# Education and Training Strategic Plan 2016-2020





**Health** Sydney Local Health District

## Foreword

Sydney Local Health District (SLHD) is proud of its comprehensive, innovative and strategic approach to the provision of education and training. Education and training in health services is particularly important in the context of population ageing, increasing chronic disease, concerns about patient safety, equity and increasing consumer involvement. This diverse context is further challenged by technological developments, changing models of care and an emphasis on translating research and evidence into healthcare.

This Strategy forms one of a suite of plans based on and enabling the overall SLHD Strategic Plan. Importantly the domain of education is a feature of all SLHD planning, reflecting its pivotal position within the District.

The District has developed this Strategic Plan for Education and Training to map the SLHD's strategic direction and to strengthen and enhance an already very significant set of initiatives. Our goal is to ensure a comprehensive range of programs and strategies, both clinical and non-clinical, from preemployment through to orientation and ongoing professional and skill development. The six core components of our comprehensive strategy are:

- Developing and maintaining the workforce skills and competencies required for patient and family centred care
- Matching health service workforce needs with workforce supply and skills
- Providing study and career pathways across the SLHD workforce
- Promoting excellence and innovation in educational programs and services
- Supporting a values and equity perspective through education
- Promoting organisational and partnership support for education.

This strategy provides a clear and innovative blueprint, which articulates the SLHD's strong commitment to its current and future workforce through education and training.

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# 1. Introduction

Education and training refers to the arrangements and programs that are provided to continually build our current and future workforce's knowledge, skills and attitudes. Workforce development plays a crucial role in improving organisational capability and performance. An organisation's workforce development program is an important part of providing a supportive and positive work and learning environment and assisting with personal career development.

Education and training is one of the key investments the SLHD makes in its current and future staff and in its mission to achieve patient and family centred care.

The SLHD has the following broad strategic goals in respect of education and training:

- To ensure a culture of patient and family centred care, quality, safety, evidence-based practice and innovation
- To ensure the SLHD is prepared for change and reform in healthcare
- To support equity and access and a values framework in our workforce and in our service delivery

- To enhance the profile of SLHD as an employer of choice
- To ensure the ongoing supply of high quality staff with the requisite skills across all roles and levels of the workforce: matching the need in the health service workforce with appropriate educational programs and strategies.

The specific goals of education and training in the SLHD are represented in Figure 1 and outlined below.

Our education and training will:

- 1. Build and maintain skills and competency for patient and family centred care
- 2. Match workforce supply and skills with demand
- 3. Be high quality, accessible, innovative
- 4. Be underpinned by equity and CORE values
- 5. Be supported by organisational structures and resources.

#### Figure 1: The SLHD Education and Training Goals



The structural requirements for a strong educational enterprise include:

- Supportive corporate and clinical governance
- Partnerships with the tertiary, non-government and relevant other sectors, particularly between the Centre for Education and Workforce Development (CEWD), the universities, the Central and Eastern Sydney Primary Health Network and other education providers
- Clinical professional and, where relevant, nonclinical, placement capacity sufficient for the training and support of new and future junior staff
- Modern, well-equipped educational facilities with state-of-the-art technology, flexible e-learning and simulation capability.

## **The Planning Process**

The SLHD identified the need for an Education and Training Strategic Plan soon after its establishment. Oversighting the development of this Plan has been a function of the Board's Education and Research Committee.

The Plan has been developed within the context of the restructuring of the NSW Health system and the development of the Health Education and Training Institute (HETI) which is charged with a major policy and coordination role in education and training.

The importance of a cogent education strategy was enforced through the broad-based staff and community consultation undertaken during the development of the SLHD Strategic Plan. Common themes that emerged in relation to education and training in this consultation process are summarised in Appendix 1. The outcomes from the consultation were incorporated into the SLHD Strategic Plan and have informed and directed this plan. Processes used to inform this plan included:

- Staff and community consultations associated with the Strategic Plan
- A review of state and national policies and plans related to health workforce, education and training
- A review of data on the current range of programs and the accessibility of these programs
- Consultations with major partners involved in education and training
- A round of consultations with selected SLHD stakeholders to clarify the education and training issues and priority strategies. This consultation included specific consultations held separately with medical, nursing, allied health and support staff
- A SLHD education forum, attended by nearly 100 people, the purpose of which was:
  - To consult the key stakeholders involved in education and training
  - To analyse the education and training environment
  - To set realistic and feasible strategies and actions for the short, medium and long term.

The draft Plan was then circulated widely to staff and key partners for comment.

When this Plan was initially developed, the Centre for Education was a shared service between SLHD and South Western Sydney Local Health District (SWSLHD). The refresh of the Plan in 2015 occurred in the context of the separation of CEWD into two distinct services. This has resulted in a dedicated education and training service for SLHD with a new education model and engagement strategy.

# 2. Vision, Mission, Principles and Outcomes

Vision	To be a recognised leader in innovative, accessible, comprehensive education and training that promotes excellence in healthcare		
Mission	<ul> <li>To value and support education and training as a central driver of patient and family centred care and as pivotal to health service delivery</li> <li>To ensure that current and future staff of the SLHD have access to a wide suite of high quality education and developmental opportunities</li> <li>To strategically match workforce supply and demand through education</li> <li>To partner with HETI and with tertiary and other relevant education partners to achieve positive opportunities for staff</li> </ul>		
Principles	<ul> <li>That education and training will constitute an investment in the current and future workforce of SLHD</li> <li>That an equity and a values framework will underpin education and training and be translated into health service culture, improved Aboriginal employment and service delivery, cultural competency, diversity and responsiveness to issues associated with people from culturally and linguistically diverse backgrounds</li> <li>That the SLHD and its managers will share the responsibility for ensuring that education and training is profiled</li> </ul>		
Outcome Measures	<ul> <li>Measurable improvements across SLHD in:</li> <li>Participation in education and training programs</li> <li>Consistency and quality of education programs</li> <li>Access to education and training, including interdisciplinary programs</li> <li>And, more broadly,</li> <li>Improvements in health care delivery</li> <li>Increased retention and attraction of staff</li> <li>Improved health outcomes</li> </ul>		

# 3. Sydney Local Health District

Sydney Local Health District is made up of the Local Government Areas of the City of Sydney (western part), Inner West Council, Canterbury-Bankstown (Canterbury part), Canada Bay, Burwood and Strathfield. It covers 126 square kilometres and has a population density of 4,210 residents per square kilometre (ABS 2006). The boundaries are indicated in Map 1.

The District includes principal teaching hospitals at Royal Prince Alfred (RPA) and RGH Concord and district hospitals at Balmain and Canterbury. The Sydney LHD also includes the tertiary oral health facility, the Sydney Dental Hospital. The District has a comprehensive range of community-based health services. Services are linked with primary care providers, including the Central and Eastern Sydney Primary Health Network.

The population of the District is projected to increase by almost 190,500 people in the next twenty years, with all SLHD local government areas expected to experience population increases (see Figure 2).

The SLHD is socio-economically and culturally diverse. Its population is ageing, with the number of residents aged over 65 projected to increase by 76% over the next decade. Each year, over 9,000

#### Map 1: Sydney LHD



babies are born to mothers residing in SLHD. The area is also home to very significant populations of Aboriginal people and to people who speak a language other than English at Home (LOTE).



#### Figure 2: SLHD Population Projections 2011-2031

# 4. The Staff in Sydney Local Health District

- Approximately 12,000 health workers are employed in the SLHD. Of these:
  - 5,292 are nurses
  - 1,452 are doctors
  - 1,436 are allied health and other professions.
- 72% of the SLHD workforce is women
- 1.9% of the SLHD workforce identify themselves as Aboriginal or Torres Strait Islander
- 22% of the SLHD workforce is aged over 55 years.

