Position Paper on Allied Health Clinical Education and Training In the Northern Territory

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TABLE OF CONTENTS

1. Acknowledgments
2. Background
   Terminology
3. Introduction
   National Context
   Local Context
   TABLE 1 Department of Health and Community Services Allied Health Positions August 2004
4. Education and Training Networks
   Flinders University
   Charles Darwin University
   Other Tertiary Institutions
   TABLE 2 Student Placements by Discipline and University of Origin
5. Department of Health and Community Services Allied Health Professional Clinical Education and Training Survey November 2004
   Challenges and Issues Highlighted By the Survey
   Travel and Accommodation
   Remote Student Placements
   Employment Opportunities for New Graduates
   TABLE 3 Number of established Positions suitable for new graduates ie designated as P1, across Acute, Health and Community Services, Department of Health and Community Services.
6. Summary
7. Appendix 1 - Organisational Chart – National Health Workforce Committees
8. Appendix 2 – Key Resources

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Background
This position paper has been written as an action from the National Allied Health Advisory Committee to develop a national profile regarding Clinical Education and Training of allied health professionals. The Committee's intention is to utilise the profile to develop recommendations for consideration by the Australian Health Workforce Advisory Committee. The Australian Health Workforce Advisory Committee is responsible to the Australian Health Workforce Officials Committee in providing directions with respect to the National Health Workforce Strategic Framework. The Australian Health Workforce Advisory Committee has a representative from the National Allied Health Advisory Committee who are comprised of representatives from States and Territories in senior allied health advisory positions.

Terminology
A definition of "allied health" is a matter currently under discussion by the key stakeholders, however this paper uses the definition from Services for Australian Rural and Remote Allied Health Incorporated. Allied Health professionals are tertiary-trained health practitioners (who are not Doctors or Nurses) from one of several individual professionals who have, for the purpose of presenting a collaborative position, come together to work towards a common goal.

The term 'clinical education' will be used in a generic, inclusive sense to denote all professional practice placements undertaken within the workplace by allied health students.

Introduction
The intent of this paper is to provide the Northern Territory's current position on clinical education and training, couching it within the national and local context, and noting the relationships that exist as a result of the Territory's unique place within the landscape of Australian health care and tertiary education. The challenges and issues will be described, as will the innovative practices that have been established.

The National Context
The Federal government is giving increasing recognition to the challenges and issues pertaining to the allied health workforce and the need to increase support and planning to ensure a viable future. This includes supporting allied health in its provision of clinical education. One key policy and planning paper is a ten-year vision document setting the direction for the Australian Health Workforce. It was developed as an outcome from the Australian Health Ministers Conference (April 2004). The paper, The National Health Workforce and Strategic Framework, builds its strategies around 7 key principles. The most important principle in relation to this paper talks of ensuring and sustaining supply of health professionals. It discusses the need to reduce immediate shortages, and addresses issues specific to rural and remote work. It stresses the importance of maintaining a skilled and responsive health workforce and acknowledges the backdrop of health workforce shortages.

Eight allied health professions are highlighted on a national skill shortage list. These are

- Physiotherapy
- Pharmacy (hospital/retail)
- Occupational therapy
- Speech pathology

3 Organisation chart-National Health Workforce Committees-see Appendix 1
4 SARRAH Constitution Definition – Allied Health Professional
5 SARRAH: Allied Health professionals may include but are not limited to: Audiology, Nutrition, Dietetics, Occupational Therapy, Orthotics, Orthotics, Pharmacy, Physiotherapy, Podiatry, Psychology, Radiography, Social Work and Speech Pathology.
The Department of Health and Community Services also recognises Pathology, Prosthetics, Environmental Health Officers and Dental Therapists as allied health professionals.
6 AHMC (2004), National Health Workforce Strategic Framework.
7 AHMC (2004), National Health Workforce Strategic Framework , pg 39 -41
8 AHMC (2004), National Health Workforce Strategic Framework, p 41
Diagnostic radiology
Radiation therapy
Sonography
Nuclear medicine technology

A paper by the Health Professions Council of Australia, “Solving the Crisis in Clinical Education for Australia’s Health Professions” (2004)\textsuperscript{9} reiterates this skill shortage. It also adds audiology as another profession facing critical shortages, clarifying that these audiology shortages are due in part to the inability of the workforce to provide sufficient numbers of clinical placements for students in training.

