Student placement digital tool design feedback and next steps

June 2024

Contents

Overview | key messages

Health New Zealand | Te Whatu Ora is working with education and health providers to strengthen the student placement system in New Zealand.

Better organisation of student placements through effective coordination and wider visibility will improve student experiences and give education providers the confidence to enrol more people in health programmes. This will help us grow our health workforce.

A critical component of this programme of work is the delivery of a nationwide cross-sector digital tool (the tool) to support local coordination and delivery of placements.

This paper summarises stakeholder feedback on a proposed digital tool design, the resulting refinements and next steps for the build of the tool.

Broad agreement
Stakeholders largely agree on the following benefits, processes and features for the tool

Nationwide visibility of placement offers[i] and placement requirements is a priority for fair and effective planning

- Comprehensive and pro-active placement offers entered by health providers into the digital tool will be visible alongside indicative numbers of future placement requirements[ii] entered by education providers – this is a 'game changer' as it allows the sector to anticipate capacity more accurately in advance and make improvements over time.

- Data in the tool will show where there are future gaps or overlaps with placements, providing a driving force for innovation (such as to adjust placement dates / times or create new placement offers) and reduce congestion.

- Education providers will have more flexibility to place students where their learning needs, preferences and circumstances are best addressed, including in new areas where they do not typically organise placements now.

The proposed business processes reflect and will enhance current practice

- Up-to-date contact details for all providers that coordinate student placements will support whanaungatanga and reduce administrative burdens.

- Local agreements[iii] and relationships between health and education providers will be recognised and pre-agreed placements should be able to be loaded in the tool.

- Set windows of time where all placement requests[iv] by education providers for placement offers are considered by health providers at the same time will prevent a "first-in first-served" situation and more equitable placement system.

- Transparency with how and when placements are distributed amongst providers, and better-informed collaboration between providers, will bring together varying placement approaches into a new system and help ensure it is fair.

Timely information exchange when a student is allocated and confirmed in a placement is very important for health provider and student experiences

- The tool will automatically provide key links and information to each party when a student is allocated to a placement, such as contact details, placement profile details, student profile, onboarding processes and other information that helps health providers and students get ready in advance for a better placement experience.

- Students will benefit from a more consistent approach for receiving confirmation and information about their placement so they know when and where it is in advance, helping them to plan their whānau or work commitments to reduce stress and costs, or prepare for the health environment they will be going to.

Clarification and refinements of the tool design
Stakeholders raised issues that led to the clarification of the following key design features

Education providers (or their formal delegate) will allocate their students into confirmed placements

- Education providers continue to hold student information that is relevant to the allocation of students to placements and will maintain responsibility for ensuring the allocations are fair, equitable and appropriate.

- To help inform student allocation, education providers will see details about each of the potential placements and information about their students on the tool. Education and health providers will not see details of students not enrolled or placed with them.

- The tool will not hold personal health information, student assessment information or other sensitive information about students. In future, the tool may be updated to provide students the voluntary opportunity to add their career aspirations and cultural backgrounds so Health NZ can support their career journey and provide support options to consider, such as scholarships and voluntary bonding.

- Education providers will be responsible for authenticating some student details in the digital tool. This includes completing a tick box to confirm screening pre-requisites are met (such as a police check and immune status that satisfy conditions set out in clinical access agreements).

The scope of digital tool extends beyond Health NZ to all health settings

- The scope for the digital tool includes placements in all community health settings, including primary care, aged care, Hauora Māori and Pacific providers, rural and other community-based services, private health providers, laboratories, well child providers, Family Planning, Healthcare NZ; sole practitioners (Lead Maternity Carers, Physiotherapists), ambulance providers, community pharmacies and more.

- More placement opportunities and more diverse learning experiences across all health settings nationwide will be encouraged by bringing community health providers onto the digital tool over time, this will allow education providers to more easily place students with diverse career aspirations.

- The tool should better enable smaller health providers to offer placements by addressing some administrative burdens.

- Students will not see placement offers entered into the tool by health providers unless their education provider shows them or they have been allocated to the placement.