The SLHD Workforce is large and diverse, with approximately 11,000 staff. Like all Australian employers, the SLHD faces a number of workforce challenges, including:

- The diminishing growth in the national labour pool
- The ageing of the workforce
- Declining workforce participation
- Generational change
- Increasing rates of non-permanent employment.

These challenges mean that across Australia employers are competing for scarce talent against the backdrop of diminishing workforce supply.

This labour force environment requires that SLHD ensure that:

- SLHD is a place in which people choose to work and where they can build their skills and career
- The workforce is matched to the community needs in terms of numbers and skills.



# 5. Policy Context

## Commonwealth Government Policy

In the hospital context, teaching, learning, research and clinical care often take place simultaneously at the bedside. The costs of training and research are therefore extremely difficult to identify and to separate from the cost of the patient care activity which will be funded under ABF. There are many staff with educational responsibilities in SLHD with complex employment arrangements, including being employed by the University, Medical Research Institutes etc. The 'independent umpire' (IHPA) will need to take this into account on a case by case basis.

## **Government Policy**

#### NSW Health Education and Training Institute (HETI)

The primary purpose of HETI is to be a national leader in workforce leadership and development within health. HETI's vision is "a world class NSW Health workforce supporting excellent patient centred care." HETI's role is to:

- support safe, high quality, multi-disciplinary team based, patient centred care;
- meet service delivery needs and operational requirements; and
- enhance workforce skills, flexibility and productivity.

Under the NSW Health governance arrangements, the HETI has assumed responsibility for:

- undergraduate clinical placements;
- vocational education and training;
- management and leadership development;
- a range of priority education projects including standardised corporate orientation and mandatory training;

- overarching governance of the NSW Health Registered Training Organisation (RTO) and the State Learning Management System (SLMS); and
- postgraduate clinical education.

The CEWD is the major delivery site for the NSW Health Registered Training Organisation (RTO). This enables the Centre to deliver training in a range of health and health support roles, leading to nationally recognised qualifications and provides study and career pathways.

#### Health Professionals Workforce Plan 2012-2022

The Health Professionals Workforce Plan (2012-2022) aims to ensure that NSW trains, recruits and retains doctors, nurses, midwives and allied health professionals, working with the Commonwealth, Health Workforce Australia, colleges and universities. It also considers new models of care involving interdisciplinary teams undertaking varied roles.

The Health Professionals Workforce Plan 2012-2022 identifies who is responsible for the development and delivery of initiatives, recognising that there are many organisations that contribute to the successful provision of health services across NSW Health. The Plan rests on a three-part strategic framework which interconnects nine key tenets:

#### 1. Stabilising the foundations:

- Multi-faceted and multi owned solutions
- Integrated and comprehensive workforce planning.

#### 2. Building blocks:

- Provide effective working arrangements
- Develop a collaborative health system
- Support local decision making
- Develop effective health professional managers and leaders.

#### 3. Right people, right skills, right place:

- Recognise the value of generalist and specialist skills
- Grow and support a skilled workforce
- Effective use of our health care workforce.

#### NSW Health Aboriginal Workforce Strategic Framework 2011-2015

The Aboriginal Workforce Strategic Framework requires an increase in the representation of Aboriginal employees to 2.6% of the NSW public health sector, across all health professions, as a means of addressing equity in health outcomes between Aboriginal and non-Aboriginal people and providing culturally safe and competent health services. The strategy requires a partnership between the health and education sectors and the provision of leadership and planning in Aboriginal workforce development. This will require the establishment of identified and targeted positions and the strong engagement of education and training services.

## NSW Health – teaching and research funding

Costing teaching, learning and research is inherently difficult. Initially it was considered that the higher casemix costs of tertiary centres represented teaching and research. Over time this gap has narrowed as efficiency measures have been implemented.

The direct teaching and research component of the ABF is calculated in proportion to weighted teaching, learning and research FTE positions based on those reported through the HIE.



The indirect component of the ABF is based on a formula that includes both the number of direct teaching, research and learning positions and differences in the clinical complexity of patients seen in different types of hospitals. The indirect component covers not only the indirect costs of teaching, research and learning, it also includes differences in patient severity that cannot adequately be measured by the AR-DRG classification (within DRG variations that cannot be explained).

#### Sydney Local Health District Strategic Plan

The SLHD Strategic Plan was developed after a comprehensive consultation with its staff and community. The Plan is based upon seven domains which reflect the SLHD's key concerns in delivering healthcare excellence. These are:

- Our Patients, Consumers, Carers
- Our Staff
- Our Community
- Our Services
- Our Education
- Our Research
- Our Organisation.

For each of these domain areas, goals and strategies have been devised. The SLHD's vision, *To Achieve Excellence in Healthcare for All*, accompanied by its mission of providing equitable access to high quality patient and family centred care are reflected throughout these goals and strategies.

Importantly the SLHD Strategic Plan has a number of enabling plans: one of these is the Education and Training Strategic Plan. Educational strategies identified in the Strategic Plan include:

- Ensuring productive partnerships
- Supporting the development of health service managers of the future
- Supporting study activities that articulate to nationally recognised qualifications

- Expanding the SLHD clinical and professional placement capacity
- Supporting cultural competency education
- Measuring educational outcomes
- Reviewing mandatory training and ensuring it is balanced with clinical training
- Providing regular training in evidence-based practice
- Inviting NGOs, and if relevant, community representatives, to participate in health training programs and reviewing options for providing education about community and NGO services. This could include consideration of "work swaps"
- Promoting the available education programs
- Supporting the Aboriginal Workforce Strategy
- Ensuring engagement with the Central and Eastern Sydney Primary Health Network
- Ensuring education programs reflect the importance of growing research, innovation and centres of clinical and academic excellence
- Reviewing availability and accessibility of SLHD educational facilities.

Importantly, as Education is one of the SLHD's core domains, all plans across the SLHD will be required to have an educational component. This will ensure that education is pivotal to the SLHD's strategy.

# 6. SLHD Education Framework

The education and training framework for SLHD is built around patient and family centred care. Patient and family centred care has the over-arching dual objectives of keeping people healthy and improving access to timely, quality health care. Of central importance are the SLHD CORE values: collaboration, openness, respect and empowerment. These values are based on a partnership between providers and patients, families and communities in healthcare delivery and improvement. Essential to achieving patient and family centred care is a highly competent workforce. Innovative and comprehensive education, and training services and programs in a supportive organisation are required to build this competence. The outcomes are the attraction and retention of staff, excellence in service delivery and improved patient outcomes. This relationship is represented in Figure 3 below.





An overview of the required healthcare provider and support staff competencies are outlined in Figure 3. These competencies, derived from the medical education model "CanMEDs", have been adapted for use in the broader health worker context in SLHD.

## Clinical, Professional and Technical Expertise

This competency requires clinicians to demonstrate assessment, diagnosis, treatment and care skills for effective, safe, collaborative practice. For non-clinical, support, administration and management personnel, this competency requires them to have technical or professional skills for the effective practice of their role.

## Professionalism

This competency focuses on providing healthcare and support services with openness, honesty, integrity, empathy and compassion within an ethical framework. It implies undertaking a role in a highly professional manner.

## Communication

This competency requires health workers, within their role, to listen and communicate clearly with patients, carers, families and colleagues both verbally and in writing.

For clinical staff, the goal of clinical communication is to form a negotiated, respectful partnership with patients and their carers. A range of specific skills may be required, for example, the capacity to: establish a healthcare history; to discuss healthcare information effectively with the healthcare team; to provide health improvement information; to make effective referrals; and to communicate their work as required to colleagues and other professionals. The competency may also require the ability to communicate through an interpreter, with people with disabilities and with complex healthcare problems and poor health literacy.

### Management and Leadership

This competency, for clinical staff, requires that the clinician be able to plan, lead, organise, make informed decisions and assume accountability for quality healthcare provision. This includes using judgement and making effective decisions. Use of resources, information technology and management of staff are also likely to be required.