The Local Context
Clinical education within the Northern Territory is largely delivered within the context of public sector health services. Thus it is crucial that government and public sector allied health professionals work cooperatively to enhance and strengthen the provision of clinical education and this is reflected in current government papers and business plans.

In 2004 the Territory Minister for Health, together with the Minister for Family and Community Services, in consultation with consumers, the community and the workforce developed a 5-year framework. The key outcome of this work was the vision document “Building Healthier Communities, A Framework For Health And Community Services 2004 - 2009”.

One of the crucial highlights\textsuperscript{10} was the need to strengthen and reform the support received by the health workforce. Strategies are required to guide education and training, to strengthen and enhance local education (including collaboration with local education providers), and to encourage all staff to blend clinical practice, research and teaching.

Important strategies around recruitment and retention issues\textsuperscript{11} are also recognised. These include supporting national initiatives to address shortages, developing and implementing recruitment and retention strategies, addressing accommodation issues in remote areas particularly, and to be more systematic in workforce planning.

These priorities can in part be addressed by improved practices in clinical education, supporting allied health staff who offer clinical education and recognition that many students who undertake placements in the Territory are evaluating the placement as a potential employer.

Of additional importance is the priority to recruit and support aboriginal staff\textsuperscript{12} noting the need to

- increase the number of aboriginal people in the workforce at all levels, creating pathways across professional boundaries
- implement strategies to ensure a respectful work environment that supports aboriginal staff to achieve
- promote careers in the health and community services professions to the aboriginal community.

Some of the strategies currently in place for the development of the Aboriginal Health Workforce include a Cadetship Program and Graduate Development Program.

These key priorities have been further detailed within the Department of Health and Community Services Human Resources and Workforce Development Branch Business Plan 2004-05\textsuperscript{13} with

\textsuperscript{9} Solving The Crisis In Clinical Education For Australia’s Health Professions: A discussion paper from the Health Professions Council of Australia, July 2004. Health Professions Council of Australia Ltd
\textsuperscript{10} BHC A Framework for Health and Community Services 2004 – 2009, p32
\textsuperscript{11} BHC A Framework for Health and Community Services 2004 – 2009, p32
\textsuperscript{12} BHC A Framework for Health and Community Services 2004 – 2009, p32
\textsuperscript{13} Department of Health and Community Services Business plans 2004/05
specific time-limited actions based on the relevant frameworks. The actions emphasize the need for planning to achieve a sustainable health workforce. Of particular note is the action to match Studies Assistance programs to skill gap areas, to develop effective education and training networks, including collaborative links with local and southern tertiary education providers and to increase recruitment and career opportunities for Aboriginal and Torres Strait Islander staff. This latter strategy also ties in with the action to ensure health service provision is effective in the cross-cultural context of the Northern Territory through the provision of Aboriginal Cultural Awareness programs.

Local public sector allied health professionals are motivated to support clinical education, recognising that it ensures sustainability of their profession, which is necessary for enhancing the delivery of health services in the Northern Territory. Table 1 shows the number of allied health positions within the Northern Territory public sector as of August 2004. Additionally it shows the number of positions that were vacant at that time and expresses the number of vacancies as a percentage.

<table>
<thead>
<tr>
<th>LOCAL TITLE</th>
<th>No of Positions</th>
<th>No of Vacancies</th>
<th>Percentage of Positions Vacant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
<td>6</td>
<td>1</td>
<td>16.6</td>
</tr>
<tr>
<td>Dental Therapy</td>
<td>15</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Dietetics</td>
<td>8</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td>Environmental health</td>
<td>14</td>
<td>4</td>
<td>28.5</td>
</tr>
<tr>
<td>Nutrition</td>
<td>15</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>31</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>Pathology</td>
<td>29</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>21</td>
<td>11</td>
<td>52</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>30</td>
<td>11</td>
<td>37</td>
</tr>
<tr>
<td>Prosthetics/Orthotics</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psychology #</td>
<td>14</td>
<td>6</td>
<td>43</td>
</tr>
<tr>
<td>Radiography</td>
<td>39</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Social Work #</td>
<td>18</td>
<td>6</td>
<td>33</td>
</tr>
<tr>
<td>Speech Pathology</td>
<td>25</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>268</strong></td>
<td><strong>66</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

#There are a number of social workers and psychologists within Family and Children’s Program however it is difficult to ascertain specific discipline numbers due to the non-specific nature of the local job titles ie Community Welfare Worker and Advanced Practitioner.

