The Australian Teaching and Training Guideline – Public Consultation Paper

Response from Southern Adelaide Local Health Network (SALHN : Allied Health)

Consultation Questions:

1. *Are the current variables included in the ATTC Version 1.0 relevant to clinicians, health service managers, and other stakeholders*

   These variables are:

   a) *Year of training – the year of an accredited education course that a trainee is enrolled in (for example, year one, year two, basic registrar, advanced registrar).*

   b) *Area of clinical focus – the specific field of healthcare which is the primary focus of the training in which a trainee is enrolled in (for example, allied health discipline, medical speciality, nursing specialisation).*

   c) *Level of qualifying education certification – the type of academic certification of the registered training program that a trainee is currently enrolled in (for example, bachelor degree, diploma, postgraduate degree).*

2. *Are there any further considerations in relation to the proposed structure*

3. *Are there other variables that should be considered in future versions of the ATTC*

SALHN Allied Health response

- Allied Health undertake advanced and extended scope of practice roles through on the job teaching and training either through formal or local competency packages rather than through academic certification. These needs to be included within the scope of the classification as they represent an important workforce development process and would meet the definition of undertaking specialist / advanced practice within the TT definition

- Entry into the allied health workforce can be either through a Bachelor Degree or via Graduate Entry Masters Program (ie without having undertaken a Bachelor degree in the same field). Therefore, while it is considered postgraduate study (Masters) they could equally be defined as pre-entry students as they have no prior experience within their Masters discipline – thereby affecting the teaching and training load on the supporting hospital site.

- Consideration should also be given to the structure of allied health placements as compared with medical student placements. Allied health placements tend to be shorter duration and more varied, placing higher demand on the student / trainee and the educator at the beginning of each new placement. Consideration should be given as to whether for allied health, the placement block that the trainee is undertaking should be recorded in addition to their year of training

- With an increased focus on interdisciplinary learning, allied health students are being placed within hospital services that span multiple 'areas of clinical focus'. While they are enrolled within a particular discipline, their area of focus for TT may be more holistic (ie; rehabilitation) rather than just of a specific allied health discipline.

- Allied health assistants need to be considered within these variables in that they would be participating in TT activities across multiple allied health disciplines.

- NB: The [health activity classification]() already splits teaching and training activities from research activities
  - Undergraduate

- Post graduate
- Other – own discipline
- Other – other discipline
- Travel associated with TT

Secondary Questions

4. *What supporting material would be beneficial for the ATTC*
5. *What communication avenues and methods should IHPA consider in order to inform and engage stakeholders of the ATTC and future ABF for teaching and training*

- Sophisticated data capturing systems are required in order to ensure high quality data input that matches the classifications. Many sites may not have this capability within existing IT infrastructure
- Explanation of activities that fit within each of the classification systems. This will reduce unnecessary use of the 'unknown stage of training' category.
- Need to include allied health assistant training as part of this professional group. While they may relate to a specific discipline in many cases, they may also be transdisciplinary
- As IHPA undertake modeling around costing, we may need to consider whether we also capture the professional level of the supervising educator providing the TT
- How are administrative costs captured for an activity (as per the definition of indirect TT time)? – this will be highly variable within allied health depending on the discipline and the local business rules and will require data capture systems that have this level of delineation.
- Dissemination of information via the Australasian Allied Health Benchmarking Consortium (AAHBC) – the Allied Health Director (Flinders Medical Centre) and acting Speech pathology & Audiology Manager (Flinders Medical Centre) are current co-chairs of this committee aahbc@outlook.com . AAHBC brings together allied health across Australia and New Zealand providing an excellent communication avenue for IHPA in addition to the Chief Allied Health officer (or equivalent) in each state.

Final questions

6. *Are there particular aspects or areas of the ATTC that should be prioritized in its development, or aspects that should be developed at a later stage*
7. *Are there any further considerations that should be taken into account when developing the ATTC?*

- Refining allied health into specific disciplines should be prioritized
- The amount of allied health TT time embedded into current ABF rules should be revisited. Increasing University Graduates have resulted in higher demand for clinical placements and therefore amplified the embedded teaching that is occurring. As embedded teaching represents over 80% of TT activities, the actual amount of time needs to be quantified and better understood.
- Support for and financing of updated data capture systems and reporting tools should be facilitated
- There are instances in which hospital based allied health departments have entered into agreements with universities to increase student numbers through the addition of university funded positions. The TT activity within these positions will be hard to delineate from the other direct and indirect TT allied health time