Allied Health Professions Australia

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John Fely
Chair, Health Provider Partnership Forum
First Assistant Secretary, External Stakeholder &
Government Relations Division
Department of Veterans Affairs
Primary.Health.Provider.Engagement@dva.gov.au

Dear John,

Re: Student placements in primary care settings

I am writing in my capacity as CEO of Allied Health Professions Australia, on behalf of our 20 allied health association members, to raise urgent concerns about a recent revision made to the guidelines for funding eligibility for services provided in conjunction with students. I seek a meeting between appropriate Department of Veterans Affairs staff and a delegation of senior leaders from the different allied health professions to discuss the consequences of these changes and to consider potential solutions that will support ongoing access to student placements for the future workforce.

In late 2018, your Department issued the following clarification:

ACTION ITEM 1: Circulate to attendees for information, the revised text about students to be published in the next update of DVA's 'Notes for Allied Health Providers'
RESPONSE: The revised text regarding students will be incorporated into the Notes for Allied Health Providers when they are next updated.

The updated clause reads:
"76. All services provided to an entitled person must be delivered by a healthcare provider who is eligible to claim for these services under Medicare arrangements. DVA will not accept financial responsibility for health care services provided fully or in part to an entitled person by a student or an assistant, which is consistent with Department of Health policy. For example, if part of the service is the healthcare provider taking a case history, measuring weight, blood pressure or range of movement, demonstrating and supervising exercises or advising on self-management strategies, this needs to be undertaken by the healthcare provider and not a student or an assistant. With the consent of the entitled person, a student or an assistant may observe the service being provided by the qualified healthcare provider during a consultation funded under the DVA Schedule of Fees. "

This change represents a very significant change from previous guidelines from 2015/6 and makes the training of students untenable. While the new text is consistent with current Medicare guidelines, it is highly restrictive, and we are advised by our individual members that this will make it impossible to provide future student placements.

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Notes for Allied Health Providers April 2016 Clause 76:
76. DVA will not accept financial responsibility for health care services provided fully or in part to an entitled person by a fieldwork student or an assistant.

An assistant or student undertaking practical experience can only provide treatment under direct supervision of the health care provider, subject to seeking the appropriate consent from the client. The supervising provider must be present at all times during the DVA funded consultation.

Notes for Exercise Physiologists May 2015 Clause 9:
9. An aide or a student cannot provide treatment on behalf of an accredited exercise physiologist. However, it is acceptable for a student to provide treatment under the direct supervision of an exercise physiologist, subject to seeking the appropriate consent from the client.

Under the 2015/6 guidelines, allied health practitioners have been able to offer essential opportunities for students to gain practical experience in private practice settings. From our perspective, the 2016 guidelines provided clear restrictions on the extent to which students could deliver services in order to ensure clients were not exposed to inappropriate risks. We are not aware of any incidents arising from the delivery of supervised services by students and we are not clear what necessitated the change.

It has been noted previously that the guidelines for allied health students are similar to those that apply to medical students. Unfortunately, the consequences of this level of restrictiveness do not impact medical students the same way as it does allied health students because all medical students undertake a paid internship of 12 months duration during which they have the opportunity to demonstrate their competence to practice. There is no parallel program for allied health professions. Instead, all allied health students undertake practicum that is embedded in their university training program. It is during these practicum placements they must demonstrate competence prior to graduation. Observation does not permit demonstration of competence. We also note that medical students and allied health students are likely to have different risk profiles in terms of the types of activities they are undertaking.

Historically, the majority of allied health practitioners were employed within the public health system and clinical placements were undertaken in that setting. In most cases this meant hospital placements. However, while hospital placements continue to be the major source of placements for some professions, our health system is changing and is not providing appropriate experience for the many students who can expect to work in private practice. This change will take the already limited opportunities and reduce them further. This is particularly concerning as some professions such as chiropractors, osteopaths and optometrists already work exclusively in the private sector. Others, such as podiatry, exercise physiology and audiology, have upwards of 90% in this situation. For professions which do still have training capacity within the public system this is under increasing pressure with staff struggling under the strain and universities reporting increasing difficulty in securing practicum placements.

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Training entirely within the hospital system does not adequately equip students to take up work in the private health system upon graduation. Private practice is where most new jobs are and where government policy is increasingly placing emphasis for the healthcare needs of Australians. Ironically, treatment in the hospital system is often indirectly (sometimes directly) covered by federal funding, and Department policy allows students to provide supervised treatments in this setting. We fail to understand why the Government will allow students to provide supervised services to the very sick and vulnerable people, but the Government will not allow students to provide supervised services in the primary care setting where they are generally ambulant and less vulnerable.

For many private allied health practitioners, providing services under Medicare and DVA is the majority of their business. For those who do have full fee-paying customers, feedback suggests many clients are not consenting to students being involved in their care as they are paying full price and expect services from a qualified professional. With the reduced opportunities for students to practice and develop their competencies, private practitioners are reducing or stopping student placements. Registration or Accreditation bodies require students to demonstrate competence, passive observation is not sufficient.

Orthoptics Australia reports that existing limitations mean that the only way their profession have been able to manage this is to have the qualified practitioner provide the treatment themselves then ask the patient to stay and allow the student to duplicate the service again. This is unsustainable and entirely dependent on the goodwill of individual patients and spare clinic space, if it available.

The National Registration and Accreditation Scheme (NRAS)Report (p82-85) noted that *"student placements are an essential element of the health professional curriculum. They provide students with an opportunity to turn knowledge learned in the classroom into practice and introduce students to a range of workplace settings and experiences."* It further identifies the importance of health programs providing a range of clinical education opportunities including *"use of an appropriate variety of clinical settings, patients and clinical problems for training purposes."*

As healthcare evolves towards more patient-centred, integrated care services, there is a need to ensure that clinical placement opportunities adequately reflect future community need (Stein, 2016). Flexible and creative placements in primary care, as well as in 'expanded' and non-traditional settings, such as in rural and regional areas, and with specific demographic groups such as disadvantaged communities, are necessary to ensure students are adequately prepared to be able to deliver safe, high-quality services in a range of environments.

As the peak body for Australia's allied health professions, we are putting your Department on notice that you are creating a crisis that will only continue to worsen as placement opportunities dry up and while the demand for a qualified workforce increases.

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Given the urgency of this situation, AHPA will be raising this issue not only with your own Department but with Medicare and other schemes such as the National Disability Insurance Scheme (NDIS) as well as the appropriate Ministers.

I believe that if we work together, we can find appropriate solutions to this issue that balance patient risk with the need to ensure we are training the next generation of health professionals in the settings where they will be practising. I look forward to hearing from you about a potential meeting and encourage you to let me know if I can provide any further information.

Kind regards,

Claire Hewat
Chief Executive Officer
Allied Health Professions Australia