Good morning.

Please see the Australian Council of PVCs and Deans of Health Sciences response to the public consultation paper below. Please note that this feedback reflects earlier information provided for the TTRWG.

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Thank you for the opportunity to revise the TTR Costing Study Public Consultation Paper. The Australian Council of PVCs and Deans of Health Sciences, chaired by Ian Wronski, has a number of comments that we hope will be beneficial to your final revisions.

Firstly, it should be noted that the definitions of TT and Research are becoming much clearer. Well done.

There are a number of minor areas within the Paper that we believe could be clarified further. These include:

**1. Section 1.3.2: The direct, indirect and embedded nature of TTR (p7):** It reads unclear where supervision of students sits in these definitions. Direct activities refer to those outside an episode of care directed towards skills development (T&T) or generation of new knowledge (research). Direct activities are defined as including lectures and tutorials and indirect activities include things like placement organisation etc. It is suggested that any direct supervision of students sits under “direct activities” regardless of whether or not it is a formal lecture style learning environment. Lecture styled learning is the minority of current health professional training. We would recommend that any direct supervision of students outside of an episode of care should be acknowledged in the definition for “direct activities”.

**2. Section 1.3.2: last paragraph (p8):** Regarding the last paragraph of this section (copied below), there remains some confusion as to why the project is not costing actual research activity.

**3. Section 2.1 Project approach and deliverables (p9):** This section outlines the 6 stages of the project. It would be useful to have some detail here regarding how sites have been selected, and what determines a “representative sample”.

**4. Section 3.4 Figure 5 Proposed High level costing methodology (p14).** Similar to the comment in point 1 above, a lecture format is not the usual approach for clinical placement training. We presume the document is trying to avoid the terms “teaching” or “training” however “lecture” will not resinate with many in the health system. Suggest “supervision” is a better term here?

**5. Section 3.4 Consultation question number 2 (p15):** It is unclear what is meant by “intermediate products”? Question could be reworded (or the term defined) for those who are reading the IHPA TTR work for the first time.

**6. Section 3.5 Approach to capturing embedded costs of teaching and training (p15)**: This is a key area of the costing study – how to capture costs of student placements when delivering direct client care. A few points here:

- It is presumed capturing the cost savings for the hospital system in terms of a “free” health workforce (students) is not relevant to the TTR study objectives?

- For the majority of final year clinical placements for allied health training, you would find that substantial work is done by students without direct supervision – not sure if/how this will be captured? The primary data collection here could be interesting, and much more diverse/complex initially considered. It would be wise to factor additional time into the primary data collection for this diverse group.

**7.**  **Section 3.6 High level costing methodology for research consultation question 9 (p17):** The intention of this question could be more clearly stated.

**8. Appendix B Proposed TTR data items (P20-21):** Suggest that year of students also be captured (particularly for final year students), not just total number of students. In regards to research, suggest number of research students be expanded beyond Doctoral students to include Honours and Masters level research student placements/projects.

We hope that this information useful.

Best of luck with the next phase of the project. We look forward to remaining engaged with the project as it progresses.

Kind regards,

**Lynne Zeldenryk**

Executive Officer

Australian Council of PVCs and Deans of Health Sciences

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