For non-clinical support and management staff this competency requires informed decision-making, accountability and staff and service management as required.

### Health Advocacy, Empowerment and Health Improvement

This competency requires that the healthcare worker be an advocate for patients, if required, and to understand health issues from the patient's perspective. The competency also requires a capacity to empower the patient and advocate for health improvement, equity, the social determinants of health and population health. Of importance in some health provider roles is reaching "at risk" populations, providing health promotion and health protection, and implementing and evaluating population-level interventions.

For support and non-clinical staff this implies actions to support empowerment.

## **Education and Mentoring**

This competency requires the healthcare worker to maintain their ongoing educational, technical and professional skills; to access and be able to assess evidence for best practice; to facilitate the education and mentoring of others; and to contribute, as required in their role, to the development of new knowledge, including quality assurance and research.

For support and non-clinical staff training is required to support skills enhancement.

### Collaboration

This competency requires the health professional to work collaboratively and effectively with colleagues. This could include contributing to interdisciplinary team activities; making appropriate referrals and working in partnership with external providers.<sup>1</sup>

For non-clinical staff this competency requires a team approach to the workplace.

These competencies are represented in Figure 4.



#### Figure 4: Staff Competencies Required for Patient and Family Centred Care in SLHD

<sup>1</sup> These competencies are derived from the "CanMed" framework developed for surgeon education: J. Frank and B. Langer, Collaboration, Communication, Management, and Advocacy: Teaching Surgeons New Skills through the CanMEDS Project, *World J. Surg.* 27, 972–978, 2003

# 7. Overview of Current Education and Training in SLHD

## Introduction

Education and training is provided within SLHD by the Centre for Education and Workforce Development (CEWD), the University of Sydney (USyd) and other tertiary institutions, the Central and Eastern Sydney Primary Health Network, professional groups and organisations and by our staff.

This section focuses on clinical and professional education; however, the SLHD also provides a range of trade apprenticeships and corporate and administrative training opportunities.

### Centre for Education and Workforce Development (CEWD)

The CEWD is SLHD's education and training service. It is also a leading provider of education to the health workforce in NSW. Sydney has a strong commitment to providing its workforce with the necessary skills and experience to ensure excellence in healthcare for all. It is one of the key investments that the District makes in its current and future staff. This investment is reflected in the extensive range of programs and courses that are provided by the Centre which are underpinned by the NSW Health CORE values and support the provision of patient and family centred care.

The courses and programs provided through CEWD continue to be informed by the valuable feedback provided by SLHD staff and managers.

CEWD is the largest provider of the Nationally Recognised Training delivered through the NSW Health Registered Training Organisation (RTO). This has enabled the RTO to expand the delivery of vocational education and training, particularly those qualifications that relate to clinical support roles.

The Centre has launched a new education model which is aligned to the strategic directions of SLHD. All of the Centre's courses and programs are



grouped into the seven domains of the model so that staff and managers can easily find courses to suit their career needs and goals.

CEWD staff are located across all SLHD facilities with some staff located at Rozelle, which is the head office for CEWD.

## **Medical Education**

#### Medical Professional Development

The majority of medical education in the SLHD occurs as daily interactions between staff ("onthe-run"), including clinically based education and department-based education. Because of the tertiary and quaternary roles of RPA and Concord hospitals, department-based education is "world class". Grand rounds are an important tradition in RPA and Concord hospitals, with regular casebased lectures, contextualised within an evidence base. Local research findings are regularly discussed in lectures. Medical education also occurs within specialty areas through colleges, HETI, the Agency for Clinical Innovation (ACI), Clinical Excellence



Commission (CEC), specialty conferences and seminars. High quality postgraduate medical education is critical to keep pace with evolving health needs and practices and scientific and technological developments. However, despite a strong educational commitment, there is currently no hospital or District-based structure for coordinating professional medical education.

CEWD has worked closely with medical education to collaborate and support the provision of education and development of new initiatives. At the District level a structure and a set of strategies for coordinating and communicating the existing medical education is required. It is recommended that the SLHD and RPA and Concord hospitals establish a medical education coordinating committee, with Balmain and Canterbury linked respectively to these hospitals. This would provide information on regular education programs and one-off education programs and a mechanism for highlighting infrastructure needs. Updated websites will be used to advertise and disseminate educational information. Podcasting should be used more regularly to extend the reach of medical education beyond the boundaries of SLHD.

#### University of Sydney Central Clinical School (CCS)

The SLHD's medical school links are primarily with the University of Sydney, although the SLHD has linkages and collaborations and provides clinical placements at other medical schools. There are two University of Sydney clinical schools within SLHD, the Central Clinical School (CCS) and the Concord Clinical School. Based at Royal Prince Alfred (RPA) Hospital, the CCS also has teaching and research units at Sydney Eye Hospital, Balmain Hospital, and at Canterbury Hospital. RPA is the main teaching hospital of the Central Clinical School. The Clinical School at RPA was the University of Sydney Medical School's first clinical school, established soon after it opened in 1883. The Clinical School at RPA offers clinical exposure to common and rare chronic and acute medical illnesses. This includes acute illness and trauma, the full range of surgical conditions, with patients ranging across all age groups - from preterm newborns to the elderly. Many of the clinical teachers at RPA are national and international leaders in their respective fields of medicine.

The precincts of RPA have the largest concentration, in Australia, of leading Medical Research Institutes – including the Woolcock Institute of Respiratory Disease, the Centenary Institute of Cancer Medicine and Cell Biology, and the Heart Research Institute.

Alongside RPA, CCS has specialty disciplines located in other hospitals:

- **Balmain Hospital** is the headquarters for the Medical Program's Discipline of General Practice where students gain experience in Geriatrics and Rehabilitation. The group are leaders in their discipline and coordinate student placements with general practitioners within the community
- **The Sydney Eye Hospital** houses the Discipline of Clinical Ophthalmology and Eye Health and the Save Sight Institute and accommodates the largest training program in Australia for the training of ophthalmologists
- **Canterbury Hospital** has an active teaching program in general medicine, general surgery, and paediatrics.

- Sydney University CCS currently has 234 undergraduate students across the 4-year degree, with approximately 60 in each year.
- In addition, the school provides educational opportunities for UWS students in their final year and some hundreds of international students may spend 4-6 weeks in the hospital.
- Approximately 200 Postgraduate Students are enrolled in the CCS, based at RPA, Blackburn and at Medical Research Institutes within SLHD

#### University of Sydney Concord Clinical School

The Concord Clinical School is a teaching hospital of the University of Sydney based at Concord Repatriation General Hospital (CRGH). The teaching program provides a supportive and cooperative environment for integrated, inter-disciplinary learning at all levels, from the four years of the medical program through to graduate studies and medical professional training.

Research in the Clinical School is associated with the ANZAC Research Institute, a state-of-the-art facility for biomedical research with a focus on ageing, the Centre for Education and Research on Ageing (CERA), the NSW Institute of Sports Medicine and the Asbestos Diseases Research Institute (ADRI).

Sydney University Concord Clinical School currently has 208 undergraduate students across the 4-year degree with over 50 in each year.

This number includes 58 University of Western Sydney students in their final year. Over 140 international "elective" students may spend 4-6 weeks in the hospital.

41 Postgraduate Students, including 5 international students are enrolled in the Concord Clinical School, based at ANZAC, CERA and other postgraduate areas within Concord hospital.

## Pre-Vocational Medical Education and Training

Prevocational trainees are post graduate 1 (interns) and 2 (residents) doctors. Prevocational medical training in NSW has been provided as a network since 2007. RPA, with 106 trainees, is in Network 1 with Balmain District Hospital, Dubbo Base Hospital and general practice. Concord and Canterbury are in a network with Broken Hill Base Hospital and general practice. The Health Education and Training Institute (HETI) supports the networks and LHDs to develop clinical education and training across the NSW public health system.



