

CONSULTATION DOCUMENT

**Department of Health, Social Services and
Public Safety**

**REVIEW OF CLINICAL
PLACEMENTS
FOR
ALLIED HEALTH PROFESSIONS**

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REVIEW OF CLINICAL PLACEMENTS FOR THE ALLIED HEALTH PROFESSIONS

CHAPTER 1

INTRODUCTION

This report considers Clinical Placements for the following seven Allied Health Professions:

Dietetics

Occupational Therapy

Orthoptics

Physiotherapy

Podiatry

Radiography

Speech & Language Therapy

Under current arrangement the University of Ulster offers undergraduate courses for all of the above named professions except Orthoptics.

Since the 1990's the University has been experiencing increasing difficulties in obtaining enough Clinical Placements for their undergraduate students.

This report outlines the current profile of Clinical Placements across the seven professions. The review was undertaken between June 2002 and December 2002.

Appendix 1 Table 1 gives a profile of Clinical Placement provision.

The report outlines:

- The background to the Review
- A profile of Clinical Placements within each profession
- Concludes with some discussion and recommendations

The report concludes with some discussion and recommendations to address the profession specific as well as generic problems highlighted in the report to ensure that all undergraduates can access appropriate placements across the duration of their undergraduate course.

Background

In September 2001, the DHSSPS commenced a series of uni-professional workforce reviews, which, over the period of one year covered the 15 main clinical professions within the HPSS.

There were a number of "drivers" behind the initiative, these included the publication of the Hayes Report on the future of Acute Hospital Services and the DHSSPS consultation document 'The Employer of Choice'. Both documents highlighted the urgent need to put in place structures, which will support workforce planning within and across all of the HPSS professions. It was envisaged that the information and recommendations from this work would provide an important baseline in developing workforce planning across the professions.

Over the period of 2002, workforce reviews of the above named Allied Health Professions were undertaken.

Whilst not all the reports have been published to date, those that have include a general recommendation that, “a profile of Clinical Placements within all Trusts should be collated to review current levels of provision”. Profession specific recommendations are made in the individual reports depending on the issues highlighted for that profession.

Since the 1990’s the University of Ulster has been experiencing increasing difficulties in obtaining enough Clinical Placements in Trusts for their undergraduate students.

The main reason being cited by Trusts for non-provision was that a Whitley Training Allowance had to be paid to staff supervising students.

In 1998, in an effort to address this problem, the DHSS put in place a mechanism to support Trust departments willing to participate in facilitating placements. A Central Fund was set up by top-slicing allocations to Boards which are then used to pay £60/week/student on placement. Only Physiotherapy, Occupational Therapy, Dietetics and Radiography students were covered by the arrangement. This arrangement covered undergraduates studying in Northern Ireland at the University of Ulster only.

Speech & Language professionals already had a training allowance consolidated into their salary scales.

Podiatry students had just a one-week observation placement in Year 2.

There is no undergraduate Orthoptics course in Northern Ireland. Students who want to study Orthoptics normally attend university in either Liverpool or Sheffield.

It is within this context that a review of the current position of Clinical Placements for undergraduates across the seven professions was carried out across Northern Ireland.

Methodology

A questionnaire was developed – Appendix 2 – to give a profile of Clinical Placements across the seven professions across the relevant Trusts in Northern Ireland.

It should be noted that the management arrangements for these professional groups are not consistent across the Trusts in Northern Ireland nor are all professions employed in all Trusts.

Viz. Radiography is located in Acute or Combined Hospital and Community Trusts only.

As a general rule Dietetics is a hospital managed service but provides a service through a Service Level Agreement into the neighbouring Community Trust to a greater or lesser extent and conversely Podiatry tends to be a community managed service with a service being provided into the neighbouring Acute Trust again through a Service Level Agreement.

Therefore the findings from the questionnaires reflect these variances.

The questionnaire was sent to the Head of Service for each profession in the relevant Trusts and the views of managers recorded in this report were taken directly from the questionnaire returns.

As well as consultation with the professional managers through the questionnaire process, a meeting was set up with representatives from the relevant departments within the University of Ulster where all the undergraduate courses are sited, to hear first hand what they perceived to be the current issues from the University's perspective. The information from those meetings is incorporated into the findings.

The Need for Clinical Placements

Clinical Placement is considered an essential part of the undergraduate education as it provides a focus for students to apply the theoretical knowledge gained in the academic setting to clinical practice. Placement programmes are planned to give consideration to integrating theory with practice experience and facilitating different types of learning and teaching including reflective practice. Placement in the practice environment is considered core and essential to the education of competent practitioners. It provides the student with the opportunity for direct patient contact and helps to develop competence in all aspects of patient management as well as developing clinical reasoning processes.

Clinical Placements are designed to provide the student with experiential learning in a variety of clinical settings reflecting the diversity of work settings so that the student will have exposure to a wide range of clinical conditions and management programmes.

The table below shows the number of undergraduates in each year of their professional studies and therefore is an indicator of the numbers of placements required across the years of the undergraduate course.

Table 1: Showing current numbers of students by profession in each year of undergraduate courses at the University of Ulster

Profession	Intake Year			
	1999	2000	2001	2002
Physiotherapy	60	66	61	77
Occupational Therapy	43	50	43	80
Radiography	42	40	57	67
Podiatry		12	14	16
Speech & Language Therapy	19	22	33	46
Dietetics	15	18	19	19
Current	Year 4	Year 3	Year 2	Year 1

Note: Podiatry Undergraduate Course is a three-year course.

CHAPTER 2

PHYSIOTHERAPY

Findings from the Questionnaire and Discussions with University Staff

Physiotherapy students have 5 x 6 week Clinical Placements and a 1 x 2 week clinical orientation placement across the four years of their undergraduate course.

Table 1: Pattern of Placement: Physiotherapy

Year 1	1 x 2 week orientation placement
Year 2	2 x 6 week clinical placement
Year 3	2 x 6 week clinical placement
Year 4	1 x 6 week clinical placement

Physiotherapy Managers

Of the 15 Trusts which have Physiotherapy departments:
11 offer Clinical Placements. See Appendix 1 Table 1

1 Hospital Trust (Mater)	}	do not offer offer placements on a regular basis
1 Combined Trust (Down Lisburn)		
2 x Community Trusts (S&EB, N&WB)		

The reasons cited by Physiotherapy Managers for not providing placements included:

Community Trusts

- Staff based over wide geographical area
- High demand and contractual obligations
- Higher number of part-time staff making adequate clinical supervision impossible
- Accommodation constraints
- Clinical Tutors in 6 teaching hospitals only
- Supervision of students adversely impacts on contract compliance

Acute/Combined Trusts

- Maternity leave, long-term sick leave, unfilled vacancies
- Department shown to be understaffed for level of workload by external workforce review
- Lack of physical space in outpatient department
- Few full-time senior staff to supervise students

Of the 14 Trusts which responded, 11 Trusts regularly take students and 4 Trusts indicated that they could take more students. Those managers who don't take students highlighted the fact that only the six teaching hospitals – Royal, Belfast City, Green Park, Ulster, Craigavon and Altnagelvin have funded 'Clinical Tutor posts' whose responsibility it is to co-ordinate the placements on site.

