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The Schedule

Preamble

Background and context

It is widely acknowledged that there are mutual benefits to all stakeholders from clinical placements of students and these are equally valued by education providers, health services and students. Students enrich the clinical environment and all health professionals have a responsibility to develop the future workforce through participation in clinical education and training activities. Education providers and students benefit from experienced health professionals imparting their knowledge, enabling students to complete their course requirements and be work ready.

Victorian health services have traditionally made their own decisions about if, and to what level, they seek cost recovery (through fees) for clinical training activity from their partner education providers. Fees reflect the contribution by education providers to the cost of clinical placements and provide a basic economic incentive for the efficient and sustainable use of this limited resource. This contribution is part of the tripartite contribution to the cost of clinical placements made by government, education providers and health services. This tripartite contribution is a long-standing, legitimate and widely-accepted principle in Victoria.

At the 16 December 2011 meeting of the Victorian Clinical Training Council (VCTC, then the Victorian Clinical Placements Council), it was acknowledged that a number of factors had resulted in escalating and significantly varied fees in Victoria’s public health services. It was agreed that the significant variation in fees charged for clinical placements, and the associated lack of transparency in setting those fees, were undesirable features of Victoria’s clinical placement system.

The VCTC recommended that, on its behalf, the Department of Health and Human Services (previously the Department of Health) [the department] should progress consultation on the development of a fee schedule for clinical placements, with the intention of standardising Victoria-wide arrangements for fees.

In May 2013, the department released the Standardised Schedule of Fees for Clinical Placement of Students in Victorian Public Health Services (the Schedule) effective from 1 July 2013, with an implementation date of no later than 1 January 2014.

The Schedule, endorsed by the VCTC, is the outcome of extensive consultation with Victorian stakeholders and reflects a broad expectation of standardised Victoria-wide arrangements for fees for professional-entry student clinical placements. The contribution of all those involved in developing the Schedule is acknowledged and valued.

Review of the Schedule in 2014

A review of the Schedule was conducted in 2014, overseen by the Teaching and Training Funding Industry Advisory Group. Stakeholder input into the review was obtained through a broad stakeholder survey and discipline-specific advice from the Medicine, Nursing and Midwifery, and Allied Health (Science and Therapy) Education Planning Groups. The review resulted in the following key changes to the Schedule:

• Inclusion of Audiology, Medical Radiation Sciences, Optometry, Orthoptics, Pharmacy, Psychology and Social Work disciplines.
• Clarification that the intention of the Schedule is to support the costs incurred by health services in providing dedicated learning facilitation for students on clinical placement.
• Clarification regarding the application of GST.
• Incorporating a provision for standardised fees to include cancellations and absences, and clarifying fees for make-up or supplementary days.
• Provision of further clarity around terminology and definitions.
• Provision of guidance on the documentation and implementation of fees in individual partnership agreements.

The VCTC endorsed the revised Schedule at its meeting of 20 March 2015 noting that further consultations would be undertaken with the Council of Victorian Health Deans and the Chief Executive Officers Forum to resolve any remaining transition and implementation issues.

The inclusion of an additional seven allied health disciplines was regarded as creating uncertainty for parties in planning for and implementing the revised Schedule in 2016. In the interests of managing this uncertainty the Health Services Chief Executive Officers Forum and the Council of Victorian Health Deans subsequently agreed to transition arrangements for 2016 to create greater budget certainty and to allow for possible refinements to the Schedule to inform full implementation in 2017. The transition is effected by reduced maximum fees for allied health disciplines in 2016 (see Table 1 and the ‘Implementation and Transition Arrangements’ section for further details).

These changes are reflected in this revised version of the Schedule, effective from 1 July 2015, for implementation no later than 1 January 2016. The next review of the Schedule is planned for 2017.

Principles and values

The Schedule is underpinned by the following principles and values.

• Clinical placements are valuable to all stakeholders, government, education providers and health services. Fees contribute to the cost associated with clinical placements. This tripartite contribution is a long-standing, legitimate and widely-accepted principle in Victoria.

