



An evidence-based
Discussion Paper
on the issue of
VET student work
placement

Prepared for the Aged Services Industry Reference
Committee (ASIRC) on behalf of SkillsIQ.

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CONTEXT OF THIS DISCUSSION PAPER

CURRENT CHALLENGES EXIST BETWEEN THE EDUCATION SECTOR AND AGED CARE PROVIDERS WITH RESPECT TO SUPPORTING NECESSARY WORK PLACEMENTS AS PART OF STUDENT EDUCATIONAL REQUIREMENTS. THERE IS A NEED TO ENSURE THAT THE QUALITY OF WORK PLACEMENTS IS STANDARDISED ACROSS THE SECTOR; THAT THESE PLACEMENTS ARE PROVIDING A SKILLS-READY WORKFORCE THAT WILL MEET THE NEEDS OF THE SECTOR NOT JUST INDIVIDUAL SITES; AND THAT THERE IS AN AGREED UNDERSTANDING AND DIALOGUE BETWEEN THE EDUCATION SECTOR AND THE AGED CARE SECTOR WITH RESPECT EACH SECTOR'S COMMITMENT TO THE CURRENT STUDENTS AND FUTURE STAFF OF THE AGED CARE SECTOR.

PURPOSE OF THIS DISCUSSION PAPER

THE PURPOSE OF THIS DISCUSSION PAPER IS TO PROVIDE INFORMATION AND SUGGEST KEY QUESTIONS THAT ENABLE EDUCATION STAKEHOLDERS TO COLLECTIVELY CONSIDER AND DISCUSS THIS IMPORTANT SUBJECT, NEGOTIATING A WAY FORWARD. AS SUCH THIS DISCUSSION PAPER PROVIDES INFORMATION FOR KEY STAKEHOLDERS WITHOUT DRAWING CONCLUSIONS OR MAKING RECOMMENDATIONS.

DISCLAIMER

THIS DOCUMENT REPORTS INFORMATION GAINED FROM A RAPID REVIEW OF THE LITERATURE AND CONVERSATIONS WITH INDUSTRY AND TRAINING PROVIDERS WHO VOLUNTEERED THEIR VIEWS. THE CONTENT OF THIS PAPER DOES NOT NECESSARILY REPRESENT ALL MODELS OF PLACEMENT CURRENTLY IN USE OR ALL VIEWS ON THIS TOPIC.

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Purpose

This Discussion Paper is one of a series that aims to stimulate critical and creative thinking around the potential future of education in the aged care sector. This Discussion paper seeks to explore numerous avenues in order to build a picture of the state of the Vocational Education and Training sector in terms of work placement(s). It is designed to formally spark a constructive dialogue between stakeholder groups by providing information and posing key questions for consideration. **This paper is focussed on student work placements in aged care within the Vocational Education and Training (VET) sector** and includes Certificate III in individual support, Certificate IV in ageing support, and Diplomas in Nursing. The overarching question of the review is:

*What are **best principles and best practice** with respect to providing high quality work placements to VET-level students of aged care programs?*

This paper outlines work placement models; looks for commonalities and differences, explores possible models nationally and internationally that suggest positive outcomes with respect to best principles and practice, and will pose key questions for consideration by The Aged Services Industry Reference Committee (ASIRC).

The discussion points raised in this paper have implications for three stakeholder groups:

- Students – access to quality education to become job-ready to deliver high-quality care
- Training providers – offering quality, world-class education, in line with industry requirements
- Industry – engaging a job-ready, reliable, efficient workforce

Any change to the current delivery of student placement should ultimately ensure the delivery of best possible care to users of aged care services.

This document reports information gained from a rapid review of the literature and conversations with industry and training providers who volunteered their views. The content of this paper does not necessarily represent all models of placement currently in use or all views on this topic.

Background

In 2018 there were 63,081 enrolled nurses (ENs), 175,800 carers and 97,900 nursing support and personal care workers (PCWs) working in aged care or disability care. Roles for aged or disability carers are expected to increase by 39.3% over the next five years, with nursing support and PCW roles expected to grow 11.6% (1), and EN forecast to experience a 7.6% growth rate (2). This growth of care workers over the next five years underlines the need to ensure quality training that produces industry-ready graduates. The current work placement training requirements for PCWs and ENs are described below, along with any current evidence describing deficits in their work placement training outcomes.