Two Community Physiotherapy Managers highlighted the fact that both their budgets are top-sliced on a recurring basis (to fund the clinical placement payments) but are unable to re-coup that money because the departmental infrastructure within their respective Community Trusts does not facilitate them taking students – both from a staffing and accommodation perspective.

They indicated that they were very keen to take students and indeed felt that it would be in the interest of the undergraduate student to have experience of Physiotherapy Services in Primary Care and Community. They were strongly of the view that funding should be provided for Clinical Tutor posts in order for them to be able to offer placements in their departments.

5 Trusts which regularly take students on placement don't have Clinical Tutor posts.

The questionnaire asked managers about the cost of allowances paid to their staff for supervising placements and the amount they claim from DHSS (i.e. £60/week/student). Whilst managers indicated that the £60/week/student does not compensate for the full cost to the department, both in time spent by their staff and the impact on patient throughput in supervising the students, in the main the amount of money claimed from DHSS was greater than the amount paid in Whitley allowances to staff.

University Physiotherapy Clinical Placement Co-ordinator

The university course is validated for 65 undergraduate places. There are 77 students in the 2002-2003 academic intake. The placement co-ordinator is concerned that it will not be possible to secure enough placement places for the number of undergraduates on the course.

- The undergraduate's first placement in a Physiotherapy Department occurs at the beginning of the second year. As they have no prior clinical experience, managers are more reluctant to facilitate these placements as they are "hard work". Students have only one year of theory to support the placement and therefore have limited practical Physiotherapy skills. The University made an alternative proposal to hold the placement part way through the 2nd year in September but this was rejected by tutors as among other things it involved back-to-back placements.
- Students are reluctant to take up placement that requires them to live away from their term-time address or home because they frequently have to pay two rents but are re-imbursed to a maximum of £50/week plus one return journey during the 6 week placement to a maximum of £30.
(It should be noted that these conditions apply to all undergraduates in the Allied Health Professions studying at the University of Ulster.)
- Teaching Model: At present the Physiotherapy Clinical Teaching Model is mainly 1:1 (student:supervisor). However recent research has been undertaken within the Physiotherapy Department of the University of East London on alternative models for student placement termed "Collaborative Placement".

In an attempt to try to resolve some of the problems around Physiotherapy placements the University Physiotherapy Clinical Placement Co-ordinator ran a one-day workshop on 29th November 2002 at the Jordanstown campus. Trust Physiotherapy

managers, tutors, supervisors, student representatives and other professional colleagues as well as DHSS representatives were invited.

The aim of the day was to provide a forum for discussion with stakeholders of all of the issues around Clinical Placements with a view to resolving the difficulties and problems highlighted in order to secure sufficient placements for the students.

Julie Baldry Currens – Principal Lecturer, University of East London, who undertook the research referred to above, gave a presentation on alternative models of Clinical Placements, examples being - 2:1, 3:1, 4:1, “Split Placements” model and “Whole Team” model. The research which evaluated the models piloted, strongly supported the 2:1 and split placement models. Some tutors/supervisors present at the workshop were supportive of the 2:1 model and indeed it is already working well in some Trusts.

Content of Placement – The Chartered Society of Physiotherapy (CSP) is considering a pilot whereby the clinical experience in a placement is recorded under different headings. This allows recognition of a student on a neurology placement (for example) to also record that their patient/s also received respiratory care. In this way core experience may be met across different Clinical Placements and may open up the placement experience to previously unconsidered sites.

Future action. It is recognised by the University that the key to achieving sufficient numbers of placements for their students lies in securing placements across all the N.I. Trusts including those Trusts which don't currently offer placements as well as looking to the voluntary/private sector e.g. Hospices/Marie Curie, Ulster/North West Clinics where Physiotherapists are employed, to increase the number of placements overall.

The University's Physiotherapy Clinical Co-ordinator has also provided an outline of the role of the Clinical Tutor. – (Appendix 3)

CHAPTER 3

PODIATRY

Background

The undergraduate Podiatry course relocated from Queens University to the University of Ulster in academic year 1999-2000.

The numbers of undergraduate students is comparatively small in any one year. On average 12-14 students graduate each year.

The University has had a clinical teaching facility on the City Hospital site since the course was first introduced at Queens University. This is different to the other therapy courses where all clinical experience is gained on the clinical placement within the Health Trusts.

To date only one week's observation placement in the second year has been required from the Trusts by the University.

The University of Ulster has indicated it's desire to change the arrangements for Podiatry Clinical Placements to bring it more into line with that which is in place for other undergraduate Therapy courses.

Table 1: Podiatry Placements Proposed by the University

YEAR	SEMESTER 1	SEMESTER 2	SEMESTER 3
YEAR 1			6 week block placement
YEAR 2			6 week block placement
YEAR 3		10 – 12 week placement	

This represents a significant change and will require considerable further negotiation and discussion to identify and quantify the impact on Trusts' Podiatry Clinical Service provision and the resources needed both in terms of staff time, training and clinical accommodation requirements.

Findings

Podiatry placements are currently on hold while discussions take place with relevant interested parties with regard to getting agreement on the proposed revised arrangements.

It should be noted that the financial support put in place by the DHSS (i.e. £60/week/student) do not currently apply to Podiatry placements because of the existing clinical teaching facility and the model of Clinical Placements to date.

Managers unanimously agree that the proposed revised arrangements for Clinical Placements would benefit undergraduates and enhance the quality of graduate coming into the workforce. They are very keen to ensure that the new arrangements will provide a worthwhile placement for both the students and staff. However they also strongly agree that much work requires to be done and funding identified in order to achieve a structured format of placement which will be to the benefit of students.

Managers also emphasised that the current activity contracts will have to be re-negotiated with commissioners if new arrangements are to be implemented.

CHAPTER 4

ORTHOPTICS

Background

There is no undergraduate Orthoptic course provided in Northern Ireland. Northern Ireland students who want to study Orthoptics normally attend university in either Liverpool or Sheffield.

Orthoptics managers are willing to support placements for students residing in Northern Ireland who are attending university in Liverpool or Sheffield but local circumstances make this problematic, viz:

- Staff supervising Clinical Placements are required to have a recognised teaching certificate.
- The funding arrangements put in place by the DHSS (i.e. £60/week/student) do not apply to Orthoptic students.
- Year 3 placement requires as full a range of clinical experiences as possible – Eye Surgery is only carried out in two hospitals in Northern Ireland – Royal and Altnagelvin.
- Training for clinical placement supervision is provided on-site at the 2 universities providing undergraduate education. This means that potential supervisors would have to find funding to cover costs of attending training in England.
- Orthoptic departments are validated by the Health Professions Council for Clinical Placements.
- There are very few Orthoptists employed (total 22 WTE) across all of the Trusts in Northern Ireland.
- Apart from the Eastern Board, Orthoptic services are managed on a Board wide basis.
- Of the questionnaires completed just one manager provides placements. (United HSS Trust). Appendix 1 Table 1.

CHAPTER 5

DIETETICS

Background

The Human Nutrition and Dietetics course is located at the Coleraine Campus of the University of Ulster.