• Clinical placements are limited in capacity but are a common good, and they need to be accessed with minimum encumbrance and utilised effectively. Financial and operational expenses from clinical placements are incurred by both health and education stakeholders, and stakeholders should work collaboratively and cooperatively – as well as bilaterally and multilaterally – on sustainable arrangements for clinical placements.

• Fees are a contribution to the cost of activities associated with clinical education and training; they are not intended for full cost recovery. A standardised schedule of fees is consistent with the principles of fairness, equity, transparency and consistency.

• The broad disciplines of medicine, nursing and midwifery, and allied health are unique because of a range of differences, including historical arrangements, funding approaches/sources, custom and practice, and professional culture and values. These contextual factors are realised in variations in fee arrangements and supervision models/requirements and, therefore, impact on both the expectations and level of cost-sharing for clinical placements.

• The Schedule is not intended to increase fees for clinical placements but reflects the maximum fee that could be charged. Effective communication, negotiation and documentation of agreed terms and conditions between health service and education provider partners are necessary elements for an effective relationship. Where existing charging is below the maximum fee, and this has been an effective working arrangement, it is expected and strongly encouraged that existing fee arrangements are preserved.

• It is acknowledged that in-kind contributions for clinical placements are made by both health and education stakeholders and that these valuable contributions are of mutual benefit. Such contributions may be factored in the setting of fees. In-kind contributions are to be determined (by agreement) and on terms satisfactory to both partners. A list of example in-kind arrangements is provided at Appendix 1. It is expected and strongly encouraged that in-kind contributions continue to be provided.

Applicability

• The Schedule applies to professional-entry students on clinical placement within Victorian public health services in the following disciplines.
  – Medicine;
- Nursing, including registered nursing and enrolled nursing and Initial Registration for Overseas Nurses (IRON);
- Midwifery; and
- Allied health, applying to audiology, exercise physiology, medical imaging/radiography, nutrition and dietetics, occupational therapy, optometry, orthoptics, pharmacy, physiotherapy, podiatry, prosthetics and orthotics, psychology¹, social work and speech pathology.

• The Schedule applies to all professional-entry students enrolled in the above-listed disciplines, including those who are:
  - Victorian-resident or non-resident;
  - Full-fee paying or government-supported; and
  - Domestic or international.

• The Schedule applies to all education providers placing students in Victorian public health services, including:
  - Public or non-public education providers;
  - Australian education providers (Victorian or interstate); and
  - Universities (including dual-sector universities), non-university higher education providers, or vocational education and training (VET) providers (including registered training organisations [RTOs] and TAFEs).

• The Schedule does not apply to:
  - Clinical placement providers who are not Victorian public health services; however these organisations may use the Schedule as a guide.
  - Internships or graduate programs that are undertaken once the student has graduated from a professional-entry course.
  - Academic teaching through lectures and/or tutorials delivered by health service staff nor the supervision of student-led projects onsite at health services as these activities do not fit within the definition of a clinical placement (see Definitions section below).

Definitions

Clinical placement

• A clinical placement (also referred to variously as “student placement”, “fieldwork placement”, “clinical practicum”, “practical placement” or “clinical practice”) is defined as the component of an accredited curriculum conducted under supervision in a clinical environment that assists students to put theoretical knowledge into practice.

• The placement is usually associated with patient/client interaction but may also involve clinical skills acquisition via observation or simulation consistent with clinical learning objectives.

Clinical placement day

• A standard clinical placement day is defined as 7.6 hours in duration for all health disciplines. A shift that varies from this duration should be apportioned accordingly for the purpose of calculating clinical placement activity and establishing fees.

Professional-entry course

• A course provided by an Australian education provider, leading to initial registration for, or qualification to, practise as a health professional in Australia.