Overall, the vacancy percentages are worrying and highlight the need for the Department of Health and Community Services to pursue its recruitment and retention strategies. Of interest are the radiography figures. It has the largest workforce of the allied health professions yet an extremely low vacancy rate. This may relate to a higher number of available positions suitable for new graduates.

There are currently no established podiatry positions within the Department of Health and Community Services, consequently clinical education and training for podiatry students is not available.
Education and Training Networks

The capacity for work units to host student placements is extremely resource-dependent, impacted particularly by high allied health staff turnover rates throughout the Territory.

The following quote from the Collegian 2003\(^\text{14}\) makes a sound and pertinent point in relation to training of undergraduates and employment in the Northern Territory.


There are a variety of student placements sought by Universities Australia-wide as well as varied capacity for Department of Health and Community Services workunits to offer placements. Types of placement requests include direct client contact in acute care and rehabilitation settings through to community-based placements where consultation with clients occurs at sites such as schools, childcare centres, private homes, nursing homes and rural and very, very, very remote community settings. Additionally, placements occur within organisations whose core business is to provide public health education programs and health promotion campaigns, for example, the community nutritionists. The majority of placements occur within the public sector with limited numbers offered by private practitioners.

In November 2003, Flinders University and the Northern Territory Clinical School appointed an Allied Health Student Coordinator to support the professions of audiology, nutrition/dietetics and speech pathology and aims to build loyalty to Flinders’ students. Apart from this relationship, there is no other mechanism except ‘first come first served’ or previous university-practitioner relationships to guide workplaces in prioritising placement requests.

The Department of Health and Community Services has formalised links with local and interstate tertiary education service providers. Some specific examples of current collaborations are provided.

1. Flinders University, South Australia

The Northern Territory Clinical School (NTCS) was established in 1997 as a jointly funded initiative of the Northern Territory Government and Flinders University. It is a teaching partnership between Flinders University and Northern Territory clinical service providers. The Northern Territory Clinical School is based at the Royal Darwin and Alice Springs Hospitals with outreach to diverse general practices and rural or remote communities throughout the Territory. Within the Top End of the Northern Territory, Flinders University, through the Northern Territory Clinical School appointed an Allied Health Student Coordinator in October 2003. This position is 0.5 FTE fixed term for 3 years, and has responsibility for establishing and coordinating student placements specifically within the disciplines of audiology, nutrition/dietetics and speech pathology. At the present time, this support is limited to the Top End and other allied health disciplines are not included under the umbrella of this role.

This position has roles and responsibilities for administration around placements, such as accommodation arrangements, professional support for supervisors, professional and personal

\(^{14}\) Collegian Vol 10 No 1 2003, pg 18
support for students while on placement (including provision of orientation information) and further development of the capacity of the workplace to provide best practice placements for students. The creation of this position has also facilitated the further development of links between key stakeholders, particularly Flinders University staff and Northern Territory placement providers. The value of this position in its 12 months of existence has been noted in comments such as the following:

“It was good to have regular meetings to have an opportunity to discuss these issues”¹⁵

“Somebody was really interested in how the placement was going”¹⁶

“Hosting students has been made easier as the AH student coordinator now carries out the majority of the administration responsibilities.”¹⁷

And this suggestion from a practitioner who can’t access the Clinical School person- “[would be helpful to have a] dedicated mentor/administrative support to facilitate the placement”¹⁸

Key responsibilities of this position also include provision of professional development training opportunities for allied health personnel such as the 2-day multi-disciplinary workshop in student supervision that was offered locally in Darwin in 2004. A session during the student supervision workshop was devoted to strategic planning for the next 2 years. The key areas delineated were:

- Ensuring students have adequate orientation and support to operate in a culturally safe manner whilst on placement;
- Working towards reducing the financial costs of field placements both to the student and the host;
- Implementing workplace structures that enable student supervision without negatively impacting on workload;
- Enhancing communication and relationships between universities, workplaces and students.