The learning outcomes of the prevocational doctors are described in the Australian Curriculum Framework for Junior Doctors (ACF). The ACF is built around 3 clinical competencies: Clinical management, Communication and Professionalism.

Supervised clinical work is the essential and major part of training and education for prevocational trainees. On-the-job learning is extended and reinforced by self-directed learning, e-learning, simulation, workshops, the network lectures and term-specific teaching. Each hospital with prevocational trainees is required to provide "protected" education for the trainees on a weekly basis. There are also numerous termspecific meetings, tutorials and related educational opportunities provided.

Each prevocational trainee must complete 5 terms in a year. To be granted general registration they must successfully complete all these terms which include surgical, medical and emergency terms. Assessment is provided mid-term and at the end of the term by the relevant supervisor.

#### Vocational Medical Training (Specialty Groups)

Following completion of university medical education and the pre-requisite intern year, medical graduates may choose to undertake specialist medical practice. In order to do this, they must complete a recognised medical specialty (vocational) training program. The time required to complete vocational training programs varies from about three to seven years, depending upon which specialty is undertaken. Most specialist colleges have both written and practical exams and the majority also have an exit exam. Increasingly, a range of other formative and summative assessments are being included so that the full range of skills including communication, team work and other forms of professional behaviour can be assessed.

The SLHD therefore needs to provide the infrastructure to support the vocational trainees to

balance their education, training and mandatory college requirements with the delivery of efficient, high quality clinical services. Also, with a new generation of trainees entering vocational training programs, there will need to be a greater number of clinical placements and greater flexibility in vocational training.

The SLHD has a long history of providing world class vocational education and training. However over the next five years changing healthcare demands, service delivery, trainee numbers, clinician fatigue and college requirements will mean that we need to broaden training experiences to reflect these changes in practice settings and models of care.

Vocational education and training has traditionally been undertaken in teaching hospitals for most specialties. Yet in reality, only a fraction of specialist healthcare is delivered in this setting. It is recognised that looking forward, both delivery and training systems will need to reflect the reality that health services are increasingly being delivered in the outpatient, community, private sector and rural settings. Provision of best medical practice is also leading to the implementation of evidence based multidisciplinary models of care. Broadening vocational training experiences to include a multidisciplinary learning environment will foster collaboration and assist our trainees in developing high quality teamwork and communication skills. Overall, encouraging and facilitating exposure of our vocational trainees to a variety of these learning experiences will better prepare them for practice, whilst also allowing college curriculum objectives to be optimally satisfied.

Successful training programs in the SLHD have a clear designated leadership team, a structured training program which incorporates a component of personal and professional development, protected teaching time, clinician engagement, a mentoring program, administrative support and adequate resources. Applying these general principles to enhance all SLHD vocational training programs will ensure consistency and a high standard across the disciplines. Ongoing equitable and rapid access to evidence based medical resources will improve the efficiency and delivery of best clinical practice.

The SLHD values the role of teaching and training and supports ongoing investment in expanding and upskilling the pool of clinicians and medical educators who deliver this. With increasing numbers of trainees, heavy clinical workloads and increased college supervisory requirements, ensuring there is an adequate pool of trained clinicians with time to deliver the education programs required will be vital in ensuring the ongoing success of vocational training in the SLHD.

### Nursing and Midwifery Education

#### Pre-employment and Professional Development in Nursing and Midwifery

The CEWD provides pre-employment vocational education training programs including Certificate III in Health Service Assistance and the Diploma of Nursing (Enrolled Division II Nursing). Traineeships are provided for Aboriginal students and general trainees.

Nursing professional development includes a wide range of programs including the "leaders of the future" program (management and leadership) and other statewide initiatives. On-line learning is provided where appropriate.

The SLHD's partnership with the University of Tasmania provides a range of courses which lead to qualifications including the Graduate Certificate in Specialty Nursing, the Graduate Diploma of Nursing, the Masters of Clinical Nursing, the Master of Health Services Management, the Master of Clinical Supervision and the Professional Doctorate of Health.



Opportunities for senior management development within the nursing profession and across administration roles (including human resources, finance, planning etc.) is an ongoing need. Currently RPA nursing has a management development program which could be assessed for expansion across the SLHD. The career development opportunities provided to newly recruited graduates under the graduate management program could also be extended to include existing staff.

Identified programs of importance to nursing include research methods, preceptorship, senior management and leadership, supervision and teamwork.

The relationship between CEWD and the Nursing and Midwifery Service is strong and well developed. Websites are used consistently to advertise and disseminate information about education programs, their target audience and availability. This can be extended to ensure interdisciplinary opportunities are maximised. Podcasting, social media and new technology can be used to extend educational opportunities.

Other nursing educational providers include the CEC, HETI, private providers and the Nurses Association.

#### **Clinical Placements in Nursing and Midwifery**

SLHD supplies approximately **292,680 nursing and midwifery clinical placements hours** in a variety of health care environments. The role of the Clinical Placement Unit is to increase clinical placement capacity, build partnerships with universities and providers, review and evaluate placements and train staff in using the ClinConnect database. The ClinConnect system is both the repository for all clinical placement data and the tool for managing clinical placement requests.

Placement sites include acute care hospitals (Canterbury, Concord and Royal Prince Alfred), sub-acute hospitals (Balmain) and community health services (post-acute, child and family health and mental health). CEWD acts as a single point of service for administering nursing and midwifery clinical placements.

SLHD provides nursing and midwifery clinical placements to the following universities/education providers:

- University of Sydney
- University of Technology, Sydney
- University of Tasmania
- Australian Catholic University
- University of Notre Dame
- University of Western Sydney
- NSW Health Registered Training Organisation.

## **Allied Health Education**

#### Allied Health Professional Development

Allied health departments, including Social Work, Physiotherapy, Podiatry, Speech Pathology, Occupational Therapy, Psychology, Nutrition and Dietetics provide regular professional development sessions "in house". Some have journal clubs, clinical network structures or supervisory structures designed for professional development. Nutrition and Dietetics have hospital-based clinical educators. New graduates have orientation programs. For relevant professions, the national professional registration requires ongoing professional development and competency assessment.

Allied health staff attend or undertake the mandatory education, leadership programs and

other programs provided by CEWD. However, there is room for a strengthened relationship between CEWD and the allied health services in the provision of generic allied health and specific clinical education.

The major allied health departments have annual research, clinical development or conference programs. A number of the allied health departments in SLHD are considered to be state or national leaders in their field.

Allied health specific education is also provided by professional associations (such as the Australian Physiotherapy Association) and other private bodies.

#### **Allied Health Clinical Placements**

SLHD provides clinical placements for students in a range of Allied Health professions including Podiatry, Speech Pathology, Physiotherapy, Nutrition and Dietetics, Occupational Therapy and Social Work.

Table 1: Allied Health Students Clinical PlacementHours across SLHD financial year 2013 - 2014

Profession	Clinical Placement Hours
Physiotherapy	32,848
Speech Pathology	8,224
Podiatry	1,776
Psychology	7,567
Occupational Therapy	20,808
Social Work	20,097

Allied Health clinical placements are provided to students from the following universities:

- University of Sydney
- University of New South Wales
- Charles Sturt University
- Newcastle University
- Wollongong University
- University of Western Sydney
- Southern Cross University
- Griffith University
- Australian Catholic University
- Macquarie University.

There is significant concern about the capacity for supervision of the large numbers of allied health students currently being educated and further concerns about their future employment prospects. This places significant demands on the allied health staff employed in the SLHD.

The appointment of an allied health clinical placement coordinator working through Clin-Connect will assist in coordinating placements and appropriately enhancing placement capacity.