¹ Specifically Clinical Psychology and Clinical Neuropsychology.
Learner facilitator role

- The learner facilitator role is where the dedicated purpose of time spent is to facilitate learning for students undertaking clinical placement. A health professional performing the learner facilitator role does not carry a clinical case load for the period of time (per day or per week) dedicated to facilitating learning. The learner facilitator has overall responsibility for teaching, assessment and performance development. The learner facilitator role may include tasks such as:
  - Orientation programs for students
  - Conducting education sessions / debriefing sessions
  - Formal assessment (i.e. completing competency assessment tools supplied by the education provider)
  - Performance monitoring
  - Liaison with education providers

A learner facilitator role may be known as a clinical educator, clinical supervisor, clinical teacher or tutor and may support an interprofessional student cohort.

Embedded supervisor role

- An embedded supervisor role provides direct guidance and delegation of duties to students on clinical placement in the course of his/her normal service delivery duties. An embedded supervisor is a health professional carrying a clinical case load whilst supporting a student. An embedded supervisor does not complete formal assessments, conduct structured orientation or teaching programs. An embedded supervisor may also be known as a buddy, mentor, preceptor, coach and, at times, clinical supervisor. It is possible that a person whose primary role is that of an embedded supervisor may also spend a portion of their time performing the tasks of a learner facilitator.

Partnership agreement

- A partnership agreement, also known as a student placement agreement, formalises arrangements for clinical placements between a clinical placement provider and education provider and may be contained within a broader relationship agreement. It covers resources, induction and orientation, level of interaction, terms and conditions (including fees), timeframes for renegotiation, and other aspects of the partnership.

Fees chargeable to education providers

The following outlines the maximum fees public health services may charge to education providers for clinical placements.

Nursing, Midwifery and Allied Health

- The maximum chargeable fee for clinical placements in Nursing, Midwifery and Allied Health disciplines (see ‘Applicability’ section for a list of included disciplines) is directly related to a person performing a learner facilitator role in a health service (see ‘Definitions’ section for a description of this role). It is recognised that innovative clinical placement models are in place and that the tasks of a learner facilitator may be performed by multiple health professionals.
- The fees chargeable vary depending on the dedicated time spent with students in a learner facilitator role. The maximum fees (described in Table 2) are based on salary grades for health professionals commonly performing the learner facilitator role (inclusive of 25% on costs). Please note that the Schedule does not imply or require that a health professional performing this role needs to be employed at a specific grade to supervise students. The methodology used to calculate the fees for each discipline is described in Appendix 2.
- Where a learner facilitator role is being performed for an interprofessional student cohort, fees should be based on the profession of the health professional fulfilling the learner facilitator role.
- Health services may not recoup costs associated with time spent with students by their clinical staff (or embedded supervisors) during normal service delivery, or the administration of clinical placements and other
related costs incurred by the health service. These costs are contributed to by the department through the Training and Development Grant: professional-entry student placement subsidy, with health services absorbing any balance as part of tripartite cost-sharing. It is possible that a person whose primary role is that of an embedded supervisor may also spend a portion of their time performing a learner facilitator role and as such a fee may be charged for that portion of time.

- See ‘Cancellations and absences’ and ‘Make-up or supplementary days’ sections below for guidelines on maximum chargeable fees for these instances.

**Medicine**

- Fees for medicine are not calculated on a per clinical placement day basis.
  - The contribution of education providers to the clinical education of medical students is through historical arrangements previously outlined in the *Relationship Agreement for the Public Hospital Sector*[^2]. These arrangements have been moved within the Schedule from 2016 and include:
    - A contribution for clinical placements based on the proportion of formal course requirements undertaken at the health service for each equivalent full-time student load (EFTSL) at a rate of:
      - Commonwealth-supported students $1,309 per EFTSL in 2015
      - Domestic fee-paying students* $3,125 per EFTSL in 2015
      - International students $4,526 per EFTSL in 2015
    - Using these rates, each education provider calculates the average EFTSL rate based on the overall proportion of students in each category. Payments to health services reflect the total level of placement activity (calculated as EFTSL) in that academic year.
  - The rates outlined above should be documented in the partnership agreement between each health service and education provider. See the Implementation section below for further information.