This allied health coordinator’s position is an intermediary for students, workplaces and universities, which is locally placed. It is an innovative model that warrants pursuit by other tertiary organisations for the ongoing future development and support of allied health student placements within other disciplines. Development of additional position/s with similar roles and responsibilities, designated to those disciplines not currently supported is recommended.

2. Charles Darwin University

The Department of Health and Community Services and Charles Darwin University are working together to progress the development of the allied health workforce and in particular, establishing pathways for Aboriginal people to establish careers in professional service delivery areas aiming to Build Capacity In Health Delivery. Information sharing processes are in place between the Department and the University. These are assisting the University to determine priorities for the development of appropriate undergraduate and/or post-graduate courses for specific allied health disciplines within the context of the development of the School of Health Sciences and strategic planning around allied health programs.

¹⁵ Allied Health Student Evaluation 2004
¹⁶ Allied Health Student Evaluation 2004
¹⁷ Questions for Organisations about Clinical Education and Training (October 2004)
¹⁸ Questions for Organisations about Clinical Education and Training (October 2004)
Local allied health professional training is currently limited to pharmacy, social work, and a first year Occupational Therapy feeder course with James Cook University, Queensland with an understanding that 4th year practicum would take place in the Northern Territory.

All other allied health training occurs interstate.

3 Other Tertiary Institutions

In the last two years the Department of Health and Community Services is known to have hosted allied health students from a number of universities. Please refer to Table 2.

TABLE 2  Student Placements by Discipline and University of Origin

<table>
<thead>
<tr>
<th>Tertiary Institution</th>
<th>Discipline of Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Sheffield</td>
<td>Dentistry</td>
</tr>
<tr>
<td>James Cook University</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>University of Melbourne</td>
<td>Social Work, Physiotherapy</td>
</tr>
<tr>
<td>Batchelor Inst. Indigenous. Tertiary Education</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Charles Darwin University</td>
<td>Social Work, Pharmacy, Occupational Therapy (feeder course)</td>
</tr>
<tr>
<td>Curtin University of Technology</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Flinders University</td>
<td>Speech Pathology, Dietetics, Audiology</td>
</tr>
<tr>
<td>University of South Australia</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td></td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Charles Sturt University</td>
<td>Speech Pathology, Dietetics, Social Work, Occupational Therapy, Physiotherapy</td>
</tr>
<tr>
<td>Macquarie University</td>
<td>Speech Pathology</td>
</tr>
<tr>
<td>La Trobe University</td>
<td>Speech Pathology, Occupational Therapy, Physiotherapy</td>
</tr>
<tr>
<td>University of Sydney</td>
<td>Dietetics, Nutrition, Physiotherapy, Occupational Therapy</td>
</tr>
<tr>
<td>University of Queensland</td>
<td>Occupational Therapy, Audiology</td>
</tr>
<tr>
<td>Deakin University</td>
<td>Social Work, Dietetics</td>
</tr>
<tr>
<td>Edith Cowan University</td>
<td>Social Work</td>
</tr>
<tr>
<td>University of Newcastle</td>
<td>Social Work, Dietetics</td>
</tr>
<tr>
<td>Wollongong University</td>
<td>Dietetics</td>
</tr>
<tr>
<td>University of Western Australia</td>
<td>Audiology</td>
</tr>
<tr>
<td>Monash University</td>
<td>Social Work</td>
</tr>
</tbody>
</table>
A survey asking about student supervision experiences during the past 2 years was developed by the authors. This survey was emailed in November 2004 to all known Department of Health and Community Services Allied Health Professionals. Twenty-seven responses were received, many of which represented their whole allied health work area. The majority of student placements offered were to final year students from universities Australia-wide.