There are 2 courses (i) 4 year BSc Hons and (ii) 2 year Postgraduate MSc Human Nutrition Course.

Dietetic Clinical Placements are organised on a U.K. wide basis and students are allocated placements through the British Dietetics Association Placement Officer.

The pattern of placements is set to change. From October 2003 each student will require placements as follows.

Clinical Dietetic Placements have to be approved by the Dietetics Board of the Health Professions Council (HPC). Currently the Dietetic Departments within the Royal Group of Hospitals and Belfast City Hospital are approved for Clinical Placements. Complementary Placements are provided on other hospital sites across Northern Ireland (known as complementary placements) and are approved by the “Base” Trainers at the Royal and City Hospitals.

Table 1: Complementary Placements are offered at:

HOSPITAL	NO. OF WEEKS
Antrim	4 x 4 weeks
Altnagelvin	4 x 4 weeks
Daisy Hill	1 x 17 weeks
Ulster	2 x 6 weeks
Craigavon	1 x 17 weeks

See also: Appendix 1 Table 1

Table 2: BSc (Hons) Dietetics - Proposed Pattern of Placement from October 2003

YEAR	PLACEMENT	NO. OF WEEKS
2	A	4 weeks
4 Semester 1	B	12 weeks
4 Semester 2	C	12 weeks

Table 3: MSc Dietetics Placements – Proposed Pattern of Placement from October 2003

YEAR	PLACEMENT	NO. OF WEEKS
1 Semester 3	A	4 weeks
2 Semester 1	B	12 weeks
2 Semester 2	C	12 weeks

Findings

- Dietetic services are mainly based in Acute/Combined Trusts but provide services into the adjoining Community Trust.
- Currently the Royal and City Hospital Dietetic departments can provide placements for 12 students. Therefore to be regionally self-sufficient 12 additional placements are needed.
- Dietetic Departments in seven hospitals offer Complementary Placements. The British Dietetic Association has validated the Service Managers in the Royal and City Hospitals as approved trainers. The “Base” Trainers from these departments validate complementary placements on the other hospital sites. (See Table 1 above).
- Currently all students undertake a six-week catering placement – in any hospital providing a minimum of 100 meals/day. There is not usually a problem obtaining catering placements.
- Because placements have been organised on a U.K. wide basis, students studying at the University of Ulster Coleraine undertake placements across the U.K.
- North and West Belfast Community Trust also provide most students in Northern Ireland with a 2-3 week observation placement in Community Dietetics and Health Promotion.
- The University provides no training for clinical supervisors in Northern Ireland. Trust Dietetic departments have funded staff to go to England for training or bought in training from England for local delivery at their own expense.
- Clinical Dietetic departments in Trusts tend to be comparatively small – the largest in Northern Ireland having 19 WTE staff (approx) many having 5 WTE or less. This makes it difficult for small departments to provide placements which will offer the variety of clinical caseload needed for a beneficial placement.

The reasons given by Trusts for not participating in placements are:

- Department too small (2-3 Dietitians)
- Staff do not have the time
- Staff lack supervisory skills training
- No office space available for students
- No training allowance (under Whitley terms and conditions)
- There are no clinical supervisor posts to support and supervise students on placement.

The faculty at Coleraine has applied for funding to develop an e-learning clinical supervisory skills course.

CHAPTER 6

RADIOGRAPHY

Background

The University of Ulster, Jordanstown offers a 4-year BSc (Hons) Radiography undergraduate course which is split into two separate tracks:

- (i) Diagnostic
- (ii) Therapeutic

The undergraduate course at the University of Ulster is validated for:

46 Diagnostic
12 Therapeutic students Total 58.

The undergraduate course has increased considerably in recent years.
In the academic year 2002-2003 there are:

56 Diagnostic
11 Therapeutic students Total 67.

Therefore the demand for places for Clinical Placements has also increased.

Students normally stay on-site in hospital staff accommodation when on placement. However this year some hospital authorities have notified the University that they cannot guarantee accommodation to meet the needs of Radiography students because accommodation is being used for foreign nurses. This further exacerbates the problem of hospitals outside the greater Belfast area offering placements for students who are not within travelling distance of their term-time or home addresses.

Placements are required across the four years of the undergraduate course.

Table 1: Pattern of Placement: Radiography

YEAR	SEMESTER 1	SEMESTER 2	SEMESTER 3
YEAR 1	3 week orientation		
YEAR 2	Placement 1 16 weeks		Placement 2 16 weeks
YEAR 3		Placement 3 8 weeks	
YEAR 4		Placement 4 16 weeks	

The University pays an allowance £1100 approx. to Trust Radiography staff who are designated Clinical Tutors and have responsibility for co-ordinating the placement within departments.

Students who are required to re-locate to another address in order to undertake a placement can claim up to a maximum of £50/week plus one return journey up to a maximum of £30/week.

Findings

- Not all Hospital Radiography departments offer Clinical Placements. See Appendix 1 Table 1. One 'Teaching' hospital – Belfast City Hospital – does not offer placements in its Diagnostic Department.
- Some hospital departments who don't currently provide placements indicated that they would be keen to do so. (See Table 2 below)
- Some Radiography departments indicated that placements are currently only offered in the main hospital within the Trust but that there is potential to increase the number of placements offered by utilising the Radiography department of the smaller hospitals within the Trust group, but added that this would increase the workload, time commitment and costs associated with the Clinical Tutor's role as they would have to supervise students across multi-sites and travel costs would increase. (The duties of a Radiography Clinical Tutor is outlined at Appendix 4).
- One Trust - Craigavon Area Hospital Group Trust, added that one of the smaller hospital sites had recently got a C.T. scanner and would be happy to provide placements for C.T. experience.

Reasons given by Managers for not Offering Placements

- No funding for Clinical Tutor Post
- Have not been approached by university
- Do not have staff to supervise students
- Time commitment required by Radiographer to provide satisfactory tuition, assessment etc.
- Finance is a problem unless we take all undergraduates and a clinical instructor post is established.
But we would like to provide placements and feel that we should as we are the Regional Centre for orthopaedics
- We are restricted (in the numbers of students we take) due to the available accommodation in the department.
- Chronic understaffing would make placements extremely difficult.

Information Provided by Radiography University Clinical Placement Co-ordinator

- It is getting more difficult to secure sufficient placements for our increased numbers
- The number of undergraduate students on courses is greater than the number of places validated by the professional body.
- 1st year placement has had to be reduced from 6 weeks to 3 because of increase in student numbers.
- Accommodating Radiography students in hospital accommodation has become a problem because of usage by foreign nurses.
- The University provides clinical supervision training at no charge.