* Higher fees for domestic fee-paying students only apply where student fees are greater than the combined Commonwealth Grant Scheme and HECS funding amounts.

Note: The rates outlined above are based on the ‘medical’ loading provided to universities through the Commonwealth Grant Scheme. Rates are updated rates annually in October.

Maximum chargeable fees for 2016 – transition year

Seven additional health disciplines are included in the revised Schedule. To assist in managing the uncertainty for planning and implementing the revised Schedule in 2016, the Health Services Chief Executive Officers Forum and the Council of Victorian Health Deans agreed to transition arrangements in 2016 to create greater budget certainty and to allow for possible refinements to inform full implementation. This is effected by reduced maximum fees for allied health disciplines. Table 1 outlines the maximum fees for 2016, and reflects:

- A maximum fee of $35 per student per clinical placement day for allied health disciplines in 2016.
- Full implementation of the revised Schedule for nursing and midwifery.

Table 1: Maximum chargeable fees (inclusive of on-costs, GST exclusive) for 2016

<table>
<thead>
<tr>
<th>Health discipline</th>
<th>Model with a learner facilitator role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employed by health service - 2016 transition arrangements</td>
</tr>
<tr>
<td>Nurses/Midwives</td>
<td>$54.70 per student per clinical placement day</td>
</tr>
<tr>
<td>Audiology</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Exercise physiology</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Medical Imaging/Radiography (Applicable for year 1 to 3 students only)</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Nutrition and Dietetics</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Optometry</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Orthoptics</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Podiatry</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Prosthetics and Orthotics</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Psychology (Clinical Psychology and Clinical Neuropsychology)</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Social Work</td>
<td>$35 per student per clinical placement day</td>
</tr>
<tr>
<td>Speech Pathology</td>
<td>$35 per student per clinical placement day</td>
</tr>
</tbody>
</table>
Maximum chargeable fees for 2017

Table 2 shows the maximum chargeable fees for 2017 based on consultations with stakeholders. The implementation of the maximum fees for 2017 will be informed by advice from an Implementation Advisory Group which will be established to monitor the implementation of the Schedule in 2016 and to provide recommendations to the VCTC regarding implementation steps in 2017. Stakeholders will be consulted on implementation arrangements to inform any refinements to the Schedule in 2017.

Table 2: Maximum chargeable fees (inclusive of on-costs, GST exclusive) for 2017

<table>
<thead>
<tr>
<th>Health discipline</th>
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<td>$52.50 per student per clinical placement day</td>
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</tr>
<tr>
<td>Nutrition and Dietetics</td>
<td>$54.12 per student per clinical placement day</td>
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<td>$52.50 per student per clinical placement day</td>
</tr>
</tbody>
</table>
Note: The maximum fees will be reviewed and updated annually prior to clinical placement planning to reflect salary schedules in the relevant enterprise agreements. The methodology used to calculate the maximum fees for each discipline is described in Appendix 2.

Cancellations and absences

- A cancellation provision in the Schedule recognises that plans can change unexpectedly, but that there may be costs incurred by the health service for bookings that will not be fulfilled, particularly when the vacated booking cannot be replaced or staffing roster altered. A cancellation fee also provides a financial disincentive to education providers in order to minimise or avert cancelled placements.
- Like the maximum daily fees presented above, the cancellation periods and associated fees are presented as the maximum time frame and cost which a health service may charge education providers for cancelled placement days. Reduced time periods and fees may be agreed between health service and education provider partners.
- In determining if, and/or how much, of a cancellation fee should be charged, consideration should be given to avoidable versus unavoidable cancellations. Unavoidable cancellations may relate to a student’s health, or competence to undertake the placement, or unexpected events or occurrences.
- Health services may apply the following fees to placements that have been confirmed by the education provider in viCPlace:
  - When a booking is formally cancelled (or student numbers reduced) in viCPlace 60 or more calendar days prior to the first day of clinical placement, a maximum fee of $11 (GST exclusive) per student per cancelled day may be charged.
  - When a booking is formally cancelled (or student numbers reduced) in viCPlace less than 60 calendar days prior to the first day of clinical placement, the full fee per cancelled day may be charged (as agreed between partners in line with the rates stipulated above).
  - If a student is absent during a confirmed placement, up to the maximum fee per day may be charged, that is, the full fee per cancelled day.
- No fee may be charged:
  - If the education provider replaces cancelled or reduced bookings
  - When a booking has not been confirmed in viCPlace by the education provider as per timelines for clinical placement planning.
- If a public health service cancels a booking then no fee may be charged to education providers. However, partnership agreements may detail any recompense for education providers under this scenario.