Challenges and Issues Highlighted by the Survey

It was obvious from the survey that there exists a general willingness by Allied Health Public Sector staff and management to host student placements. Several common themes emerged from the survey in relation to challenges and issues faced-by clinicians and managers in the provision of student placements. Many are similar to those prominent at a national level but with some distinctive differences. The whole of the NT is classified as rural and remote, which creates its own set of unique challenges such as tyranny of distance and extreme climatic conditions. The population is culturally and linguistically diverse, including service provision to aboriginal people living in very, very, very remote communities.

1 Travel and Accommodation

Most students on placement in the NT have travelled from interstate in order to undertake the placement. This incurs travel costs and potential accommodation costs in addition to the hidden costs of leaving part-time employment and rental accommodation in the city of residence.

In Darwin, the allied health students are accommodated at no charge to them on a ‘first come first served’ basis in nine rooms, in Building 4 on the grounds of the Royal Darwin Hospital. If the rooms are all booked, the student has to source their own accommodation at their own expense. The number of students who cannot be accommodated is in the vicinity of 6-15 per year. Many of the students who accessed the ‘free’ accommodation in Building 4 commented that this allowed them to take up the placement that otherwise would have been financially impossible. The appointment of the Allied Health Student Coordinator has made access to accommodation slightly easier for students in the focus disciplines. It should be noted that there continues to be an accommodation shortfall in Darwin, particularly at peak periods.

“Loved the fact that accommodation was free as I would not have been able to select Darwin as a placement option otherwise.”

In Katherine (Top End) and Alice Springs (Central Australia), the Centre for Remote Health has cheap accommodation that allied health students can access. In Nhulunbuy (East Arnhem), the students can access the nurses quarters. It is important to iterate that there is a shortfall in accommodation at times and this impacts mainly on allied health.

“It is very hard to offer placements without being able to guarantee accommodation. There is no dedicated Allied Health accommodation and so we tend to fall to the bottom of the list.”

Some of the placements involve travel to remote communities, which can incur additional costs to the students for air travel and accommodation in the community.

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19 Questions for Organisations about Clinical Education and Training (October 2004)
20 Source: ABS data based on 2001 census
21 Allied Health Student Evaluation 2004
22 DHCS Survey, 2004
At times the host workplace has been able to cover the cost of bush trips for students however this appears unsustainable for 2005. Some work places also cover the student’s accommodation costs by allowing the student to share a room with the supervisor. This is not ideal if either the student or the supervisor needs some space after several days of working together. In some disciplines such as audiology students from Flinders University, the student’s own department offers some reimbursement of costs on presentation of receipts. The Centre for Remote Health has a limited pool of grant money to subsidise travel to placements.

“Specific funding [should] be available to enable students to travel to remote locations where this is deemed appropriate”

Some professional associations provide student grants to assist with placements, such as Speech Pathology Australia offers 4 annual grants of up to $500 across the whole of Australia.

There are insufficient Territory and Commonwealth funding schemes for Allied Health students. Some examples of funding schemes:

- The Northern Territory Government through the Department of Health and Community Services, Human Resource and Workforce Development Branch has offered Studies Assistance Grants, which were open to students undertaking placements in the NT, however this is currently under review.
- This branch also offers funding assistance to work units as part of the Aboriginal Health Workforce Strategy, which includes a Cadetship program and Graduate Development Program.
- The Commonwealth, through the Department of Health and Ageing provide undergraduate scholarships for indigenous students studying allied health disciplines.

Anecdotal evidence from students, the survey of placement providers and a review of available financial supports clearly demonstrate that allied health students are faced with real financial costs in order to complete their degrees. There are funding inequities within the system that need to be addressed.

2 Remote Student Placements

The Department of Health and Community Services offers in principle support for student placements in remote communities however it is highly resource dependent. These placements occur infrequently as a consequence of a number of factors such as:

- recruitment and retention issues;
- need for comprehensive orientation to culturally-safe work practices
- varying workplace philosophies about bush practice and the impact of taking students into communities;
- problems with obtaining aboriginal land access permits in a timely manner;
- difficulties in obtaining accommodation;

23 DHCS Survey, 2004
24 DHCS Survey, 2004
25 DHCS Survey, 2004
• additional costs incurred by the student to undertake travel to the remote destination;
• extreme climactic conditions which limit travel options such as flying only during the wet season, due to flooding of roads;
• some allied health professionals working in remote areas provide services utilising a transdisciplinary model of work practice. This model is at the least, challenging for experienced professionals, and consequently student placements may not always be appropriate.