With the establishment of the Central and Eastern Sydney Primary Health Network, it is expected that the education and development needs of private sector allied health professionals will continue to be locally addressed. It is widely recognised that the allied health staff employed within the SLHD have a strong leadership role in the allied health professions. It is expected that many SLHD staff may become involved in the education of private allied health practitioners as well as the publicly employed staff.

### **Oral Health Student Clinical Placements**

#### **Clinical Placements in Oral Health**

SLHD and SWSLHD Oral Health Service (OHS) including the Sydney Dental Hospital (SDH) facilitates and provides clinical training and placements for

dental, oral health and technical students from:

- University of Sydney (Bachelor of Dentistry, Doctor of Dental Medicine (DMD)
- Post Graduate Specialist Trainees and Bachelor of Oral Health)
- University of NSW (Oral and Maxillofacial Surgery trainee)
- University of Newcastle (Bachelor of Oral Health)
- Sydney College of TAFE (Prosthetist Training).

Sydney Dental Hospital has an active postgraduate training program in a diverse range of speciality fields, including Orthodontics, Periodontics, Paediatric Dentistry and Oral Surgery. Students have the opportunity to gain experience in a range of clinical areas, from acute to specialist services and from paediatrics to aged care services.

41,322 hours of dentistry and oral health clinical placements were provided in financial year 2013 – 2014.

#### Pre-Clinical Training in Oral Health

For pre-clinical training a Clinical Skills Simulation Facility (55 chairs) is available at the Sydney Dental Hospital (SDH). SDH is the centre of clinical training for junior students from the University of Sydney and bears the full load of clinical teaching for the BDent 1 and BDent 2 students. The clinical training for senior students is carried out primarily at the SDH Clinical Dentistry Department. Groups of students are rotated through the specialist departments (Paediatrics, Orthodontics, Special Care Dentistry, Exodontia, Diagnostic Imaging, Prosthodontics, Periodontics and Endodontics). The student's clinical placement at SDH is supported by clinical educators from both the University and the Oral Health Service clinical staff.

In order to achieve broad clinical exposure to a variety of patient cases students are also rotated through community oral health clinics.

#### Professional Development of Oral Health Staff and Specialist Mentor Program

The Oral Health Service encourages and supports the professional development of staff through annual clinical forums, attendance at various continuing professional education courses run by University of Sydney and the Australian Dental Association. Monthly professional development opportunities are also provided.

The Oral Health Service runs a specialist mentor program by which a dentist from a community oral health centre is assigned to a Specialty Department (Paediatric Dentistry, Periodontics, Oral Surgery, Special Care Dentistry) at SDH for a period of time where they receive targeted education and clinical experience in managing routine presentations in that specialty.

Attendance at national and international workshops and conferences is encouraged for relevant staff.

## Central and Eastern Sydney PHN - Clinical Placements

#### Professional development

The Central and Eastern Sydney PHN provides education for primary care providers including medical and allied health private providers. This area of work is currently under development and it is expected that a strong collaborative relationship will be built with the SLHD in establishing a strong private primary care development approach.

#### **Clinical placements**

Clinical placement coordination within medical practices, private allied health services and pharmacies will be provided. The improved education of the private sector is expected to result in a benefit to the public sector of reduced hospital demand and improved capacity in the community.



#### **Education for Primary Care Service Development**

Other educational opportunities available in the future include the shared care programs. These programs reap a clear benefit for the public system and for the patient in ensuring community-based primary care. The example of the most successful shared care program is the ante-natal shared care program. In SLHD, almost 65% of low to moderate risk births are managed in the community by the general practitioner, in collaboration with the maternity services at RPA and Canterbury hospitals.

In SLHD the Diabetes Service provides a nationally recognised program of service delivery. There are clear opportunities for enhanced shared-care programs for example in relation to chronic care, aged care, renal and cardio-vascular disease.

Hospital-in-the-Home Programs provide another option for educational development.

It is noted that the implementation of Activity-Based Funding (ABF) will result in strong financial incentives to develop new primary care and community-based models of care.



### Population Health Professional and Clinical Placement

Population Health has links with a number of education and training bodies and provides a range of placement opportunities for professional population health development. This is critical in supporting the development and maintenance of an available workforce. Formal placement opportunities currently within Population Health include:

- NSW Public Health Officer Training Program
- NSW Biostatistician Training Program
- Medical Specialist Training Program (Public Health)
- Aboriginal Population Health Training Initiative
- Aboriginal Environmental Health Officer Training Program
- University Undergraduate Student Placements (Sydney University)

## **Community Health Education**

#### **Professional Development**

Community Health Services provide a range of education and training for the District workforce. Most notably:

- Cultural Competency Training Program available online through CEWD
- Cultural Competency Education as part of the SLHD Corporate Orientation Program
- Annual Blood-Borne Virus Workshops
- Annual or twice-yearly Sexual Health Grand Rounds at RPA, Concord and Canterbury Hospitals
- Annual or twice-yearly Sexual Health updates for Emergency Department staff at RPAH.

All Community Health nursing and Child and Family Health nursing teams have clinical nurse educators who support training and development within their local team.

#### **Education for Primary Care Service Development**

Most sexual health service provision and education occurs within the primary care sector by general practitioners. Thus the provision of support, education and resources to general practitioners, practice nurses and other primary care providers is a strategic priority. The Sexual Health Service has a longstanding partnership with the (former) Inner-West Sydney Medicare Local now the Central and Eastern Sydney Primary Health Network.

#### Community Health Clinical Placements

The RPA Sexual Health Clinic is a RACP Registered Advanced Training site for post-basic specialist sexual health training.

The community paediatric positions are designated as "Program of Excellence" by the Royal Australasian College of Physicians. The Community Paediatric team provides undergraduate teaching to paediatric medical students and child public health medical students. The department also supports seven advanced trainees under the Expanded Specialist Training Program.

All nursing teams provide clinical placements for undergraduate nursing students. Child and Family Health nursing also provide opportunities for direct entry midwifery students as well as registered nurses who are undertaking their child and family qualifications.

Allied Health professions including Speech Pathology, Physiotherapy, Nutrition and Dietetics, Occupational Therapy, Social Work, Psychology and Orthoptics provide clinical placements within single discipline and multidisciplinary teams for both undergraduate and post graduate students (see Table 1).

# 8. SLHD Education Strategic Framework

## Education and Training Goals

Six major goals have been identified as core to the Education and Training Strategy. These have been outlined in Figure 1 and are summarised in Figure 5 below.

- 1. Developing and Maintaining the Workforce Skills and Competencies Required for Patient and Family Centred Care
- 2. Matching Health Service Workforce Needs with the Workforce Supply and Skills
- 3. Promoting Excellence and Innovation in Educational Programs and Services
- 4. Supporting a Values and Equity Perspective through Education
- 5. Promoting Organisational and Partnership Support for Education
- 6. Providing study and career pathways across the SLHD workforce

### Skills: Developing and Maintaining the Workforce Skills and Competencies Required for Patient and Family Centred Care

The SLHD is committed to ensuring our staff have the highest levels of clinical and professional competency. These competencies have been defined as follows:

- Leadership and management skills
- Clinical expertise and for non-clinicians professional expertise
- Health advocacy and health improvement
- Communication
- Education and mentoring
- Professionalism
- Collaboration.

#### Ongoing Education and Advanced Clinical Skills

SLHD is committed to its staff developing the above competencies and skills to a level beyond their



#### Figure 5: Summary of SLHD Education and Training Goals

graduation level: targeting not only new practitioners but also experienced staff and clinical experts. Ongoing learning is considered fundamental to the development of skilled practitioners and may comprise discipline specific education, interdisciplinary education or reflect the needs of clinical streams or facilities. Where appropriate, this could potentially culminate in advanced qualifications.

In further developing this aspect of education, a more formal structure for dialogue is required between CEWD and SLHD clinical steams to enable anticipation of training needs in new and evolving areas. It is also important to ensure that there is minimal duplication of programs across the LHD.

