CSIRO PUBLISHING

LETTERS TO THE EDITOR

Australian Health Review, 2021, 45, 523–524
https://doi.org/10.1071/AH20363

Letter to the Editor

Funding models for clinical education in allied health

Jonathan Foo [1,4] BPhysio, PhD Candidate
Sharon Downie[2] BOT, MPH, Manager - Allied Health Workforce
Donna Markham[3] BOT, GAICD, Chief Allied Health Officer
Stephen Maloney [1] BPhysio, MPH, MBA (exec), PhD, Deputy Head of School

[1]School of Primary and Allied Health Care, Monash University, 47–49 Moorooduc Highway, Frankston, Vic. 3199, Australia. Email: stephen.maloney@monash.edu
[2]Department of Health, 50 Lonsdale Street, Vic. 3000, Australia. Email: Sharon.Downie@health.vic.gov.au
[3]Safer Care Victoria, 50 Lonsdale Street, Vic. 3000, Australia. Email: Donna.Markham@safercare.vic.gov.au
[4]Corresponding author. Email: jon.foo@monash.edu

Received 22 December 2020, accepted 29 December 2020, published online 6 April 2021

In *Australian Health Review*, Forbes *et al.* published their experience of operating an interprofessional allied health student clinic, reporting on the student placement opportunities, service delivery, and logistical challenges involved.[1] We would like to expand this discussion to include the funding mechanisms that underpin the financial sustainability of such clinics.

Student clinics are generally more costly, from a university perspective, compared with placements in public health services.[2] Forbes *et al.* report using casually employed clinical educators to provide clinical education and support.[1] Based on the University of Queensland Enterprise Agreement, a conservative estimate of clinical educator cost is $AU*48 per educator hour*,[3] with additional costs arising related to equipment, facilities, and support staff.[4] In comparison, Victorian universities are charged a maximum of $AU*37.15 per student day* for allied health student placements by the host health services.[5] Note that there is currently no standardised fee schedule in Queensland,[6] which, according to supply and demand economic theory, should lead to an increase in the cost of placements to universities given the paucity of placement supply relative to demand. Nonetheless, the cost of a student clinic is likely to outweigh the cost of clinical placements given the substantial difference in the reference costs outlined above.

In Victoria, as well as some other jurisdictions, clinical placement costs are shared, reflecting the shared inputs and benefits from multiple stakeholders. Payments from universities to placement providers are not intended to cover the full cost of clinical education.[5] To supplement this, placement providers also receive funding from State and Commonwealth Governments.[7] These payments go some way towards covering the cost of clinical education, calculated by the Independent Hospital Pricing Authority (IHPA) at $AU*147 per student day* ($AU2936 per month in 2015) for allied health.[8]

In contrast, student clinics do not currently attract additional government funding. As such, the full cost of clinical education is borne by the university and through patient contributions (if any). Governments are primarily focused on meeting the healthcare needs of the public, through ensuring adequate supply of workforce and delivery of quality health care, particularly for primary care and publicly funded health services. Thus, if universities wish to make the case for sustained government funding for student clinics, these clinics must be designed for and demonstrate flow-on benefit to training and workforce pipelines, as well as providing care that is integrated with the wider healthcare system. When done well, student clinics can provide a valuable service to the community, often aimed at addressing vulnerable or disadvantaged patient populations, potentially reducing burden on other health services.[9] Advancing health workforce development through financially sustainable student clinics requires a balanced focus on strong educational design and innovative funding mechanisms, ensuring that they meet the needs of students, universities, governments, and most importantly – patients.

Competing interests

The authors declare no competing interests. The opinions contained within this manuscript are the individual views of the authors and do not reflect the views of the organisations with which they are affiliated.

Acknowledgements

This research did not receive any specific funding.

References

1 Forbes R, Beckman E, Tower M, Mandrusiak A, Mitchell LK, Sexton CT, Cunningham B, Lewis PA. Interprofessional, student-led community

health clinic: expanding service provision and clinical education capacity. *Aust Health Rev* 2020. doi:10.1071/AH20021
2 Haines TP, Kent F, Keating JL. Interprofessional student clinics: an economic evaluation of collaborative clinical placement education. *J Interprof Care* 2014; 28: 292–8. doi:10.3109/13561820.2013.874983
3 The University of Queensland. The University of Queensland Enterprise Agreement 2018–2021. Brisbane: The University of Queensland; 2019.
4 Foo J, Cook DA, Tolsgaard M, Rivers G, Cleland J, Walsh K, Elhassan Abdalla M, You Y, Ilic D, Golub R, Levin H, Maloney S. How to conduct cost and value analyses in health professions education: AMEE Guide No. 139. *Med Teach* 2021. doi:10.1080/0142159X.2020.1838466
5 Department of Health and Human Services. Standardised Schedule of Fees for Clinical Placement of Students in Victorian Public Health Services for 2021. Melbourne: Victorian Government; 2020.
6 Australian Catholic University. Submission to the Queensland Health Clinical Placements Strategic Review. Melbourne: Australian Catholic University; 2020.
7 Department of Health and Human Services. Training and Development Funding: 2020–21 Program Guidelines. Melbourne: Victorian Government; 2020.
8 Independent Hospital Pricing Authority. Teaching, Training and Research Costing Study. Sydney: IHPA; 2016.
9 Stuhlmiller CM, Tolchard B. Developing a student-led health and wellbeing clinic in an underserved community: collaborative learning, health outcomes and cost savings. *BMC Nurs* 2015; 14: 32. doi:10.1186/s12912-015-0083-9