Personal care workers: A 2015 review of Registered Training Organisations (RTOs) led to a requirement that all certificate training must undertake a minimum 120-hour workplace placement, with competencies assessed in the workplace. Lafontaine and colleagues (3) identified that the current

education and training skills, and qualification framework does not align with the work practices, consumer-focused care and leadership required by the industry. Providers reported quality control across the Certificate III programs was lacking, leading to variable quality graduates entering the workforce (3). The Australian College of Nursing noted that while vocational education in aged care for PCWs is supported by many providers, this support is not industry wide and the current training may not be adequate for the PCW role (4).

Enrolled nurses: In the Australian Qualifications Framework (5), nursing qualifications are ordered according to expertise and authority. Individuals can undertake a Diploma of Nursing through VET to enter aged care as an EN and are required to complete 400 hours of placement. ENs are required to register with the NMBA in order to practice. This registration must be renewed annually (6).

Work Placement in the context of education delivery and program design

Education delivery models

National approach

Australia currently offers two models of education for VET in aged care: certificate qualifications through classroom-based technical learning or traineeships. Both models involve work placement.

International approach

International education models are similar to Australia's, with the addition of a strong focus on apprenticeships – specifically 'dual apprenticeships'. The dual apprenticeship model is equivalent to an apprenticeship in Australia, where students alternate time learning on the job in the workplace, with time studying with an education provider.

Key considerations of work placement as an element of program design

Different education models provide possibilities for different placement models and have significant impact on the amount of time given to workplace training in comparison to theoretical training. For example, in European countries (6), VET programs following an apprenticeship pathway spend up to 80% of training time with the employer, yet some classroom-based technical programs only require 20% of the program to be spent on placement. Placement and training outcomes may therefore relate to both the education model and placement models used. Key elements of program design include how much time throughout the program is dedicated to work placement, and at which stages or intervals of the program work placement is delivered.

Theory to practice ratio in training programs

Australian PCWs are required to complete 120 hours of placement during their training and ENs 400 hours. Braeseke and colleagues (7) reported hours required for healthcare assistants (HCAs; equivalent of PCW) in European countries, with a focus on the balance between theoretical and practical training. Table 1 presents the division of theory and practice in the training of PCWs in some European countries.

An equal division of theory and practice as recommended for PCWs internationally, can also be seen in the training of ENs in some countries. The structure of the Diploma of Nursing in New Zealand requires 1,800 hours divided equally between theory and clinical experience (900 hours each) (8).

Table 1. Curriculum Theory/Practice Ratios in PCW training in Europe (table data extracted from Braeseke et al. (7)).

Country	Theory/Practice in time or percentages
Austria	50%/50%
Belgium	50%/50%
Czech Republic	40%/60%
Denmark	32 weeks/54 weeks
Germany (Lower Saxony)	1800/960 hours
Spain	960/440 hours
Poland	720/160 hours
Slovenia	1700/1018 hours
Ireland	550/450 hours

Australia's 120-hour requirement for PCWs is notably lower than the European countries in this report which reported hours ranging from 160 hours to 1018 hours of practical training. However, the ratio of theoretical to practical training may be more critical than the exact number of hours on placement. Braeseke and colleagues (7) considered the hour-based requirements of these countries and concluded that internationally programs for PCWs should have at minimum 50% of the program being practical on-the-job supported learning.

What makes a training program successful for health workers in the aged care sector must relate to the quality of care graduates are equipped to provide upon completion, so it is important to consider the impact that work placements may have on this. A study by Trinkoff and colleagues (9) looked at quality indicators in nursing homes, and how the number of placement hours required across certified nursing assistant (CNA; equivalent to PCW) training programs in the US impacted quality outcomes. As in the European study discussed above, this study found a ratio of twice as many clinical hours to didactic or classroom teaching hours were optimal for successful promotion of quality care: improvement of quality indicators (pain, activities of daily living, falls with injuries); PCW job satisfaction; and staff retention rates in nursing homes (9)(9).