Table 2: Radiography Departments offering placements/could offer additional placements

Trust	Currently offer placements	Could offer more places	Would be willing to offer additional places
Royal Hospital Trust	✓	✓	
Royal School of Dentistry	✓	x	
Belvior Park Hospital (BCH)	✓	x	
Altnagelvin	✓	x	
Ulster	✓	✓	
Down and Lisburn (Lagan Valley Hospital)	x	x	
Green Park	x		✓*1
Causeway	✓	x*2	
Breast Imaging Service, Linenhall Street (BCH)	x		✓
Craigavon Area	✓	✓*3	
Belfast City	x	x	
Sperrin Lakeland	✓	x	
United Hospitals	✓	✓*4	

Notes

*1 - Green Park indicated that although they haven't provided placements on a regular basis in the past, they would be keen to provide placements as they are the Regional Centre for Orthopaedics in Northern Ireland

*2 - Causeway indicated that it would be difficult for them to offer additional places because of the restrictions on accommodating students at Causeway Hospital.

*3 - Craigavon indicated that in addition to Craigavon Hospital – they have X-ray departments at Lurgan, Banbridge, South Tyrone and Armagh Hospitals. South Tyrone is opening a new C.T. Suite and they would be very willing to offer placements at South Tyrone C.T. Suite as well as the other smaller hospitals if appropriate.

*4 - As above United indicated that if they were to offer placements at Whiteabbey and Mid Ulster Hospitals as well as the main hospital at Antrim they could take additional students.

CHAPTER 7

OCCUPATIONAL THERAPY

Background

The University of Ulster offers a 4-year BSc (Hons) Occupational Therapy (O.T.) course at the Jordanstown Campus.

There have been ongoing problems facilitating Clinical Placements. The number of undergraduate students enrolled on the Occupational Therapy Course has increased considerably:

Academic year 2001-2002 – Intake: 50

Academic year 2002-2003 – Intake: 86

Practice placement locations (Trust O.T. Departments) are accredited by College of Occupational Therapy (Professional body).

The University has established a “Fieldwork Education Executive Committee” which comprises of representatives from the University O.T. Department and placement co-ordinators known as “Fieldwork Educators”. Regular meetings are held to discuss issues of mutual interest.

The University provides training for placement supervisors – previously there was a charge for attending the training. This is now provided free of charge.

There are no Clinical Tutor posts in place for Occupational Therapy.

Table 1: Pattern of Placements: Occupational Therapy

YEAR	SEMESTER 1	SEMESTER 2	SEMESTER 3
Year 1			
Year 2		16 weeks (2 x 8 week blocks)	
Year 3			
Year 4	16 weeks (2 x 8 week blocks)		

Current locations of placements

Placements are mostly located in Northern Ireland Trusts while some are provided in Republic of Ireland and some in Scotland and England. A small number of students go abroad in year 4.

Not all Trusts in Northern Ireland have Occupational Therapy departments.

In the Northern, Southern and Western Boards, the O.T. service provided in the Acute Hospitals is managed from the adjoining Community Trust.

Findings

O.T. Service Managers

All Trusts which have an Occupational Therapy department with the exception of one – North and West Belfast Community Trust -offer Clinical Placements to a greater or lesser extent.

See: Appendix 1 Table 1

The reasons given by the manager for not offering placements are:

- (i) Demands of service and emphasis on waiting list reduction.
- (ii) Contract Currency (face to face contacts) does not take account of time spent in fieldwork education with students.
- (iii) Impact on clinician's time – clinicians already overstretched due to large clinical caseloads.
- (iv) Accommodation already “bursting at seams”/full capacity with existing staffing levels therefore no space for students.
- (v) Funding issue/re-imburement to staff/department.
- (vi) Some clinical areas only staffed by one member of staff therefore difficulties experienced in continuity of service to clients, very demanding on staff members, unable to provide cover for member of staff on sick leave, annual leave etc.
- (vii) No post for Fieldwork Education Co-ordinator.

There is not a direct relationship between the size of the Trust O.T. Department (i.e. number of W.T.E staff employed) and the number of placements offered.

In other words some large O.T. Departments offer fewer placement places than much smaller departments.

The reasons given for not being able to provide more places were:

- (i) Service pressures are so immense in addressing waiting lists.
- (ii) O.T. hospital department extremely overcrowded and unable to accommodate existing staff satisfactorily let alone students. Would however be keen to take students.
- (iii) University of Ulster, Jordanstown, place students (4th year) Sept-Dec. The first block Sep-Oct is too difficult, as staff have increased workload in the schools at the beginning of school term. We are only able to facilitate the second block Oct-Dec. If placements were at other times, more places could be facilitated.
- (iv) Insufficient senior staff to take on training: most critical areas (for placement experience) already take students. Some specialist areas only take 4th year students.

Additional Comments made by Trust O.T. Managers

- There needs to be more regular Supervisory Training and regular refresher courses for existing supervisors to keep them up-to-date.
- Not enough trained supervisors if one leaves there is no-one to take their place
- One Trust stated that they didn't send any staff to supervisory training because there was a fee charged by the University
- Another manager stated that there wasn't an incentive to take more students because of the funding arrangements in place and illustrated as follows:
 - (i) the Whitley allowance payable to a staff member for an 8-week placement is £520. The DHSS payment of £60/week/student equates to £480, a shortfall of £40.
 - (ii) if a member of staff takes a student for up to 16 weeks the Whitley allowance payable to the member of staff is £1035 but the sum, which can be claimed back from DHSS, is £960 – a shortfall of £75. Therefore the service budget is subsidising the cost of placements.
- The number of places offered may have to be changed at short notice because of staffing circumstances – sickness, vacancies, maternity leave etc. therefore any decrease in baseline establishment can affect placements because of the critical staffing levels.
- Trusts can be asked to take “last minute” placements because of the critical staffing levels.
- Offers made are not always taken up by the University of Ulster, Jordanstown.
- There is currently a move to introduce an Accreditation Scheme for student placements. To date two O.T. Departments have gone through the process.
- Sometimes the University does not take up all the places offered – they require a mix of physical and psychiatric placements and therefore have to juggle to get the current proportions of each.
- Significantly 6 O.T. Departments currently offering placements felt they could accommodate more students.

Table 2: Trust O.T Departments providing Placements/could offer additional Placements

	Currently offer Clinical Placements	Could take more students on placement
Royal	✓	x
Mater	✓	x
Belfast City		
Ulster	✓	x
Green Park	✓	x
Down Lisburn	✓	✓
South and East Belfast	✓	✓
North and West Belfast	x	x
United		
Homefirst	✓	✓Mental Health & ✓Children's Services
Causeway	✓	✓
Foyle	✓	✓
Sperrin Lakeland	✓	✓
Newry and Mourne		
Armagh and Dungannon	✓	x

Note

Blanks – United's OT Service is provided from Homefirst
 Nil return from Newry and Mourne and Belfast City Hospital

Information provided by University O.T. Placement Co-ordinator

- Offers of placements are invited from Service Managers in May/June for placements to take place in January – February for 2nd year students. Fourth year placements take place in 1st semester Sept-Dec.
- Currently over 200 eight-week placements are required.
- The main problem with placement is resources – it is difficult to obtain sufficient numbers of places.
- Every year enough places are achieved only after a number of interventions, taking time and effort by the University to overcome the perpetual shortfalls in offers and cancellations. Clinical Supervisors identify the pressure of caseloads and waiting lists as a major problem. Student education is an extra that does not seem to have been accounted for in workforce planning.