Data security and identity management is a critical component of the tool

- The level of access for tool users is determined by set roles in the system: placement administrators[v] (can set up and appoint other users), placement coordinators, and read-only (which might include placement supervisors, planners and managers).

- Decisions about who has access, and what level of access, will be managed at an organisation level. Multiple users in an organisation will be allowed and all tool users will

have unique and traceable identity in the tool to ensure data integrity and security, alongside the need for effective communication channels.

Further exploration needed
The following areas are being further explored for a solution that addresses all needs

How the digital tool should best interface with the range of existing systems

- There is agreement across stakeholders that data exchange between the digital tool and existing systems used by stakeholders should be as seamless as possible with minimal duplicated work, however there are varied views on how to achieve that.

- We recognise the APIs[vi] would be helpful to integrate the digital tool with other systems in use, however this is unable to be part of a Minimum Viable Product (MVP) (the initial version we release) and will be considered for later releases.

- Any solution(s) will need to adapt to various different systems used across providers.

How students should engage with the tool to best meet their needs

- There is agreement that the tool should be student-centred, however there are varied views on whether that means students should register and use the tool.

- Health NZ want students to register and use the tool to enable: timely information exchange about upcoming placements (something students and providers indicated is very important), workforce planning data, ability to target students and graduates with support options, and some other features we are considering for future versions of the tool such as placement feedback systems.

- Some education providers expressed concerns about students using the tool, noting: students may enter inaccurate data leading education providers to do more work to correct, the tool (and health providers) might impact on education relationships with students; and that registration will be an additional burden on students.

- Students told us the benefits of the digital tool outweigh any effort to register and they welcome introducing a consistent approach for timely information being provided to them before placements through the tool.

Next steps
Stakeholders are keen to understand the next steps for the digital tool to be well prepared.

Managing the scale and pace of change appropriately

- We have engaged with multiple stakeholders many times during this project and heard a lot of feedback about what users would like from the tool to inform our work.

- Stakeholders understand that the scope of the tool (with more than 16 professions) and the scale of change is significant, and many are keen to start using the tool in a phased and well-planned way.

- Some stakeholders are keen to start testing the tool and want to be involved early, many are asking for information in a timely way so they can prepare properly.

The Student Placement Change Programme team has completed the discovery and co-design phases and is in the build, test and refine phase of the digital tool

- We're using an agile approach to develop the tool, which means we test and refine the design as we progress and it means timelines are flexible. We expect user testing for parts of the tool to start from July 2024 and a release of an initial MVP in October 2024.

- The team is considering options for phasing and rolling out the tool following the initial release in October 2024, and is informed by insights from the build, and discussions with key stakeholders – the confirmed implementation schedule will be shared as soon as possible.

- Alongside the refinement and build of the tool, a change management plan, training for users, a tool glossary and the tool hub support requirements are being developed.

- Based on what we have learnt from talking to health sectors in other countries, there are benefits to phasing the tool implementation over time and taking learnings to adjust and improve the tool through updates, alongside other wider and complementary improvements to the placement system.

- Further tool improvements (some of which were proposed in the co-design phase) can be developed and built alongside the MVP roll out (if agreed and funded). This might include: more seamless interfaces, more in-tool communication channels between health and education providers, recording of placement hours and related invoicing / resourcing approaches, feedback channels, and more.

Introduction

Between February and June 2024, the team from the Student Placement System Change Programme explored and tested an initial design of a digital tool with stakeholders and potential users. The tool will help coordinate student placements across Aotearoa. This process included gathering detailed feedback from:

- 16 collaborative design workshops involving data and digital experts and over 150 potential future users

- four student workshops (online and face to face) held in partnership with Kia Ora Hauora and the NZ Nurses Organisation

- more than 50 written submissions

- engagement with specialist groups, leaders and some user testers.