At the other end of the program design spectrum is the consideration of online training options, many of which involve no work placement. It is clear in the literature and through feedback from training providers that on-the-job training is a critical element of training job-ready graduates, which suggests that in most cases online-only programs cannot provide this. However, if changes to the requirements

for aged care qualifications are considered, it must also be examined how those already working in the industry might update their qualifications suitably to meet new requirements. This highlights one case in which online-only programs could be valuable. One example of this sort of aged care training program is the online-only Certificate in Health and Wellbeing (Level 3) offered by Open Polytechnic in New Zealand. This program is designed for people who currently work as a healthcare assistant, support worker or aged care worker (10). Because the students experience clinical practice in their jobs concurrently to their online training, they are likely to have an opportunity to consolidate theory and practice without the requirement for a placement model to be built into the program. This use for online training may be worth considering as a bridging option so those already working in the industry are not detrimentally affected by changes to regulation, and have the opportunity to gain qualifications to meet industry standards while maintaining their jobs. It is clear from the literature that best practice with respect to providing high quality training to VET-level students of aged care programs requires a significant amount, or ratio of on-the-job training, so it is necessary that regulations ensure all students gain relevant workplace experience in conjunction with their training.

The ideal education model will deliver an appropriate balance between on-the-job and theoretical classroom-based training to ensure that students gain knowledge of, and contextualise, the skills required to be effective aged care workers.

Work-placement models

Work placement is used to describe any type of placement or experience in the workplace that formally contributes to the assessment process of a training program. Work placements offered in Australia and internationally can be divided into two models based on the stages or intervals in which the work placement is delivered: block placements; and distributed/integrated placements.

Block Placement

The block placement is the standard model, which allocates students to one workplace for an extended consecutive period of time from as little as one week, up to several months depending on the stream (PCW or EN) and location (clinical placement hours vary across the world). Block placements commonly use a preceptorship style of supervision where one student is assigned to one nurse/care worker for most of their work-based training. In Australia, this is commonly a block of placement in the final month of training, however, blocks may be allocated at any time during a program.

Distributed Placement

Distributed placement models have placement days distributed throughout classroom training periods; students may spend 1-2 days per week with an employer and the rest of the week in a classroom learning environment. This model provides students with fewer consecutive placement hours in a row, but they are typically involved in a particular workplace for a longer period of time.

Integrated-distributed Placement: Training providers in Victoria (RMIT) and Tasmania (TasTAFE) have piloted integrated-distributed placement models in recent years. These models have placement days spread throughout the training program (reflective of the distributed work placement model) but are notable in that classroom-based learning takes place on-site at the healthcare organisation. This is done in an effort to further integrate theory and practice.

Benefits and Disadvantages of each model

Research into the impact of placement models is limited for the VET sector, but several studies have considered this in the training of registered nurses (RNs). The RN literature, evaluation of international models and consultation with Australian education providers indicate different placement models have different advantages and disadvantages (see Table 2 for the pros and cons found across these sources). Some elements, such as length of placement, have pros and cons regardless of the model used. A European study found employees in every country reported short placements (less than 3 weeks) had few benefits for the workplace as the effort of setting up a placement was only considered worthwhile when a student was there long enough to become a productive member of the team. Longer time frames also gave employers the opportunity to become aware of and nurture student strengths (11).

Table 2. Pros and Cons of block and distributed placement models

	Block placements [^]	Distributed placements [^]	TasTAFE industry-based integrated placement*
Pros	<ul style="list-style-type: none"> • Provide a more realistic exposure to job elements such as shift work schedules and handovers • Encourage full commitment and singular focus on the placement experience • Foster consistency of training due to the consistent teaching and learning style of clinical supervisors • Particularly effective at the end of a training program when students have developed greater confidence and skills 	<ul style="list-style-type: none"> • Provide greater opportunity for early professional socialisation • Students feel they become a part of the care team, have time to develop effective communication skills and become familiar with staff and routines • Enable more effective and efficient integration of theory and practice as placement experiences can be explored in the classroom • Considered beneficial in early training to provide time to adjust to the clinical environment 	<ul style="list-style-type: none"> • Flexible placement hours to reduce financial hardship/family disruption • Suitable students are chosen via interviewing to ensure most appropriate attitudes and emotional intelligence for aged care • Accredited mentorship training provided to industry staff • Ongoing interaction with aged care staff and residents during program • Builds stronger relationships between educator and industry • Facilities have more say in what/when students learn • Graduates are typically employed quickly due to knowledge/experience of quality standards, healthcare software, and policies and procedures • Has been successful in a regional care facility
Cons	<ul style="list-style-type: none"> • Short blocks do not enable students to settle into the 	<ul style="list-style-type: none"> • Students may lack time to prepare for weekly placements while 	<ul style="list-style-type: none"> • Requires full buy-in from industry and education provider