The Role of Supervisor (Fieldwork Educator)

The Fieldwork Educator takes responsibility within the Trust O.T. department for organising the student placements within their department and is the link person between the Trust and University of Ulster, Jordanstown. They support and ensure the learning of the students they supervise in respect of a wide range of clinical areas and skills, taking into consideration changing objectives and policy. They are responsible for the written assessment of all students on placement.

The University has developed guidelines for Fieldwork Educators which is available as “Fieldwork Educators Handbook”.

CHAPTER 8

SPEECH AND LANGUAGE THERAPY

Background

The University of Ulster offers a 4-year BSc (Hons) Speech and Language Therapy (SLT) undergraduate course at the Jordanstown campus.

As with the other undergraduate courses, Speech and Language has had ongoing difficulties in recent years securing sufficient numbers of placements.

The problem has now become even more acute because of the increased intake to the undergraduate course in the current Academic Year viz:

Intake: 33 students in academic year 2001-2002

Intake: 51 students in academic year 2002-2003.

Whilst sufficient numbers of placements have been secured in previous years, with this year's large increase in numbers on the course, it is anticipated that there will be problems securing enough placements.

Table 1: Speech and Language: Pattern of Placement

YEAR	SEMESTER 1	SEMESTER 2	SEMESTER 3
Year 1		4 days observation	
Year 2	1 x 10 sessions (5days) concurrent (supervised)	4 days observation	
Year 3	4 days observation	2 days observation	
	1 x 10 days concurrent (supervised)	1 x 7 week block	
Year 4	1 x 10 sessions (5days) concurrent (supervised)	1 x 7 week block	

Strong links have been developed over recent years between the University and Service Managers through the "N.I. Speech & Language Therapy Education Partnership". The development of the partnership has fostered good working relationships and greater mutual understanding between the managers and the University.

A forum of the Partnership was held in May 2002 to review current arrangements and identify difficulties. Discussion took place around different models of placements such as "paired placements". Some Service Managers see this proposal as a possible solution to the anticipated problems.

U.U.J Speech & Language Therapy department also utilises placements in the Republic of Ireland and in Great Britain.

Supervisory Training is provided at no charge to Trust SLT staff at two levels by the University:

- (i) Introductory
- (ii) Advanced.

Findings

Trust SLT Service Managers

- All Trust SLT departments are involved in providing placements to varying extents. See Appendix 1 Table 1
- 7 Trusts indicated they could take more students with a further 2 indicating that they could possibly take more students particularly if the placement model were changed to “paired placements”. (See Table 1 below).

Table 1: SLT Departments offering placements/could offer additional placements

Trusts	Could take more SLT students	Could take more SLT students if “paired placements”
Royal Group		✓
Belfast City	✓	
Ulster Community	✓	
Down Lisburn	✓	
South and East	✓	
Homefirst		✓
Causeway	✓	
Foyle	✓	
Sperrin Lakeland	✓	

- Whilst the staffing levels within Trust has grown considerably in recent years, managers indicated that they have an increasing percentage of new graduates on their staff and these are not permitted to supervise undergraduates.
- Offers of places made by managers to the University are not always taken up.
- The reason managers gave for either not being able to increase the number of placements they currently provide were similar to other Therapy Managers
 - Caseload pressures
 - Staffing problems – maternity leave, sickness, vacancies
 - No allowance is paid to SLT staff who support placements as training allowance has been consolidated into basic salary scales since 1988.

Information Provided by University SLT Placement Co-ordinator

- Placements in years 1,2,3 and 4 except for the 7-week “mixed placement” blocks are provided 100% in Northern Ireland Trusts.
- “Mixed Block” Placements (7 week block) Paediatric/Adult/Special Needs are provided across Northern Ireland, England, Scotland, Wales and Republic of Ireland.

See table below.

Table 2: SLT Placements: UJ Students across UK and Republic of Ireland

YEAR 2000/01	% Breakdown of Placement locations				
	7 week mixed block: Paediatric/Adult and Special Needs				
3	NI 30%	Eng 25%	Scotland 25%	Wales 10%	ROI 10%
4	NI 47.6%	Eng 28.5%	Scotland 9.6%	ROI 14.3%	

- Since 2000-2001 academic year, the student intake has increased by 122 % therefore the requirements for placements have increased proportionately.
- It is not uncommon for offers to be withdrawn after being made due to change in staffing circumstances in the interim – vacancies, illness, maternity leave (95% of SLT staff are female) – this is a particular feature of second semester offers as changes occur some months after original offers were made.
- The staff within the SLT department at the University of Ulster have developed good working relationships with Service Managers. However staff at the University of Ulster are aware that they are not in a position of self-sufficiency for placements in Northern Ireland and are heavily dependent on placements across the rest of the U.K. and Republic of Ireland for their students.
- The University is keen to understand the reasons behind the local shortfalls and to help address the reason some Trusts are not able to offer as many placements as others.

CHAPTER 9

DISCUSSION: General

The DHSS&PS is responsible for identifying the demand for newly qualified staff from all employers for a range of Health Care staff groups and purchasing education to meet that demand. The workforce planning reviews undertaken recently helped inform that process.

All of the AHP undergraduate courses at the University of Ulster have problems with Clinical Placements to a greater or lesser extent. In the main the difficulties are around the capacity of local Trusts to be able to meet the increasing need for placements as the University increases its undergraduate numbers. It is clear from the reports of the DHSS workforce planning reviews that there is a need to increase the supply of Therapists over the short to medium term.

There is a recognition nationally that there is an acute shortage of Therapy Professionals and the government has indicated that it wants to increase the number of Allied Health Professionals working in the Health Service by 6500 by year 2003: NHS Plan (DOH 2000). “Developing Better Service: Modernising Hospitals and Reforming Structures” (Chapter 7), has called for a 25% increase in qualified therapeutic staff over the next 10 years.

Table 1, Chapter 1, shows the marked increase in student numbers on the undergraduate course at the University of Ulster from current year 1 to current year 4. However, Table 1 below shows the average % of new graduates who enter the Northern Ireland HPSS. The figures are extremely low for Podiatry and Dietetics – although this may be partly explained by the low number of new posts created in Trusts for those professions over the last five years.

The other 4 professions – Occupational Therapy, Physiotherapy, Speech and Language Therapy and Radiography have been experiencing recruitment difficulties in recent years, yet, on average only 57.5% (across the four professions) of the new Northern Ireland graduates have been recruited into the Northern Ireland HPSS workforce.

Table 1: % New U.U. Graduates entering NIHPSS Workforce

Profession	% Entering NIHPSS	Based on average for years
Speech & Language Therapy	57	1998-2000
Occupational Therapy	58	1998-2000
Radiography – therapeutic	100	1998-2000
Radiography – diagnostic	57	1998-2000
Physiotherapy	58	1999-2001
Podiatry	26	1999-2001
Dietetics	33	1999-2001

Source: DHSSPS Workforce Review Reports

At present the Allied Health Professions are employed in the HPSS according to Whitley Terms and Conditions. These Terms and Conditions allow for the payment of allowances to staff under certain conditions.

Because of the different models of placements in place for the various professions, not all professionals who currently supervise students are eligible to be paid the Whitley training allowances. This has been identified as a difficulty by some Service Managers.