Thank you to everyone who got involved during the collaborative design process, who gave their valuable time, and shared their knowledge and experience. We heard from representatives from all areas involved in health student placement process:

- placement coordinators in education and health[vii]

- academic and clinical placement supervisors[viii]

- pre-registration nursing, midwifery, allied, scientific and technical students who undertake clinical placements in the health sector as part of their education programme

- IT, student support and administrative staff and other placement stakeholders.

This document summarises what we heard, the insights we captured, the refined design, and the next steps for the proposed tool. Any feedback not about the digital tool is not outlined in this document, however, it will inform the rest of our work.

Background

Developing a new digital tool for managing student placements is one part of a key initiative in the [Health Workforce Plan 23/24](#) - to establish a nationwide [student placement system.](#) This initiative was informed by a detailed current state analysis and engagement process with the health and education sectors, which is summarised in ['Finding a place to learn in health'.](#) There are four workstreams:

- **Tahi**: **Nationwide Coordination Infrastructure:** designing and implementing a digital tool that supports local coordination of placements across the whole health sector and related infrastructure (e.g. a student placement hub / helpdesk for the tool).

- **Rua**: **Standardisation:** improving the quality and fairness of placements by standardising processes, forms, standards, payments and contracts (a unified Student Clinical Placement and Access Agreement with Health NZ for all education providers).

- **Toru**: **Expansion:** expanding placement numbers through dedicated education and health partnerships and through more diverse settings, with Māori and Pacific health providers and in community, privately owned services and rural settings.

- **Wha**: **Quality and equity:** ensuring better quality learning experiences which support students to finish studying with placement allocation that can consider work and whānau commitments and support equity goals of Pae Ora (Healthy Futures) Act 2022.

The digital tool will be an enabler for all these workstream objectives. The purpose overall is to remove the bottleneck that is constraining our ability in to grow enough nursing, midwifery and allied scientific and technical workers in Aotearoa.
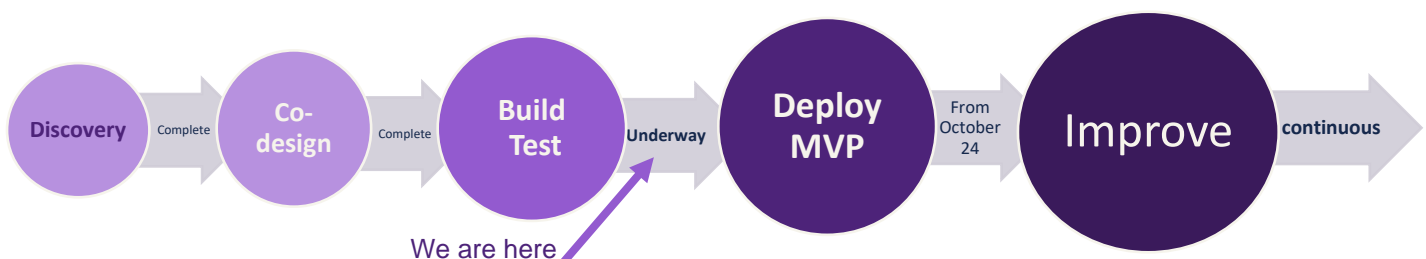
The development of the digital tool will continue to be iterative and collaborative

The first step in the design was to understand the high-level user requirements and identify common processes across health professions, education and health providers. Various digital tool options were explored.

Late in 2023 Health NZ confirmed the internal Data and Digital team would build a custom solution using the Microsoft Power Platform. Off the shelf tools were costly, unable to meet all health sector needs, and would not interface well with the range of systems in use.

The scope and delivery of an initial MVP tool was agreed and funded to allow us to make a real difference as quickly as possible. Note the MVP is being developed in an agile way and the final scope is yet to be determined.

We began the collaborative design process in early 2024. The team will continue to work in an agile way, checking regularly with users and stakeholders to test and refine components.

Discovery → Complete → Co-design → Complete → Build Test → Underway → Deploy MVP → From October 24 → Improve → continuous

We are here

What we heard during the collaborative design

We've outlined the feedback and insights we heard during the collaborative design phase of the digital tool, with any clarifications or refinements to the design detailed alongside. The information is organised under the following headings:

- Benefits of the tool
- Fit for purpose business processes
- Plan capacity / Liaise and match / Confirm and prepare
- Registering on the tool
- Additional student perspectives.