<p>clinical setting and develop sense of belonging</p> <ul style="list-style-type: none"> • The full-time attention required of students can negatively impact family life and may be associated with greater financial burden for students who normally do both paid work and study • Less effective near the beginning of a training program when students have low confidence and minimal skills 	<p>simultaneously completing class work</p> <ul style="list-style-type: none"> • Likely to only work well in certain workplaces, and for certain students; not considered a replacement for more traditional placement models 	<ul style="list-style-type: none"> • Students that require greater educational support are better placed in traditional models with easier access to TAFE resources • Initial set up is time consuming • Does not work with an online classroom-based model
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[^] Birks et al. (2017), Donnelly (2014), Kevin et al. (2010), and Levett-Jones et al. (2008).

**Personal communication from TasTAFE, pros and cons for this specific type of distributed model are in addition to those identified for distributed placements in general.*

What models/options optimise the quality, experience and integration of work placement?

Flexible placement options

Looking at successful placement models nationally and internationally shows that best practice requires flexibility in placement models. The UK, Finland, Netherlands, Switzerland and Austria, offer multiple flexible options for industry placements including either one or several block placements, or distributed placement throughout the training program (11, 12). Australian providers also highlight the importance of flexibility in successful placements. The Aged Care Workforce Strategy Taskforce (13) noted training needs to be fit for purpose and responsive to supporting students, workers and the aged care industry in its changing environment.

Despite individual providers finding great success with various different models, overall the literature and personal communications collated here shows there is no 'one type fits all' placement model. Placements are best adapted to the specific training organisation, worksite, and student. Based on the results and feedback from industry placement pilots in the UK, the updated policy for the T-levels (the UK's version of VET) commencing in September 2020 dictate the following flexibilities for placements: block placement/s, distributed placement days or a mix of these; a single placement may have up to 2 employers if required; up to 35 hours of work-taster activities can count towards placement hours; and student's part-time work can be counted towards their placement hours if occupationally related to their chosen specialisation. These flexibilities ensure employers of different sizes and resources, and students with different strengths and life commitments can find a placement model to suit them. An industry placement Quality Assurance Framework (QAF) then ensures that despite the differences in models, all placements are of a consistently high quality (14).

Strong linkage between industry and training provider

In Europe, successful models of workplace training heavily involve the apprenticeship model and the subsequent work placements that fit within that model. One of the clear benefits to these reportedly successful models is the strength of the relationships between industry employers, training providers and the student. An apprenticeship model requires significant buy-in from industry partners but also a high degree of commitment from students and training providers, ensuring solid integration of clinical or work experience, and theoretical components of learning (15). Outside of direct work placement, this strong linkage opens channels to address differences between skills required to be job-ready and program content delivered through training programs as well as other quality of placement feedback loops between student and training provider. These benefits are less strongly reflected in traineeships, both in Australia (17), and internationally (16).

Coordinated placements

The relationship between industry work placement and the classroom based theoretical component of training is key to the success of apprenticeship models, yet this level of integration is likely possible for other models too, particularly if there is a well-coordinated/defined cooperative placement program. Figure 1 conceptualises how a coordination program or unit could support both industry and RTO's in establishing and delivering student work placements. One example of a specific coordination program in current use is a partnership between TAFE SA and the State Health Department to coordinate work placements for their Certificate III and IV, and EN students. This central coordination benefits the students, who have a greater variety of locations for their hours; TAFE, via reduced paperwork and negotiations with each individual site; and the Health Department, through a steady stream of potential new staff. The TAFE SA representative noted some placements also have their own educators, who work closely with TAFE educators to ensure students are meeting their training requirements, and to assess their competence. These educators have completed training to ensure they meet the current requirements for supervision of students.

Could a centralised unit that liaises between industry and RTOs for work placements function across Australia?