#### Interdisciplinary Education

Interdisciplinary education is important to encourage the development of modern healthcare teams. SLHD is committed to the provision of interdisciplinary education opportunities to facilitate an increased understanding of individual team roles and as a means of improving patient care. Professional groups should have equal access to these opportunities.

### Health Service Needs: Matching Health Service Workforce Needs with the Workforce Supply and Skills

#### Workforce Planning

A SLHD Workforce Plan will determine which professions, skills and services are lacking in the health service and the appropriate education strategies required to redress imbalances. Strategies may include establishing scholarships and mentoring opportunities, working with tertiary institutions to establish course or redirect curricula, providing courses through CEWD etc.

#### Leadership and Management Development

Leadership and management skills are integral to the organisation's development. Skills are linked to improving organisational performance and are also significant in terms of defining the SLHD culture. A key priority is to continue to develop and attract managers and leaders of the highest calibre. As such education needs to target clinical and non-clinical staff, individuals and teams, and staff at all levels of the organisation. Short learning sets and briefings, targeted courses and full programs need to be used to maximise access and personalise program delivery. Management and leadership development needs to be underpinned by a culture of feedback using appropriate tools for example: 360 Degree Feedback, reflective practice, mentoring and coaching. Management and leadership opportunities and courses need also to be extended to all disciplines, with pathways based both within the discipline and in broader areas.

The SLHD will also maintain its commitment to the management and leadership program established in collaboration with the University of Tasmania, with the MBA and professional doctorate programs being supported and further developed.

Excellence in Educational Programs and Services: Promoting the Highest Quality, Comprehensive, Accessible, Innovative Educational Programs and Services

Educational programs need to be:

- of the highest quality
- cost-effective, accessible, equitable and timely



- focused on improving patient and client care and outcomes
- provided in a flexible range of delivery modes
- consistent with the SLHD organisational goals and priorities
- constantly updated, reviewed and evaluated

Ensuring appropriate skill and knowledge development remains pivotal to enhancing individual and organisation capability and performance. Key components include:

- Quality orientation and mentoring experiences
- Continuing to offer training that results in recognised qualifications
- Providing education "in-house" and free of charge where possible
- A focus on patient and family centred care, evidence-based practice and research skill development
- High quality, efficient and accessible mandatory education, with the option of e-learning, where feasible
- The promotion, integration and communication of programs. This includes ensuring educational

programs are advertised on the intranet, through the CEWD and other appropriate means. It also includes using technology such as podcasting to communicate education widely.

A key strategy for building and maintaining patient and family centred competencies is to ensure a robust, high quality educational enterprise across sectors and services. In order to achieve this there is a need for:

- Modern, well-equipped educational facilities
- State-of-the-art technology
- Flexible e-learning capability
- Simulation capability.

Technology assisted learning is a valuable education tool that ensures accessibility to a larger number of people and encourages self-directed learning. A range of technology assisted modalities are available, including video-conferencing and telehealth. The impact of technology assisted learning needs to be evaluated.

State-of-the-Art educational facilities and technology is necessary in order for the SLHD to provide accessible, modern education and training.

### Equity and Values: Ensuring CORE Values and Equity Underpin Education and Training

#### Ensuring CORE Values and Patient and Family Centred Care are Embedded Through Education and Training

SLHD is committed to ensuring that a strong values framework is embedded throughout the SLHD's business and care delivery. To that end, all programs will be evaluated to ensure they incorporate this requirement.

A related concern is that equity considerations inform health care priority setting and service delivery models. This implies support for "at-risk" population groups defined by their health and social status. The skills staff require to reach these populations may include use of research and evidence and capacity to collaboratively design and evaluate community programs.

#### Supporting Our Aboriginal and Torres Strait Islander Workforce

A commitment to equity and organisational cultural safety and competency is reflected in a commitment to Aboriginal workforce development and to cultural safety and competency education.

The SLHD has made a commitment to ensuring that by 2015, 2.6% of our workforce is Aboriginal. The implementation of the Aboriginal Workforce Strategy is being built around individual needs analysis, career planning and personalised development programs. We will also work with our local communities to advance employment opportunities and provide entry level traineeships. SLHD will work with our universities to provide the opportunity for Aboriginal students to move seamlessly into the work place.

## Supporting a Culturally Diverse Workforce

The CALD Workforce will focus on career planning, orientation to working in our health system and developing language and communication skills. Cultural competency and CALD-sensitive programs are important as equity strategies.

### Supportive Organisation: Ensuring Education-Supportive Structures and Resources

#### Strong and Effective Partnerships

SLHD has a strong history of establishing a diverse range of partnerships which grow the workforce of the future, develop complementary services, and provide support to our rural and remote colleagues. These include partnerships with the tertiary, nongovernment and other relevant sectors, particularly between the CEWD, HETI, the universities, Central and Eastern Sydney Primary Health Network, specialist medical colleges and other education providers. Postgraduate programs are especially relevant to enhancing clinical leadership and management and supporting speciality clinical and professional roles.

Clinical placement capacity can be developed through partnerships with Central and Eastern Sydney Primary Health Network, NGOs and Aged Care Facilities. Relationships need to be maintained and fostered with local schools through the provision of work experience opportunities. A further partnership development opportunity is with international centres of educational excellence.

SLHD has an enduring commitment to providing educational support and sharing resources and expertise with our partners in rural and regional districts of NSW.

## Sufficient High Quality Clinical and Professional Placement Capacity

Clinical Training is a critically important aspect of our role as a health service; with our staff providing the learning and teaching, and our facilities, the access to clinical experiences. Our ability to always provide a quality placement and excellent training will be essential to building and maintaining the health service's reputation. As the number of junior clinicians increases, the SLHD will need to develop more innovative approaches to training, with e-learning, simulation, skills centres and recognition of prior learning being important. Clinical leadership and the continued commitment of senior staff to teaching will be essential.

A key requirement in the immediate future is to purposefully and strategically expand SLHD's clinical placement capacity, while ensuring quality clinical learning. This approach will ensure professional development opportunities for the increasing number and range of health professionals wishing to train within SLHD. This is a major undertaking and needs to be purposefully developed and negotiated across the SLHD and in collaboration with other partners and providers.

## **Education-Supportive Policies and Human Resource Measures**

SLHD will ensure that its policies and practices support a balanced access to educational opportunities. This includes, for example, that:

- Staff are enabled to meet required policy, regulatory and legislative responsibilities
- There are measures for streamlining mandatory training and ensuring it is balanced with other professional development opportunities
- Staff are encouraged to pursue education and training opportunities and supported to develop to their full potential in their current and future roles
- Staff educational needs are reviewed as part of the Performance Development Framework

• Educational attendance is valued in a balanced way with service delivery.

## Providing Study and Career Pathways Across the SLHD Workforce

## Supporting New Entrants to the Workforce

SLHD will retain and develop its commitment to supporting new entrants to the workforce through a variety of educational pathways and programs. Critical to recruiting and developing junior staff or staff returning to the workforce is high quality orientation, ensuring an adequate supply of good quality clinical placements and a well-structured approach to mentoring in the early years of work. A particularly good example of a program of recruitment has been the Certificate III in Health Services Assistance and the Diploma of Nursing (Enrolled Division II Nursing). The SLHD will continue to build on this and similar programs.

#### Supporting Existing Employees

SLHD will maintain its excellent track record in providing outstanding development opportunities for all levels of its workforce. Through the CEWD, specialist clinical educators and external partners, SLHD is able to offer existing employees opportunities to progressively develop both their clinical, technical and management skills through education and training contextualised to the needs of the health workforce. Opportunities exist to build expertise for their current role as well as new skills to support career development.