The introduction by the DHSS, of the £60/week/student was not intended to meet the costs to departments (in terms of payment of training allowances) of providing Clinical Placements. Rather it was in recognition of the essential nature of student placements to maintaining a supply of professional graduates to the HPSS and the need for Trusts to be fully engaged in supporting that process.

Under Agenda for Change proposals, current allowances such as those paid for training students will discontinue but that responsibility will be reflected in the weight of the job through higher basic pay for those involved in student training.

Managers frequently highlighted that they are under pressure to meet the existing contract for activity volumes – i.e. the agreed number of patients to be treated in a financial year – which the Trust has with the Commissioners.

Managers say that it can be extremely difficult to meet their targets if there are maternity leaves, prolonged sickness or unfilled vacancies in their departments and facilitate Clinical Placements as well.

A project to research the costs and benefits associated with providing Clinical Placements across a range of health care professions was carried out across 6 Regional Health Authorities in England (See Table 2 below for participating professions and regions).

The aim of the research was to offer a detailed understanding of the issues involved and to inform decisions about how best to deal with them.

Title: **“In the Balance? The costs and benefits of Clinical Placement in Health Care Education”.**

Table 2: Participating Professions and Regions

Region	Professional Staff Groups
Mersey	Diagnostic Radiography, Speech and Language Therapy
Northern	Dietetics
North Western	Community Nursing
Trent	Physiotherapy
West Midlands	Occupational Therapy, Speech and Language Therapy
Yorkshire	Occupational Therapy

The research concluded that:

- There is a net benefit to Trusts in providing Clinical Placements, and therefore the benefits outweigh the sum of costs. The benefits are largely long term, quality effects while the costs tend to be more short term and quantifiable. Short-term cash pressures may explain why some Trusts question the provision of placements.

- Although the provision of placements has a differing effect on Clinical activity between professions, student clinical activity often offsets the supervisor's input to training.
- The principal cost of providing placements appears to be the payment of training allowances, which may prejudice the provision of Clinical Placements

There is commonality in the reasons given by managers as to why placements are problematic viz:

- difficulties meeting existing contracted activity volumes
- staffing difficulties – sickness, vacancies, maternity leave
- remuneration for providing placements - £60/week/student is not paid to all professional groups and has not been increased since it was first introduced.
- lack of Clinical Tutor posts outside the six teaching hospitals
- accommodation difficulties – many professional departments particularly O.T, SLT, Radiography and Physiotherapy have seen considerable growth in their staffing levels in recent years, with little corresponding growth in their departmental accommodation to support that increase, consequently it is difficult for Service Managers to offer increased numbers of placements with the restricted space available to them.
- on-site living accommodation was also highlighted as a developing problem as hospitals have indicated that their accommodation is increasingly being used for foreign nurses. This can precipitate a problem for Trusts outside the Greater Belfast area being able to offer maximum number of placements if they are unable to provide living accommodation for the students on-site.

The lack of Clinical Tutor posts was identified as a problem to providing placements. Clinical Tutor posts exist only in Physiotherapy and Radiography and in just the six 'teaching' hospitals – except Radiography in BCH.

However, in both professions, placements are offered on a regular basis in hospital departments where there is no Clinical Tutor Post e.g. Causeway, United and Sperrin Lakeland Trusts.

It would appear that there is a link between Trust AHP Departments offering placements and the number of new graduates who take up posts in Northern Ireland Trusts. It is thought that if more placements took place in Northern Ireland then a higher % of new graduates from the University of Ulster would take up posts in the N.I.HPSS (Ref Chapter 9 Table 1)

If students have a good placement experience in Trusts in Northern Ireland they will feel more positive about taking up employment here on graduation. There is a need therefore for all HPSS employers to be engaged consistently in supporting clinical placements for all Health Care professions to maximise the availability of appropriate placements across all settings.

Commissioners need to recognise the essential nature of Trusts being involved in placement provision across all of the professional groupings and the 'quality enhancing effect' this can have on service provision.

DISCUSSION: Profession Specific Issues

Podiatry

Up to academic year 2001-2002 Podiatry students had a week's observation placement in the HPSS in their second year.

The University has had its own clinical teaching facility located on the Belfast City Hospital site.

The University has issued proposals to bring the Podiatry undergraduate course into line with that which is in place for the other Therapy professions by proposing to have block Clinical Placements in the Trusts across the three years of the undergraduate course. (See Chapter 3, Table 1)

Whilst managers are supportive of the proposal and indeed have been lobbying for the change for several years, they are very aware that there are logistical and practical difficulties which must be overcome before the revised model could be implemented.

Unlike many of the other Therapeutic Services where staff are based and work together in one department, Podiatrists are normally based in Health Centres and work in a one-to-one setting with the patient in a single clinical room

This arrangement poses difficulties for practical supervision of students whilst continuing to meet their targets in terms of contracted activity volumes.

Dietetics

The undergraduate Nutrition and Dietetics course located at Coleraine Campus is also undergoing change in terms of its arrangements for Clinical Placements.

Dietetic placements have been organised on a U.K. wide basis. The Council for Professions Supplementary to Medicine (CPSM) Dietitians Board approved all Dietetic Clinical Placements. The new regulatory body 'The Health Professions Council' (HPC) which replaced CPSM from April 2002 is in shadow until April 2003 by which time it will have agreed its own regulatory arrangements.

Therefore we are still in the transition year and the HPC has not yet clarified how it intends to deal with this matter in the future.

However it is clear that the current model for Clinical Placements is inadequate and the University of Ulster needs to seek ways to become regionally self-sufficient for its student Clinical Placements. Currently there are just two Trainers/Dietetic Departments which are approved for taking students. The number of approved sites needs to be increased as a matter of urgency so that all Dietetic departments across the Northern Ireland Trusts can offer Clinical Placements.

It is recognised that some Dietetic departments are small and therefore may not be able to support full block placements. However a “split-placement” arrangement may be feasible whereby the placement is shared between Trusts depending on the particular specialism each could offer.

CHAPTER 10

CONCLUSION

RECOMMENDATIONS

- All Trusts' AHP Departments should be required to participate in provision of Clinical Placements for undergraduate students so that all undergraduates studying in Northern Ireland can be provided with placements locally.
- The sum paid by DHSS to Trusts to support Clinical Placements should be reviewed to take account of price increases since it was first introduced in 1998. The amount should be raised to £70/week/student.
- The current financial support paid to Trusts in support of placements for Radiography, Dietetics, Occupational Therapy, and Physiotherapy students should be extended to include Podiatry, Orthoptics and Speech & Language Therapy.
- A mechanism for regular contact and communication between U.U.J. and Trust Service Managers should be established where this does not already exist.
- The U.U. should provide regular training for HPSS professionals involved in supervising students at no cost.
- The University should look to the voluntary and private sector for placements for professions employed in these sectors e.g. Northern Ireland Hospice, Marie Curie, Ulster Independent Clinic.
- The U.U. in conjunction with Trust Service Managers should consider alternative models of placement in place across other undergraduate courses and elsewhere to maximise the numbers of students facilitated with minimum disruption to clinical activity.
- The Department should consider putting a formal partnership agreement in place with the University of Ulster and Trust Chief Executives to cover the arrangements for A.H.P. clinical placement provision in Northern Ireland.
- Commissioners should recognise the quality effect of Trust AHP departments providing placements – improvement of quality standards, staff development, recruitment, enhanced status of Trust/department as well as ensuring that staffs' clinical knowledge is kept up to date - when agreeing service level agreements with Trusts.
- Where it is feasible Trust should look sympathetically at providing on site living accommodation for Therapy students at minimum cost.