Make-up or supplementary days

- In the case of make-up or supplementary days, fees may be charged up to the maximum daily rates for any additional days formally arranged and confirmed in viCPlace in addition to any fees charged for the original booking.

Non-fee contributions to the cost of clinical placements

Other than the fees outlined in this Schedule, no financial contributions for clinical placements may be charged to education providers (or students) or accepted by public health services. However, it is encouraged that in-kind arrangements are considered as part of the negotiation and establishment of fees (see Appendix 1).

It should also be recognised that other defined contributions exist to contribute to the cost of, and build the capacity and quality of, clinical placements. These include:

- the Training and Development Grant: professional-entry student placement subsidy (provided by the department) [further information available at: http://www.health.vic.gov.au/workforce/learning/professional.htm]
• Clinical Training Funding (provided by the Commonwealth Department of Health, previously by Health Workforce Australia),
• Commonwealth Grant Scheme (provided by the Commonwealth Department of Education); and
• project-based funding (provided by both the department and the Commonwealth).

Where the above funding sources, combined with any fees outlined in the Schedule, do not cover the full cost of clinical placements, Victorian public health services absorb the balance of cost through the WIES (Weighted Inlier Equivalent Separation) cost weights provided by the department, which include consideration for training and development.

Implementation and Transition Arrangements

Implementation

• This Schedule is effective from 1 July 2015, with implementation by no later than 1 January 2016. Public health services and their partner education providers have a responsibility to establish fees in adherence not only with the maximum chargeable rates, but also with the principles and values.
• Any fees (in accordance with the Schedule) should be communicated clearly “up front” to partners whilst planning placements, and reflected explicitly in current and/or future partnership agreements. See ‘Documentation of established fees’ section below.
• It is acknowledged that the Schedule will impact those health and education stakeholders where existing fees are inconsistent with the Schedule. Where charging is currently below the maximum fees outlined above and this arrangement covers the direct costs of the health service to support the student, it is expected that historical fee arrangements are maintained. Where change is necessary (to either fees for, or provision of, placements), early notification, negotiation and transition arrangements should all be part of managing expectations and implementing any change.
• Consideration should be given to the contribution that students make to service delivery (depending on skills and independence) in the implementation of fees at or below the maximum rate for each discipline covered by a partnership.

Transition Arrangements

• The VCTC endorsed the revised Schedule at its meeting of 20 March 2015 noting that further work be undertaken with the Health Service Chief Executive Officers Forum and the Council of Victorian Health Deans to resolve any remaining transition and implementation issues. Following further consultation with these groups it was agreed that in the interests of managing uncertainty transition arrangements would be implemented in 2016. This transition is effected by reduced maximum fees for allied health in 2016.
• Health services and their education provider partners are encouraged to document the cost, and associated fees, of clinical placements for allied health disciplines in-line with the guidance provided in the Schedule to inform and assist with implementation arrangements for 2017. An Implementation Advisory Group will be established to monitor the implementation of the Schedule in 2016 and to advise the department on implementation arrangements for 2017.