# 9. Conclusion

Education and Training is pivotal to the SLHD mission of providing patient and family centred health care and to the vision of achieving healthcare excellence for all.

This plan provides a robust framework from which to launch a newly invigorated education and training enterprise within the SLHD; built on the very strong foundations already in place.

The Framework has been purposefully developed around patient and family centred care, a commitment to staff and providers in SLHD to develop, maintain and enhance their skills, a strong interest in ensuring the highest quality education and development opportunities are available and the imperative of ensuring a good fit between the health service needs of our broader community and the skills, competencies and expertise of our staff and providers.



# 10. Strategic Priorities, Actions, Outcomes, Responsibilities and Timeframes

Strategic Priority	Strategic Action	Outcome	Responsibility	Time frame
	Establish a multidisciplinary working group to guide the development of a planned approach for Patient and Family Centred Care education and training in SLHD	Action plan detailing PFCC education and training initiatives	Chief Executive PFCC Working Group	2015
Developing and	Ensure education programs consider or, incorporate, where feasible PFCC principles, cultural competencies and CORE values using an interdisciplinary approach	Improved	Director CEWD	2015
Maintaining the Workforce Skills and Competencies Required for Patient and Family Centred	Adopt a balanced approach between educational programs, strategies and mentoring targeted at junior staff and those targeted at experienced and senior staff	Comprehensive annual education calendar Teaching + mentoring education programs	Director CEWD	Annually and Ongoing
Care	Ensure that all education facilities in SLHD are fit for purpose to support the delivery of contemporary, high quality education and training with an environment that is conducive to learning.	Audit of all education facilities and development of a refurbishment plan	Director CEWD	Annual Audit
	Establish a regular SLHD forum for dialogue about educational needs with key multidisciplinary stakeholders involved in the delivery of education and training within SLHD	Establishment of a community of practice that fosters collaboration and sharing of expertise and resources	Director CEWD	Bi- annually
	Develop the SLHD Workforce Strategic Plan	Identification of needs and related strategies for workforce development	Director of Workforce	2014
Matching Health Service Workforce Needs with the	Ensure that local education initiatives support the transition from clinical / technical roles to supervisory and management roles	Managers demonstrate core management competencies	Director CEWD	Ongoing
Workforce Supply and Skills	Evaluate and build on the Management and Leadership program established through the University of Tasmania as well as supporting other management and leadership development approaches	Develop a critical mass of managers with postgraduate education qualifications and experience	CE/U Tas	Ongoing

Strategic Priority	Strategic Action	Outcome	Responsibility	Time frame
	Support the continued growth of education through simulation and the development of highly skilled educators who can maximize the utilisation and impact of existing simulation resources	Increased utilisation of simulation as an education modality	Director CEWD	Annual
	Ensure strategies are in place to meet requirements detailed in the NSW Health Mandatory Training Matrix	Compliance with mandatory training requirements	Facility Managers	Ongoing
Promoting	Expand the CEWD intranet website to incorporate medical and allied health education and ensure it is up to date	Better communication about programs provided	Director CEWD	Ongoing
Excellence and Innovation in Educational Programs and	Implement education strategies to support the growth of research capacity across all disciplines	Education and training opportunities provided	SLHD Research Office Director CEWD	2015 and Ongoing
Services	Implement an evaluation strategy that provides a robust and consistent approach to evaluating the impact of education and training delivered in SLHD	Standardised evaluation framework developed	Director CEWD	2015
	Ensure that high investment education programs are annually reviewed to determine their organizational impact	Two programs are reviewed	Director CEWD in collaboration with HETI	Annually
	Promote the educational excellence in SLHD	Establish an international and national focus for the education and training available across SLHD	CE/ Director CEWD	Ongoing
	Devise an educational strategy to support and mentor Aboriginal and Torres Strait Islander staff employed through the Aboriginal Workforce Strategy	Aboriginal staff recruitment and retention	Director CEWD/ Director Aboriginal Health	2015 and Ongoing
Supporting a	Provide Oral Health Education and Training for Aboriginal health services across NSW through the Oral Health Hub and Spoke Model	Number of education programs conducted	Clinical Director Oral Health	Ongoing
Values and Equity Perspective through Education	Provide mental health vocational training opportunities for Aboriginal employees	Increase the potential employment for Aboriginal staff in Mental Health Services	Director, Mental Health Services	2015 and Ongoing
	<ul> <li>Review the targeted CALD education programs to ensure the following:</li> <li>Cultural competency education is widely available</li> <li>Opportunities for staff to improve their English language and communication skills are available</li> </ul>	Cross-cultural equity promoted	Director CEWD/ Multicultural Health Manager	2014
	Develop and pilot staff education programs focused on delivering care within an equity framework, that address the social determinants of health within populations and targeted groups including issues of healthy urban development, sustainability, Health Impact Assessment (HIA), working in locationally disadvantaged communities and other population health based approaches	Equity focus developed in services and programs	Director CEWD/ Director Population Health Director of Health Equity, Research and Development Unit	2015

Strategic Priority	Strategic Action	Outcome	Responsibility	Time frame
	Support the work of the Sydney Interdisciplinary Clinical Training Network (ICTN) with the aim of growing clinical placement quality and capacity and fostering collaboration with all stakeholders.	Growth of clinical placement capacity	Director CEWD	Ongoing
	Review current clinical placement supervisory arrangements to ensure adequate support for supervisors and quality of the supervised clinical placements	Delivery of quality clinical placements	Director CEWD	2015
	Strengthen current educational partnerships with the University of Sydney, University of Tasmania, TAFE and other universities and higher education providers, in order to grow educational opportunities for the SLHD workforce	Education programs and projects expanded	CE/Director CEWD	Ongoing
	Strategically develop additional partnerships with the Inner West Sydney Medicare LocalCentral and Eastern Sydney Primary Health Network, NGOs and aged care facilities and international education providers	Collaboration on education opportunities General Practitioner Clinical Placements	CE/Director CEWD	Ongoing
Promoting	Strengthen partnerships with rural and regional Health Districts to provide support, opportunities for sharing expertise and resources	Access to SLHD education extended	CE/Director CEWD	Ongoing
Organisational and Partnership Support for Education	Where feasible, invite NGO partners and community participants to participate in health training programs	Access to SLHD education extended	CE/Director CEWD/ Manager NGO programs	Ongoing
	Develop educational initiatives that support community engagement and promote health literacy	Development of education resources	Director CEWD	2015
	In partnership with NGOs, review options for providing staff education, development and understanding of community and NGO services. This could include consideration of "work swaps"	NGO expertise and service knowledge extended to SLHD	CE/Director CEWD/ Manager NGO programs	Ongoing
	Prepare the SLHD for the changes to education funding in 2014 commensurate with the National Health Reform	SLHD prepared to advance its education	CE/Director Finance/ Director CEWD	2016
	Establish a SLHD Operational Committee responsible for Education and Training	SLHD prepared to advance its education	CE/Director CEWD	2016
	Establish Medical Education Committees at Concord and RPA, with other SLHD facilities linked and represented on these committees. The function of these committees would be to coordinate and integrate training	Improved communication, coordination and access to medical education	Director CEWD/ Director Medical Services	2015
	Strengthen the links between CEWD and medical education across the SLHD	Improved coordination and, communication	Director CEWD/ Director Medical Services	2014 and ongoing

# 11. Appendix 1 - Strategic Issues: Consultation Outcomes

## A. OUTCOMES OF EDUCATION FORUM WORKSHOPS

#### 1. BUILDING A SKILLED WORKFORCE

#### Developing Leadership and Management Skills

Leadership and management is a key focus for specific skills development. It is linked to improving organisational performance and is also significant in terms of defining the SLHD culture. Programs will target clinical and non-clinical staff, individuals and teams, and staff at all levels of the organisation. Short learning sets and briefings, coaching, targeted courses and full programs will be used to maximise access and personalise program delivery.