“In remote we tend to only take fourth year students as the type of work is so different from the traditional occupational therapy that we don’t want to confuse students, also need students who are a little more mature, who do not need a structured program, ie can cope with sudden changes to plans and can cope with the conditions they will encounter in communities.”

“The opportunity to visit and work with residents of a remote community during my placement was an experience that will stay with me for the rest of my life.”

“I believe the orientation information is vital to anyone wishing to conduct placement in the NT. It creates awareness and understanding which can only enhance the placement experience.”

The significant issues pertaining to remote student placements suggest a critical need to dedicate a specific mapping project around remote best practice.

3 Employment Opportunities for New Graduates

Survey results indicated that in the last 2 years, 77 final year allied health students, in addition to 40 plus students in years 1-3, were hosted by Department of Health and Community Services Allied Health Work Units. This number is conservative due to the number of survey returns. There is an expectation that this figure would be higher. Department of Health and Community Services Allied Health Workforce Data shows limited accessibility to positions suited to new graduates, ie P1 positions. Within the local and national context, with regard to strengthening and sustaining a viable allied health workforce, it is essential that government organisations establish positions suitable to place new graduates. Supervisors anecdotally report that students on placement are evaluating the workplace as a potential employer.

“Attraction of students can lead to them returning as qualified practitioners, can lead to reduced problems with recruitment and retention”

“Possible future employees [motivates me to host students]”

Students have also reported their disappointment, once completing their degree, in not being able to return to the Territory due to lack of P1 positions.

“Yes, please give me a job. What a massive learning experience the NT would provide for a new grad”
“I don’t feel there are enough vacancies in my discipline”

TABLE 3
Number of established Positions suitable for new graduates ie designated as P1, across Acute, Health and Community Services, Department of Health and Community Services.

<table>
<thead>
<tr>
<th>LOCAL TITLE</th>
<th>Number of P1 Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
<td>0</td>
</tr>
<tr>
<td>Dental Therapy</td>
<td>1</td>
</tr>
<tr>
<td>Dietetics</td>
<td>0</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>0</td>
</tr>
<tr>
<td>Nutrition</td>
<td>0</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>1</td>
</tr>
<tr>
<td>Pathology</td>
<td>0</td>
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<tr>
<td>Pharmacy</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>2 #</td>
</tr>
<tr>
<td>Prosthetics/Orthotics</td>
<td>0</td>
</tr>
<tr>
<td>Psychology</td>
<td>0*</td>
</tr>
<tr>
<td>Radiography</td>
<td>4 PDY**</td>
</tr>
<tr>
<td>Social Work</td>
<td>0*</td>
</tr>
<tr>
<td>Speech Pathology</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>6</td>
</tr>
</tbody>
</table>

* # In addition there are a small number of physiotherapy positions with P1/P2 designation that may provide employment opportunities for new graduates.

* * Within Family and Children’s Services Program there are a number of P1 positions that may provide employment opportunities for new graduates in the fields of Psychology and/or Social Work. The local title for these positions is Community Welfare Worker.

** PDY (Professional Development Year) positions are for first year new graduates in Radiography.

The low rate of suitable positions to attract and support new graduates is concerning and may well be linked with the high vacancy rate within the allied health professions. By contrast with most other disciplines, note that Radiography has 4 positions designated to first year graduates. Earlier in the paper, Table 1 illustrated that radiography has the largest workforce of the allied health professions yet an extremely low vacancy rate. One factor that may contribute to the successful retention of radiographers is that new graduates can apply for suitable positions (PDY positions) within the Northern Territory to consolidate skills gained during placement here. This would be a model to investigate further.

Further evidence for the success of streaming students from training into career in the Northern Territory comes from the Northern Territory Clinical School model. Between 50 to 60% of Clinical School medical graduates undertake an additional intern year within the Territory. Within the medical profession there is recognition of the need to recruit, support and therefore retain junior staff, particularly students who have undertaken placement here and are therefore informed about the work conditions and demands of the Territory. The success of this model of streamed pathways for individuals warrants further investigation by allied health.