Documentation of established fees

• The Schedule provides guidance and direction for public health services and partner education providers in establishing fees by setting maximum chargeable fees for clinical placements. It does not replace the requirement for negotiation and documentation of agreed terms and conditions for clinical placements through a partnership agreement.
• Partnership agreements should provide clarity on terms and conditions (including on fees for clinical placements and any charges for cancellations), roles and responsibilities, and expectations of partners.
• Fees charged to each education provider should not be amended more frequently than annually, with documentation uploaded to the ‘Partnership agreement documentation’ section of viCPlace.
Compliance

- Health services and education providers are expected to work cooperatively and collaboratively with the department in implementing, monitoring and reviewing the Schedule, including:
  - adhering to the Schedule, including recording of fees in viCPlace and in the relevant partnership agreement;
  - active participation in ongoing stakeholder consultation and requests for information; and
  - reporting any known breaches of the Schedule to the department via email to peopleinhealth@dhhs.vic.gov.au.

- The department will do its utmost to maintain the confidentiality of third parties in instances of third-party reporting of breaches of the Schedule.

- Compliance with the Schedule is a condition of receiving the department’s Training and Development Grant: subsidy for professional-entry student placements (the Grant), as specified in the annual Victorian Health Policy and Funding Guidelines.
  - From 2014-15, health services must acknowledge their compliance with the Schedule as part of reporting requirements for the Grant.
  - Non-compliance with the Schedule may jeopardise a health service’s eligibility for the Grant in the following year.
Appendix 1: Suggested options for in-kind arrangements

Some examples of in-kind contributions are listed below; however it should be noted that this list is not exhaustive.

Arrangements to support education and training

Options to enhance student supervision

• Options to enhance the supervision experience and potentially increase placement capacity with particular emphasis on those providing the supervision. This includes:
  – Access to a clinical supervision course
  – Access to adult learning education including new or innovative teaching methods
  – Development of, and access to, innovative models of clinical teaching and learning, including the use of simulation centre modules and video-conferencing
  – Access to supervisor support models across disciplines and education providers – could be facilitated groups or one-on-one.
  – Access to forums, workshops or other professional development related to planning and management of placements
  – Provision of academic awards or prizes

Options to enhance clinical staff expertise

• Access to facilities and other opportunities for all clinical staff, not only those involved in clinical teaching and supervision. Such access provides motivation for all discipline staff to support clinical placements. These include:
  – Access to skills training and other professional development, including medical image interpretation
  – Access to library, journal publications, online resources
  – Subsidised post-graduate places in clinical areas through faculty scholarships or other arrangement
  – Provision of post-graduate units on-site at health services
  – Customised short courses, clinical practice updates, academic presentations made available on-site at health services or via video-link or download
  – Access to affiliated associate or adjunct professorial posts or other joint appointments for service-based clinical experts, such as Adjunct Fellow or honorary positions
  – Opportunities for clinical staff to contribute to curriculum development and or implementation such as during accreditation processes or providing lectures, tutorials
  – Access to revision opportunities for subjects such as anatomy and physiology

Arrangements to support research and service delivery

Options to enhance research opportunities and capacity

• Access to research expertise could be coupled with a strong clinical focus to enhance clinical practice and expand the evidence base for clinical interventions. Options include:
  – Development of Associate or Adjunct Professor roles potentially both within and across disciplines, and across multiple health services
  – Support for research/clinical appointments so staff can undertake clinical work and translational research at the same time – could include development of clinical guidelines
  – Access to research mentors – with potential to transition clinical questioning to post-graduate research
- Access to research seminars and/or research methodology training (including statistical analysis) either on-site or on-line
- Assistance with writing grants applications and seeking funding opportunities
- Allocation of research assistants (potentially from the post-graduate pool) to health services
- Presentation skills training
- Access to statistical software (ie SPSS)
- Access to visiting professors
- Joint research agreements

Options to enhance operational aspects of service delivery

- Opportunities for support for non-clinical aspects of health service delivery could assist development of those services to enhance operations management, including:
  - Provision of data and interpretation from Schools of Public Health
  - Access to research and training opportunities from other areas of the education provider such as Schools of Business and Education
  - Access to statistical analysis from areas within the education provider focused on data
  - Opportunities to present at job expositions
Appendix 2: Calculation of maximum fees for Nursing, Midwifery and Allied Health

