and Policy Manager. VHA will report to the DoH according to the key project deliverables as identified in the work plan.

6. Relationships with other stakeholders

The project manager will work closely with a range of stakeholders and bring this information to the Reference Group. The project manager will consult with stakeholders other than the Reference Group to ensure the most appropriate resources are provided to community health and small rural health services in the provision of quality clinical placements.

The Terms of Reference will be for the 12-month length of the project, finishing June 2011.

Accepted



- 9.3 Project Review**
- 9.4 Case studies**
- 9.5 Resource Kit**
- 9.6 NWMR Student Placement Project – Marketing Poster**
- 9.7 Student Placements in Community Health**