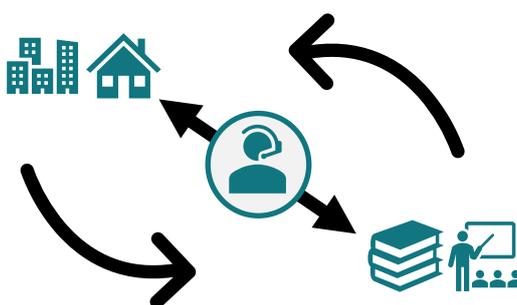


Figure 1. A coordination program or unit could operate both alongside and between industry and RTO's to provide placement solutions.

What work placement models/options optimise future employment success and meet the needs of the sector?

Alignment with industry requirements

Appropriate industry requirements and adherence to these standards is crucial to ensure consistent quality of placements across the sector.

Enrolled Nurses

Enrolled nurses, along with registered nurses are required to register annually with the NMBA in order to practice. The Australian Health Practitioner Regulation Agency (AHPRA) implements the national registration and accreditation scheme in partnership with the NMBA. Furthermore, The Diploma and Advanced Diploma of Nursing must be provided by RTOs that are accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) to deliver the program. The program being delivered must also be approved by the Nursing and Midwifery Board of Australia (NMBA) as an approved program of study.

What changes would be required to accurately measure if VET training is in-line with current industry

Personal Care Workers

At present there are no nationally mandated requirements for the education, experience, or English language proficiency for PCWs. The Aged Care Quality and Safety Commission announced a quality standard for aged care providers that requires the workforce to be competent with the qualifications and knowledge to effectively perform their role. As there is currently no definition of competence or mandated qualifications for PCWs, it is impossible to assess if this standard is being met. Victoria has created an accreditation and registration scheme for disability workers that could work as model for other states and PCW roles. It may be possible for the Commonwealth to help develop an industry-run quality assurance regime with the goal to protect the public's safety by ensuring all health workers are competent and safe to practice (17).

The Standards for RTOs require they liaise with industry to validate training and assessment resources. The Standards also require trainers/assessors have currency in the industry in order to deliver or assess qualifications. Further, there is an onus upon trainers and assessors to work with the learner and the employer to ensure the training provided, including the selection of appropriate electives, meets the needs of both the employer and the job role. Where this is occurring, results have been positive and there have been strong partnerships and beneficial relationships formed between industry and RTOs, resulting in graduates with skills that are immediately applicable to their job roles (18). This focus on strong partnerships between industry and RTOs, and industry buy-in and contribution to the design of programs to ensure education is contemporary with industry needs, is a consistently noted element in successful international models (16).

Businesses views on training

What types of workplace training are businesses willing to invest in? How do we ensure equitable outcomes

According to the TAFE Enterprise Skills and Australian Business Report (19), Australian businesses view good quality training in job-specific technical skills as critical to their competitiveness now and in the future. Yet, while 80% of Australian businesses strongly agree that more investment in staff training is needed, 48% would rather hire new staff, or employ short-term staff than train their existing employees. This reluctance to train existing staff suggests a reluctance within industry to partner with RTOs to further the career progression and development of staff. This needs to be considered in relationship building between RTOs and industry partners, and in developing new work placement models or training regulations. If close to half of the industry does not want to engage with education, this will impact on the number and quality of placement opportunities. Australian businesses identified 'effective' training as skills based, goal oriented, measurable, well-organised and relevant to the business, and 83% of respondents feel that training that is customised to the specific needs and processes of their business is the best. Workplace based training was cited in this report as a simple solution. Apprenticeships, traineeships and other integrated or heavily placement-based models of training could also provide sufficiently customised training to make students more employable.

Employment outcomes and factors

Although there has been no systematic research or data collection regarding the outcomes of the Australian integrated models discussed earlier, feedback collected by RTOs from their students and teachers, and the staff, residents and management at the placement organisations suggest these students are more 'industry ready' than their counterparts in traditional models. For example, the Industry Training Nursing Model for the Diploma of Nursing run by RMIT, bases students at a health service rather than the University for their classroom work, and students participate in placements distributed throughout their training. This model appears to lead to employment success, with the inaugural program resulting in all graduates being offered a job at the hosting health service. The employer reported that these students were more job-ready than those from traditional programs, as they were already embedded in the organisation's culture and processes. In addition to the extra clinical placement hours completed in this program (a minimum of 500 hours instead of the mandated 400), RMIT reported this model was superior to existing models as it provided context for theory into practice, and access to the skill and experience of nursing and health care supervisors (20). Similarly, outcomes for the TasTAFE industry-based Certificate III model suggests most graduates have hired on at the site they were trained. For those that have not, TasTAFE reported they found employment at other sites quickly. It was suggested that this is in part due to these students having greater knowledge and experience of the sector firsthand, thus presenting well in interviews, but also due to other sites becoming aware of the new training model and seeking these students out.