The maximum fee is calculated for each discipline based on the approximate cost of a health professional performing a learner facilitator role. This was established by:

- identifying the highest relevant grade this role may be performed by (in consultation with stakeholders)
- obtaining the relevant salary rate for that grade from the Victorian Public Health Sector Enterprise Agreements (enterprise agreements).
- allocating a maximum of one hour per student per day for time spent in this role.

The use of enterprise agreements transparently establishes the cost, and enables future fee increases in-line with increased salary costs. It should be noted the Schedule does not require that a health professional performing a learner facilitator role is employed at a specific grade to supervise students or define the model of supervision employed, it is used solely for the purpose of establishing a maximum fee. Note that the hourly rates are calculated from the weekly salary cap, based on a 38-hour, 5-day week plus 25% on costs.

Table 2: Salary rates for learner facilitator roles - 2016

<table>
<thead>
<tr>
<th>Health profession</th>
<th>Grade</th>
<th>Weekly salary rate</th>
<th>Hourly rate including 25% on costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses and Midwives (Victorian Public Health Sector) (Single interest employers) enterprise agreement 2012-16 (salary rate quoted as at 31/03/2015)</td>
<td>Grade 4B</td>
<td>$1,662.90</td>
<td>$54.70</td>
</tr>
<tr>
<td>Victorian Public Health Sector (Health professionals, health and allied services, managers &amp; administrative officers) enterprise agreement 2011-15 (salary rate quoted as at 01/04/2015)</td>
<td>Exercise physiology</td>
<td>Grade 3</td>
<td>$1,595.95</td>
</tr>
<tr>
<td></td>
<td>Medical Imaging/Radiography</td>
<td>Grade 3</td>
<td>$1,595.95</td>
</tr>
<tr>
<td></td>
<td>Occupational therapy</td>
<td>Senior Clinical Occupational Therapist</td>
<td>$1,595.95</td>
</tr>
<tr>
<td></td>
<td>Orthoptics</td>
<td>Grade 3</td>
<td>$1,595.95</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy</td>
<td>Senior Clinical Physiotherapist</td>
<td>$1,595.95</td>
</tr>
<tr>
<td></td>
<td>Podiatry</td>
<td>Grade 3</td>
<td>$1,595.95</td>
</tr>
<tr>
<td></td>
<td>Prosthetics and Orthotics</td>
<td>Grade 3</td>
<td>$1,595.95</td>
</tr>
<tr>
<td></td>
<td>Social Work</td>
<td>Senior Clinical Social Worker Grade 3</td>
<td>$1,595.95</td>
</tr>
<tr>
<td></td>
<td>Speech Pathology</td>
<td>Senior Clinical Speech Pathologist</td>
<td>$1,595.95</td>
</tr>
<tr>
<td>Victorian Public Health Sector (medical scientists, pharmacists &amp; psychologists) enterprise agreement 2012-16 (salary rate quoted as at 01/11/2015)</td>
<td>Audiology</td>
<td>Grade 3</td>
<td>$1,701.20</td>
</tr>
<tr>
<td></td>
<td>Nutrition and Dietetics</td>
<td>Grade 3</td>
<td>$1,645.50</td>
</tr>
<tr>
<td></td>
<td>Pharmacy</td>
<td>Grade 3</td>
<td>$1,701.20</td>
</tr>
<tr>
<td></td>
<td>Psychology</td>
<td>Grade 3</td>
<td>$1,692.80</td>
</tr>
</tbody>
</table>

NB: The maximum fees will be reviewed and updated annually prior to clinical placement planning to reflect salary schedules in the relevant enterprise agreements.

NB: The rates for optometry have been established using the Health professionals, health and allied services, managers & administrative officers) enterprise agreement 2011-15.