33 Allied Health Student Evaluation 2004
“Yes!!!!! [I want to work in the Northern Territory.] Could not expect a better placement as clinicians were all good teachers prepared to provide learning experiences in a supportive environment and in a variety of settings, from hospital, community health and private.”

Within the local and national context, with regard to strengthening and sustaining a viable allied health workforce, it is essential that government organisations establish suitable positions to place new graduates across all allied health disciplines and in conjunction with appropriate senior discipline support structures. There is a pressing need to establish pathways for allied health students to stream them into junior positions, creating a pool of suitably qualified graduates who are informed, rather than ‘romantic’, about the nature of working in the Northern Territory.

4. Infrastructure Support

4.1 Information Management Support

The Allied Health Student Coordinator position attached to the Northern Territory Clinical School has facilitated registration for students from the focus disciplines with the Clinical School. This has provided them with access the Northern Territory Clinical School computer facilities located within the grounds of the Royal Darwin Hospital. In the past, only medical students were eligible to use these facilities.

Students outside of the identified disciplines continue to have no computer access outside of work hours and frequently no internet access during work hours. The Centre for Remote Health, in both Alice Springs and Katherine, provide all allied health students with free access to their computer labs, including internet use. Host practitioners frequently report that they allow their student to access email or the internet under their log-in. This is potentially compromising for the supervisor and against ideal practice with regard to use of IT services.

“I didn’t get computer access until the end of my third week which made uni work very difficult”

“I share my PC with the student”

4.2 Work space

Two thirds of the respondents to the survey indicated that office space for students was a barrier to hosting students although only one indicated that it actually prevented them from hosting students.

“They sit in the boardroom.”

“Space is becoming short and it is gong to be very difficult to find room for new staff let alone students.”

4.3 Student access to government vehicles varies across regions in the NT.

Vehicle access allows for a level of independence, which is important for students completing final year placements.

4.4 Funding and time to host students were highlighted as significant issues.

34 Allied Health Student Evaluation 2004
35 Allied Health Student Evaluation 2004
36 DHCS Survey 2004
37 DHCS Survey 2004
38 DHCS Survey 2004
39 DHCS Survey 2004
40 DHCS Survey 2004
4.5 Universities and Department of Health and Community Services Liaison

Support provided by the Department of Health and Community Services Workforce Development Unit such as liaising with Universities regarding Student Placement Agreements varied from poor to very good in the responses received from the survey.\textsuperscript{41} The survey responses suggest that Department of Health and Community Services staff were unclear about the roles and responsibilities of the Workforce Development Unit in relation to allied health student placements.

\textit{Infrastructure support for allied health student placements is insufficient whilst acknowledging there is good practice in some areas.}

**Summary**

Current national and local strategic frameworks, which identify issues relating to sustainability of the allied health workforce, provide the impetus for the development of this position paper. Allied Health clinical education and training in the Northern Territory mostly relies on the goodwill and motivation of allied health practitioners and management. The paper recognises university achievements in supporting allied health students and the importance of continuing collaboration between tertiary education and health providers. This position paper identifies current challenges and issues relevant to the Northern Territory context. Four key areas were discussed:

1. Travel and Accommodation
2. Remote Student Placements
3. Employment Opportunities for New Graduates
4. Infrastructure Support
   4.1 Information Management Support
   4.2 Work space
   4.3 Student access to government vehicles varies across regions in the NT.
   4.4 Funding and time to host students were highlighted as significant issues.
   4.5 Universities and Department of Health and Community Services Liaison

The paper also describes innovative practices and makes suggestions for future directions to achieve best practice in the provision of allied health clinical education and training.

\textsuperscript{40} DHCS Survey 2004
\textsuperscript{41} DHCS Survey 2004
Appendix 1

ORGANISATION CHART - NATIONAL HEALTH WORKFORCE COMMITTEES

Appendix 2 - Key Resources


10. Eastaway, J & Campbell, N., Questions for Organisations about Clinical Education and Training (Student Placements), Department of Health and Community Services, November 2004