APPENDIX 1 - TABLE 1

Trusts where undergraduate Clinical Placements are offered

TRUST	O.T.	Physio.	SLT	Dietetics	Radiography	Orthoptics	Podiatry
Royal	✓	✓	✓	✓	✓		
Mater	✓						
Belfast City (Belvior)					✓		
Belfast City (Main Hospital)		✓	✓	✓	x		
Ulster	✓	✓	✓	*	✓		
Green Park	✓	✓	✓		x		
Down Lisburn	✓	x	✓		x		
South and East	✓	x	✓				
North and West	x	x	✓				
United		✓		*	✓	✓	
Homefirst	✓		✓				
Causeway	✓	✓	✓		✓		
Foyle	✓		✓				
Altnagelvin		✓		*	✓		
Sperrin Lakeland	✓	✓	✓		✓		
Craigavon		✓		*	✓		
Newry and Mourne		✓	✓	*			
Armagh and Dungannon	✓	x	✓		x		
Craigavon and Banbridge	✓		✓				

Note

- (i) ORTHOPTICS – Orthoptic Services across Northern Ireland are managed by 8 Service Managers. Two Trusts did not make a return. Only one manager (Trust I) provided placements in year 2001-2002.
- (ii) PODIATRY – To date Podiatry placements have been 1 x week observation in Year 2. Currently on hold pending outcome of discussions on new proposals
- (iii) Blanks in table above represent either nil return or the service is not provided from that Trust
- (iv) Dietetics * represents “complementary site” for clinical placement (see Chapter 5, Table 1)

APPENDIX 2

Name of Trust:

Address:

Postcode:

Telephone Number:

**Name of Service Manager
completing the questionnaire**

Job Title:

Address:

Telephone No:

E-Mail

Tick the relevant profession

Dietetics

Occupational Therapy

Orthoptics

Physiotherapy

Podiatry

Radiography - Therapeutic

- Diagnostic

Speech & Language Therapy

1. What is the current funded establishment of professionals in your department?

GRADE		SLT	PERMANENT NUMBER OF STAFF (bodies, not wte)		Establishment TOTAL in Whole Time Equivalents
			<u>Full Time</u>	<u>Part Time</u>	
Basic	1				
Senior II	2				
Senior 1	3				
Head, Chief, Super IV	4				
Head, Chief, Super III	5				
Head, Chief, Super II					
Head, Chief, Super I					
District III					
District II					
District I					
OTHER SPECIFY					

2. Do you provide undergraduate clinical placements within your department at present?

YES	NO

If yes – please give details of placements in year 2001-2002 (if no go to question 4).

Students from the University of Ulster		
Undergraduate Course	<u>Number of Students</u>	<u>Duration of Placement</u>
Year 1		
Year 2		
Year 3		
Year 4		
Elective placements (awaiting graduation results)		

Please provide details for year 2001

N I Students attending a university outside Northern Ireland		
Undergraduate Course	Number of Students	Duration of Placement
Year 1		
Year 2		
Year 3		
Year 4		
Elective placements (awaiting graduation results)		

3. If you provide placements do you generally provide the same number of placements on an annual basis?

YES	NO

If no – what are the reasons for these variations?

(Go to question 5)

4. If you do not provide clinical placements, please outline the reasons why. (Please include all the barriers to your department participating in the clinical placement programme)

5. Which posts within your staffing (only state grade of staff) establishment receives payment for supporting clinical placements?

6. State the total cost of the allowances paid to your staff in year 2001-2002

7. Are these payments made according to Whitely Council terms and conditions?

YES	NO

8. State the total claimed from DHSSPS in year 2001-2002 for the placements provided by your department.

9. If your department receives any other form of payment for clinical placements please outline below.

10. Would your department be able to support additional clinical placement if the University intake were to increase?

YES	NO

11. How many additional placements could your department support?

	Numbers of additional clinical placements
Year 1	
Year 2	
Year 3	
Year 4	

12. If you are unable to support **additional** clinical placements please state the reasons:

For departments that already take clinical placements

13. Does the University/HPS set standards or provide guidelines for:

	YES	NO
• Competency of supervising staff		
• Clinical facilities		
• Study facilities		
• Residential Accommodation		

13a Does the University provide training for clinical placement supervision?

YES	NO

14. How is the quality of the clinical placement evaluated by?

(i) yourself _____

(ii) the student _____

(iii) the University/HPC _____

Any other comments:-

15. **For Podiatry Only**

Could you support clinical placements (state numbers) across the 3-years of the undergraduate course?

YES	NO

Undergraduate Course	Number of Students
Year 1	
Year 2	
Year 3	

Any other comments:-

APPENDIX 3

WHO ARE THE CLINICAL TUTORS

By Isuelt Wilson MSc., MCSP, Physiotherapy, Clinical Placement Co-ordinator, University of Ulster.

In Northern Ireland there are both clinical tutors and clinical instructors in the placement setting. A clinical tutor is a distinct senior I post and exists within each of the six teaching hospitals in Northern Ireland. The clinical tutors play a vital role in supporting the clinical instructors and students and liaising regularly with the university staff. At present only the six teaching hospitals have enough students to sustain a full-time clinical tutor. In the remaining hospitals that offer placement experience to students (approximately on third of clinical placements) the tutor role is undertaken by clinical instructors.

Clinical tutors are employed by the Trusts and are responsible to the Physiotherapy service managers in the day-to-day management of the clinical education of the students. They are accountable to the University of Ulster for matters relating to the supervision of students and they liaise regularly with the placement co-ordinator at the University.

The role of the clinical tutor is varied and encompasses three main areas; clinical education, administration and liaison.

Clinical education

A vital role of the clinical tutor is to promote the environment of clinical education by organising induction programmes and other learning opportunities such as in-house tutorials and seminars. In some cases, the tutors teach students both formally (e.g. seminars) and informally (e.g. 1:1 on the wards). Tutors also spend considerable time observing each of their students and are thus able to work with the clinical instructor when the student is being assessed. They work collectively with the university in providing the valuable input into course planning and revalidation, and the content and timing of course teaching.

Administration

The tutor organises where the student will gain experience within the placement site and they are in a strong position to match the clinical areas in which the student requires experience, with the staffing availability in the hospital. They complete all the paperwork concerning the student e.g. attendance records and assessment. Tutors help the student set achievable goals and objectives, meet with the student, and with the clinical instructor, they complete the 'clinical tuition progress record'. Assessing the student has to be as impartial as possible, and a tutor is ideally placed to stand back and assess across both the year group and the student group, and this increases objectivity.