Key issues identified in focus groups:

- Lack of vocational experiences to assist with management and leadership development
- Appropriate levels of development opportunities for future, new and experience managers and leaders
- Management and leadership development to be underpinned by a culture of feedback using appropriate tools for example: 360 Degree Feedback, reflective practice, mentoring and coaching.

#### New Entrants to the Workforce

SLHD is committed to ensuring that it grows the future health workforce through a variety of educational pathways that encourage and support new entrants.

Key issues identified in focus groups:

- The continued growth of health care clinical placements
- Build on VET in schools program for nursing and allied health.

#### **Advanced Clinical Skills**

Advanced clinical skills refer to the skills that people develop beyond those they possess when they graduate. It encompasses a very broad range of skills including new practitioners, experienced staff and clinical experts. Ongoing learning is fundamental to the development of skilled practitioners and can consist of discipline specific education and interdisciplinary education and can culminate in advanced qualifications.

Key issues identified in focus groups:

- There needs to be consistency in core training across facilities. Core units should be standardised with the option of the development of specialised components to meet individual needs
- More formal structure for dialogue between CEWD and clinical steams to enable anticipation of training needs in new and evolving areas
- SLHD needs to ensure that education is not just tailored to the younger generation of health professionals but also meets the needs of the older, more experience workforce
- Minimal duplication of programs across the LHD
- Work readiness of new graduates.

## 2. EXCELLENT PROGRAMS AND SERVICES

#### **Technology Assisted Learning**

SLHD does utilise technology in the delivery of education however the technology capabilities are not fully explored across all facilities and departments. Technology assisted learning is a valuable education tool that ensures that education is accessible to a larger number of people and encourages self-directed learning.

Key issues identified in focus groups:



- Infrastructure needs to support different educational modalities
- A range of technology assisted modalities are available, it is important that the correct modality is matched to the educational activity
- Technology needs to be easily accessible to all staff at a time and location that is convenient to them
- The impact of technology assisted learning needs to be evaluated to ensure that financial investment continues.

#### **Interdisciplinary Education**

Interdisciplinary education is critical a factor in the development highly functioning healthcare teams. SLHD is committed to the provision of interdisciplinary education opportunities to facilitate an increased understanding of individual team roles and improved patient care. Key issues identified in focus groups:

- Maintain and further develop the existing interdisciplinary educational opportunities
- The duration and timing of education sessions needs to be reviewed to ensure that all professional groups have equal access to these opportunities
- Increased utilisation of technology, for example podcasting, to ensure that all professional groups can access information
- Identification of suitable courses that could be delivered to an interdisciplinary audience. These courses then need to have adequate marketing to ensure that all professional groups are aware of them.

## 3. SUPPORTIVE ORGANISATIONAL STRUCTURES

#### Partnerships

SLHD has a strong history of establishing a diverse range of partnerships; these partnerships are critical to growing the workforce of the future, developing complementary services, and providing support to our rural and remote colleagues.

Key issues identified in focus groups:

- Growth of clinical placements through partnerships with Central and Eastern Sydney Primary Health Network, NGOs and Aged Care Facilities
- Growth of future workforce by encouraging young people to enter the health workforce. Strong relationships need to be maintained and fostered with local schools through engagement and the provision of work experience opportunities
- The development of international partnerships with centres of educational excellence
- Commitment to the provision of support those in regional areas and the sharing of SLHD expertise.

## **B. OUTCOMES FROM SLHD STRATEGIC PLAN CONSULTATIONS**

## Staff and Community Views of Education Issues

## Key Actions from Staff forums relating to Education

- 1. Promote Equity across professions and time (24/7) in access to education
- 2. Develop an Education Strategic Plan
- 3. Review the utility of Mandatory Training
- 4. Value Education and provide allocated Protected Time for education
- 5. Backfill staff attending education
- 6. Provide IT as one of many modes of education (don't rely on IT)
- 7. Develop education metrics link to performance review
- 8. Mentoring to be goal directed and not just for new staff
- 9. IT infrastructure should reach into education centres (KPEC)
- 10. Appoint a Discipline-Specific Staff Educator e.g. allied health
- 11. Foster conference presentation skills
- 12. Educate about CIAP and CERNER.

#### Top Priority Actions from Staff forums relating to Education listed by facility:

#### **RPA HOSPITAL**

- IT infrastructure , including web access needed across the hospital especially Kerry Packer Education Centre
- Staff educator for each discipline / unit, especially for Allied health

- Overarching Education Strategic Plan needed.
- Is it our core business to run graduate certificates (nursing)
- Need more staff to backfill vacancies when key staff are away on training and other educational activities
- Managers need to value education as the future of the hospital and how it can help them

#### **BALMAIN HOSPITAL**

- Allocated protected time for education
- Mentoring to be more structured and goal focussed and not just for new employees
- Foster staff to showcase innovations at conferences and participate in research
- Evaluate agreed education plans at appraisals
- Ensure equitable access to education and resources 24/7

#### **CONCORD HOSPITAL**

- Equity across professions / staff in educational access
- Keep / regain the 'teaching' in teaching hospitals is the taught teaching?
- Develop education metrics input and output/ achievement (performance appraisal overhauls)
- Don't rely on IT for all educational delivery
- Seriously review utility and modus operandi for mandatory training e.g. fire, CPR

#### **CANTERBURY HOSPITAL**

- Provide sufficient staff to backfill so staff can attend education.
- Provide a commitment to student placements by providing relevant resources
- Improve communication between universities and SLHD
- Recognise the right of staff to ongoing education.

• Recognise that online training does not suit everyone. Provide an option for face to face education.

#### **COMMUNITY HEALTH**

- Allocate one day per year for all mandatory education and planning and to assess needs for education / study.
- Provide a rolling education day about CERNER & CIAP for each centre.
- Ensure equity in access to education and accessing education.
- Devise individual learning & development plans for all staff as part of performance review.

#### Community Consultation Workshop held at Burwood RSL, Concord RSL, Petersham RSL, and Canterbury/Hurlstone Park RSL

- Facilitate NGO access to health training
- Ensure cross-information about programs run by NGOs or by Health
- Invest in Cultural Competency education
- Provide education about Community Services
- Support "Work Swaps" NGOs and Discharge Planners/Social Workers
- Enable staff to attend Conferences.



# 12. Acronyms

ABF	Activity Based Funding	HETI	Health Education and Training Institute
ABS	Australian Bureau of Statistics	HIA	Health Impact Assessment
ACF	Australian Curriculum Framework for Junior Doctors	HWA	Health Workforce Australia
ACI	Agency for Clinical Innovation	IHPA	Independent Health Pricing Authority
ADRI	Asbestos Diseases Research Institute	IIMS	Incident Information Management System
AIM	Accelerating Implementation Methodology	IM	Intramuscular
AN-DRG	Australian National Diseases Related	ІТ	Information Management
	Groups	LGA	Local Government Authority
ATSI	Aboriginal and Torres Strait Islander	LOTE	Language Other than English
CALD	Culturally and Linguistically Diverse Clinical Excellence Commission	OHS	Oral Health Service
CEC		RDF	Resource Distribution Formula
CERA	Centre for Education and Research on Ageing	RPA	Royal Prince Alfred Hospital
CEWD	Centre for Education and Workforce Development	RTO	Registered Training Organisation
CCS	Central Clinical School	SDH	Sydney Dental Hospital
ClinConnect	Clinical Placement Tool	SLHD	Sydney Local Health District
COAG	Council of Australian Government	SLMS	State Learning Management System
CPCIS	Clinical Placement Capacity Information System	TAFE	Technical and Further Education
CPCIS		VET	Vocational Education and Training
CRGH	Concord Repatriation General Hospital		
DMD	Doctor of Dental Medicine		
DRG	Diagnosis Related Group		

ECG Electrocardiograph

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