International research adds data around the success rates of traineeships and apprenticeships for employment. Estimates based on data from two European surveys found the same outcomes for employment rates of traineeships. Two European surveys of graduates found study-related work experience/traineeships increased the likelihood of finding a job immediately upon graduation by 44%. It should be noted here that in some cases the positive employment outcomes of traineeship

programs may relate to employer incentives which continue after the completion of the training program scheme if the trainee is employed for a period of time (usually six months). The most common type of post-completion subsidy is total or partial employer exemption from social security contributions (16).

In terms of apprenticeships, data from Europe consistently shows positive employment outcomes. The majority (60-70% on average) of apprentices in the programs and countries reviewed found secure employment immediately upon completion (16). This statistic went up to 90% employment in some places. Six months to 1 year after completion the proportion of graduates employed securely further increased. Public subsidies for apprenticeships may increase provision, but the European Commission recommends governments target apprenticeship subsidies to specific industries and firms that would not otherwise offer apprenticeships. They noted direct subsidies seem effective at encouraging firms to start training, but do not increase the demand for apprentices in firms that already train. Cost-benefit analysis of apprenticeships in the UK suggest apprenticeships may need to be considered an investment for employers – they will typically cost in the short-term but provide positive returns for the employer in the longer term (16).

Are subsidies a valuable way to improve student employment outcomes in Australia? If so, what types of subsidies should be considered?

Summary – Implications and Key Questions

Common and unique elements of successful placement models

Our overview of national and international models of VET level work placement has highlighted some commonalities between successful work placements, and some unique elements that particular systems offer for consideration (see Table 3).

Table 2. Common and unique elements of successful placement models discussed above

Common elements	Unique elements
<ul style="list-style-type: none"> • Strong employer engagement • Blended learning involving both classroom and work-based training • Flexibility to work with different industry needs; multiple models allowable including block, day release or a mix • Mandated minimum placement hours or ratio of placement in the program; ideally more than or equal parts clinical hours to classroom hours • Agreed learning objectives and/or contract before placement begins; clear roles and responsibilities of all parties • Quality assurance procedures administered by an external single body or jointly by training/host organisations • Subsidies or incentives for employers, and/or national or regional funding to support placements • Placements (and vocational training programs) align and respond to national, regional or local labour market needs • Cooperation between industry and RTOs to ensure best fit to industry and student needs/abilities 	<ul style="list-style-type: none"> • A single placement can be split across 2 employers if required, with a single set of learning objectives across both employers (UK) • Up to 35 hours of work-taster activities can count towards placement hours (UK) • Student’s external employment can be counted towards their placement hours if occupationally related (UK) • Each placement block focuses on learning a different element of the job (Netherlands) • Students on placement are paid an apprentice-wage and considered an employee (Switzerland, Denmark, Austria) • Placement occurs after students choose their specialisation so they can hone relevant technical skills and benefit the employer (UK) • Training is offered for industry mentors (Finland, Australia). In some cases, employers must undertake this training for accreditation as a placement host (Netherlands) • Trainees are required to demonstrate competency through a certification exam, which includes a written portion and skill demonstrations (USA, some states) • Online only programs are an option for those who already work in a relevant job (NZ)

Situating a work placement component within program design requires consideration of theory to placement ratio; the level of integration between classroom and facility; and the distribution of work placement throughout the program. These decisions should be underpinned by flexible placement options, strong linkage between industry and training provider, and sophisticated placement coordination. Appropriate quality standards are required to ensure that student outcomes are consistent regardless of program and placement design. Figure 1 demonstrates the coordinated approach engaging student, training provider and industry to augment a progressive inclusive design, leading to a job-ready workforce.