Liaison duties

Should a problem arise within a placement, the tutor will attempt to address the issue locally. If this is not possible, then the tutor will contact the University who will discuss the issue and if necessary, meet with the tutor and student in the placement site in order to develop and revise the assessment methods on clinical placement. They work with university staff in presenting regular formal courses for instructors in various centres around Northern Ireland. These courses assist in preparing the new clinical instructor to objectively assess students in the clinical setting, and also inform instructors of current issues or changes relating to clinical placement.

Feedback from clinicians on working with tutors

All the clinicians who responded to my request for information stated that having a tutor was a considerable advantage. Where there is a tutor, the instructor works closely with him/her and they agree ways of facilitating a student in reaching the agreed goals and objectives of that particular placement.

Without a tutor, instructors feel under extreme pressure especially when it is necessary to resolve issues, meet differing needs of students and structure the placement to include student-led seminars, tutorials and other forms of learning outside the purely practical 'hands-on' experience. An instructor has to perform these duties alongside a caseload and the normal dynamics of a Physiotherapy environment, whereas the tutor carries a very light, or no caseload for the period of the placement. Instructors with a heavy caseload complain that they are not able to give the time they would like to the student. When a tutor is in the hospital, they can alleviate some of the caseload pressures and also to ease supervision by observing the students, giving them feedback on their knowledge and practical skills. Instructors welcome the input of the tutor in student assessment and this input tends to standardise marking and aids objectivity. Instructors have also highlighted the help that tutors give in assigning caseloads to students. Less experienced instructors are sometimes not fully aware of how much theory and practical skills, a student brings to placement. In Northern Ireland, our students have five blocks each of six weeks over years 2, 3 and 4. Therefore, a student in year 4 can work more independently and has a greater knowledge base than a year 2 student and their caseloads should reflect this. Tutors also play a role in maintaining standards. In some clinical areas an expert may be able to take shortcuts in recording assessment or treatment plans (for example). A tutor on site can ensure the student records appropriately as they are not yet experts and are not encouraged to take shortcuts.

In summary, tutors play a very important role in the education of our Physiotherapy students especially when they're on clinical placement.

I would like to acknowledge the following for their help in researching and writing this article: Catherine Ellimand, Emma Grant, Wendy Harpur, Annette Harte, Maggi Holmes, Hazel McConaghie, Denise McLaughlin, Fidelma Moran and Margaret Walls.

APPENDIX 4

RADIOGRAPHY CLINICAL TUTOR DUTIES

Arrangement to be made prior to each Placement

1. Make out placement rota according to the placement, objectives set and type of clinical assessment and case studies that are required. Organise a rota for late and weekend duties if required.
2. Distribute rotas to involved departments/areas. Inform staff concerned of the student's stage of training.
3. Organise Ward, A/E Department, Reception and Darkroom experience, for Placement 1 students.
4. Copy a worksheet for each student for Placement 1,2 and 3/4
5. Identify which clinical assessment will be performed and when it will be undertaken – mark this clearly on the rota or inform students of the timing on their arrival.
6. Set dates for the completion of the case study or studies and again ensure that students are fully aware of the submission date.
7. Arrange accommodation when necessary. Check arrangements for collection of the keys and check payment of bill on leaving, if appropriate.
8. Organise radiation monitoring films and holders
9. Organise anatomical markers and year badges for each student.
10. Arrange changing facilities and locker keys.
11. Make up an induction package for the students.
12. Organise provision of library facilities if necessary.

On arrival of the students

1. Distribute student induction package. Perform full induction programme.
2. Introduce students to the department and facilities. In some centres the Superintendent Radiographer may wish to speak to the group before placement.
3. Inform student of exact hours of work in the department and stress importance of accurate time keeping on all occasions – morning, breaks, lunch etc.
4. Remind the students of the number of days leave that they are due and of the need to make up any time lost due to illness or other reasons.
5. Make the students aware of Local Radiation Protection and Health and Safety Rules.
6. Students should be informed of the location of all departmental protocols and systems of work.
7. Inform students of any special departmental requirements.
8. Remind about professional behaviour, whilst in hospital accommodation.
9. Distribute anatomical markers, year badges, radiation monitoring badges and films. Collect and deposit from each student for the anatomical markers. This will be returned at the end of placement when the markers are returned.
10. Explain rota, assessment and case study arrangements.
11. Examine each student's logbook on arrival. Ascertain any shortfall in number of entries and agree on remedial action. Set the student targets to reach and review the situation after suitable period of time.
12. Check that the personal objectives for the placement have been completed in his/her logbook by the student.

During the Placement

1. Keep a record of timekeeping and attendance, details of which should be submitted to the University on completion of the placement. Inform the Clinical Co-ordinator during the placement if any student is absent for any length of time.
2. Arrange X-ray facilities and Radiographers to complete the clinical assessments.
3. Copy the appropriate assessment forms and distribute to participating Radiographers and students.
4. Mark and discuss the assessment and radiographs with the student following completion of the examination. The whole process should normally be completed within one week.
5. Following the discussion total marks and record the final grade in the student's logbook.
6. Mark the case studies and record the mark for the University – students should only be given a grade for the completed case studies until the mark is moderated at the University.
7. Organise (room, overhead projector etc.) and mark case study presentations during Placement 2&3.
8. Arrange tutorials according to the placement and in areas where a need has been identified. Organise other members of staff to perform tutorials where relevant.
9. Arrange film viewing, practical and demonstration sessions with small groups or individual students.
10. Identify any student having particular difficulties and instigate remedial action.
11. Encourage students to practice radiographic positioning, examine radiographs etc. at times when the workload of the department allows.
12. Organise the changing of radiation monitoring films and return used ones to the Northern Ireland Regional Medical Physics Agency.
13. Occasionally throughout the placement check each student's logbook to ensure that he/she is recording an adequate number and selection of examinations and that entries are in the correct sections.
14. Arrange a mid-placement meeting with each student to discuss their progress, identify any areas needing attention and set objectives for the remainder of the placement.
15. Organise meetings as required with Radiographers involved with clinical assessments to review the scheme and highlight any areas of concern.

End of Placement

Conduct a final interview/viva with individual students. Check placement objectives have been obtained. Record end of placement comments in the student's logbook. Check that the student has completed his/her end of placement comments in the logbook.

Following consultation with involved staff members complete a progress report form for each student. This should be discussed with, and signed by, the student.

Record all assessment marks and forward to the University. Check that clinical assessment grades are recorded in the student's logbook.

Examine each student's logbook and indicate to the student any area requiring correction. Ensure that all relevant areas are signed, including the front sections.

Collect anatomical markers, year badges, radiation monitoring films and badge holders. Refund deposits where necessary. If a student has lost either their radiation monitoring badge or year badge a charge of 5 and 3 respectively should be made. This should be forwarded to the University so that replacements may be purchased. Lost anatomical markers should be replaced by the Clinical Tutor using the student's deposit money.

Send the radiation monitoring films to the Northern Ireland Regional Medical Physics Agency.

Forward all documentation to the University.

Ask students to complete placement questionnaires when relevant and return them to the University.

Collect induction packages if distributed at the start of placement.