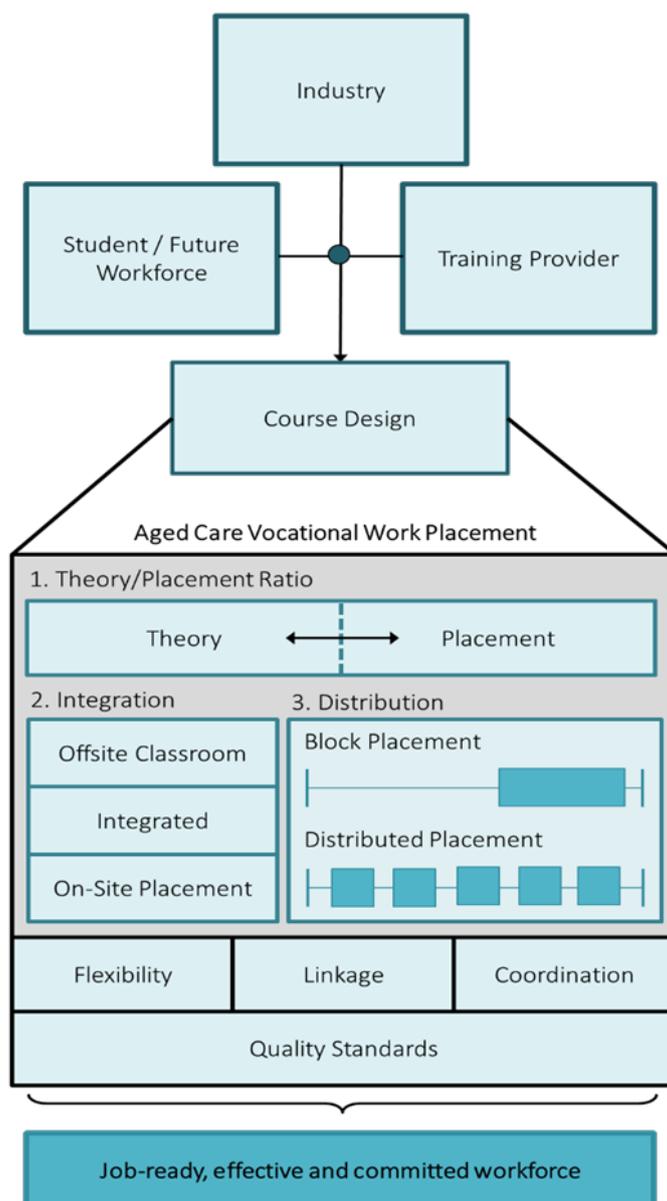


Figure 2. Elements required to deliver an industry ready workforce

Flexibility in placement models

Flexibility in placement models helps to ensure that student placements can work well for different student and industry needs when factors such as hours, size, location or type of organisation may impact placement formats. However, if a variety of placement models was allowed, other aspects may need to be introduced to ensure consistent quality of training across models and locations. The state-based system that is currently in effect in Australia has pros and cons. The flexibility to cope with the different health systems and the vastly different environments and population groups within Australia is beneficial, yet some standardisation will ensure successful health education is attainable across all locations.

Key Questions for Discussion

Is the current level of standardisation working, or does it need to be increased to ensure students' placement experiences are equivalent, and lead to industry-ready students across Australia?

What quality assurance procedures are needed and who could administer them?

What key competencies do PCW and ENs need? Consider practical and technical competencies as well as emotional intelligence, communication and attitudes. How do we ensure that all students graduate with these key competencies regardless of the model of placements they undertake?

How could the different example models (e.g. integrated distributed placements) be used to improve the Certificate III and Diploma of Nursing programs throughout Australia?

Amount of time spent on work placements

Best practice vocational training in aged care involves both classroom and work-based training. Currently there are mandated minimum placement hours for aged care workers and nurses in Australia, but some international models and the literature indicate the value in a high ratio of practice to theory, with the recommendation of more than or equal parts clinical hours to classroom-based hours. An increase in the number of placement hours to match those spent in the classroom (or any other changes to the time students spend on placement) would have implications for all stakeholders.

Key Questions for Discussion

Is 120 hours of work placement achieving the desired competency in Australian PCWs?

Is it worth considering ratio-based regulations instead of, or as well as, mandated hours?

If additional placement hours were added for best practice, how would this impact training providers? Students? Workplaces?

Would additional placement hours increase the value of students for hosting organisations or be a drain on their resources?

What impact would potentially longer programs (due to additional placement hours) have on student uptake?

Alignment of training with industry needs

Placements and vocational training are most effective when aligned with and responsive to national, regional or local labour market needs. This requires cooperation between industry and education organisations to ensure that training can be best fit for training providers, industry and students. A recurring theme found in both the Australian literature and interviews with Australian TAFE representatives is that current education and training are not well aligned to the nature of the work, and the industry's structures. Internationally, best practice placement and education models have a strong focus on aligning the vocational training sector with current industry needs so all parties get the most out of it: students are more likely to find a job, employers are more likely to find students job-ready, and trainers are able to target program content effectively.

Key Questions for Discussion

How can the VET education system ensure it works closely with, and keep pace with, industry partners to ensure an adaptable, highly skilled workforce that supports the growth and evolution of aged care service delivery?

What can the industry do to improve this relationship growth?

Strong employer engagement

A key aspect of best practice and successful models of placement nationally and internationally is the strong employer engagement with students and RTOs. Strong engagement from employers may arise in part from the opportunity for industry to take a more active role in work placement planning so placements meet their needs.

Key Questions for Discussion

How do we need to engage employers to increase their buy-in for work placements?

Would subsidies or incentives for employers, and/or national or regional funding to support placements improve employer engagement? If so, what types of funding or incentives might be effective (e.g. who should be eligible; where is the least engagement at the moment)?

How do we safeguard the system so that incentives are used to ensure good quality student placement experiences?

Centralisation and streamlining of placement planning

Current work placements in Australia require the RTO to canvas care facilities and organisations to secure placements. This can be a challenging task which could become more challenging if changes were made to placement models and lengths. However, there is the potential for these changes to decrease this challenge if new requirements are in line with industry needs, this may garner additional support and enthusiasm from the industry. Consider if there are also other ways to improve this such as alternative ways for work placements to be organised and streamlined.

Key Questions for Discussion

Would a centralised unit that liaises between the RTOs and industry work across other locations aside from South Australia? Could it be beneficial? What would it look like? Would it be national or state-based?

Could industry self-nominate to join the centralised unit, meeting requirements to ensure adequate mentors for the number of placements, and RTOs apply to this centralised unit for placement positions?

Could a centralised unit assist in the planning and uptake for rural and remote aged care placements and support rural and remote organisations and students?

Assessment and supervision of students on placement

When we consider partnerships between training organisations and industry to provide placements for students, the division of roles and responsibilities needs to be considered, and there are implications around this to ensure that all parties are equipped to fulfil their parts.

Key Questions for Discussion

What is the skill level of the worker assessing the student? What capacity (qualifications, time, interest) do the staff have to supervise students?

Do all staff directly involved in supervising or mentoring students have training and/or support from the workplace and RTO for this role?

Is there provision and/or agreement of best practice for work placements? How clearly are they outlined to the workplace and the person assessing/supervising the trainee?

Are these aspects of partnership and supervision something that could be standardised across Australia?

Workers already employed in the industry

Any changes in regulations and qualifications for the training of PCWs and enrolled nurses will also have implications for those already working in the sector. New requirements may necessitate the upskilling of current workers, so the training of these students also needs to be considered.

Key Questions for Discussion

Is it appropriate to expect those already working in the sector to update their qualifications?

What barriers may exist for students in full-time work undertaking further study to upskill?

Could an online-only program be a suitable method of training for those already gaining relevant clinical experience from their paid job? If so, what needs to be in place to ensure the integration of theory and practice when on-the-job experience is not led by the RTO?

Attitudes towards vocational training

While there are not huge differences between the types of models of education and placements available in Australia compared to other countries, a major different for VET is the popularity of following a vocational pathway and the attitude towards this. As mentioned in the Strengthening Skills report (21) there is a cultural preference or push for young people in Australia to go to university as the more highly esteemed training pathway. This ties into the findings of Lafontaine and colleagues (3) that PCWs and ENs are undervalued and have few options to continue their learning or career progression that does not involve undertaking higher degree learning with little to no recognition of prior experience and training.

Key Questions for Discussion

What could be done to raise the esteem of VET level careers in Australia and who might be involved in working towards a positive change in public attitude?

What could be put in place to recognise the experience and expertise of PCWs and ENs who wish to further progress their careers?

What would a world-class, vocational work placement program in aged care look like; and how do we get there?

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