Benefits of the tool

Most stakeholders recognise the value of the proposed benefits of the digital tool. Some stakeholders raised questions (e.g. who benefits? or why is it a benefit?) and also identified risks. The table below clarifies the benefit logic and identifies the risks to be addressed.

Benefits	Logic - why, how and who it benefits	Support, risks and mitigation
1 Nationwide visibility of placement opportunities and future student numbers	This will enable more informed planning and decision making by health and education providers. Health will see where to offer more placements if opportunities are low, and education will have confidence to enrol more students, knowing there will be sufficient placements. Nationwide visibility will improve experiences for students who want to do placements outside of the region where their provider typically organises placements. This might be where they have family support or where they want to work in the future.	Better capacity to plan ahead is a priority for the health sector to help grow the workforce. Education and health can work together to achieve this benefit. It will be important to ensure local agreements are honoured and local relationships are recognised within a nationwide lens of the tool. There are concerns about raising unrealistic student expectations on where they can have placements.
2 Enabling placements to easily happen in wider timeframes	This means placements can be offered for more days a week and more days across the year. It will lead to more placements being available with more flexibility to meet the diverse circumstances and preferences of students.	There are challenges for education providers organising placements outside traditional academic timeframes (also for StudyLink). These challenges have been successfully addressed for some professions and in some areas.
3 Enabling placements in a wider range of health settings	The digital tool will include a wide range of community health settings, including: primary care; aged care; Hauora Māori and Pacific providers; rural services; laboratories; private providers; well child providers; Family Planning; support services; sole practitioners (e.g. Lead Maternity Carers or Physiotherapists), ambulance providers; community pharmacies and more. This will lead to more placements being available and more diverse learning experiences to match to student career aspirations.	There is strong support from health providers within and outside Health NZ to expand the range of placements outside hospital settings. Most education providers also want broader settings in the tool as they already liaise with them. It may be challenging to bring some small providers on board and they may need admin assistance, and training to support them as a placement provider.
4 Improved experiences for students	Students will benefit from a more consistent approach for receiving confirmation and information about their placement so they know when and where it is in advance, helping them to plan their whānau or work commitments to reduce stress and costs, or prepare for the health environment they will be going to. Students also benefit when education providers have more options to place students where their learning needs and circumstances are best addressed.	While all stakeholders are keen to improve the student experience some professions and/or specific education programmes already have a good approach and this should not be disrupted. The interface with effective education tools needs to be well considered.

Benefits	Logic - why, how and who it benefits	Support, risks and mitigation
5 Accurate and timely data on placements	This will facilitate better planning across the year, across regions, across professions and across health and education providers. Currently the lack of a real-time picture of placements means planning for investment or innovation is often informed by year old and incomplete placement data. The tool will enable more informed and continuous improvement.	Data collection and monitoring needs to be useful for those that enter data, not just managers, funders or government. The tool needs to be useful for users. Local, regional and profession specific views / filters will be available as not all providers need a nationwide perspective.
6 Transparency and monitoring of fairness and equity in placement allocations	Quality and transparent data, including demographic data for students, can enhance our understanding of what, where and how placements are currently allocated. This can inform local and wider sector collaborations that aim to ensure a fair approach.	Providers are supportive of more transparency and work to ensure fairness. However, some risks were noted for education providers that operate in a competitive environment and inconsistent practice, as it might impact student decisions.
7 Enhanced local coordination networks and reduced administrative burdens	There are strong networks and coordination initiatives for organising and allocating placements in some regions or across the motu for some professions. This tool is designed to support this activity and reduce administrative burdens. In particular, the tool will provide updated contact details, show gaps and overlaps, and make opportunities to address issues visible, without providers having to trade excel spreadsheets. It could also encourage local networks to be established where they are not already in place.	Many providers noted their support for the tool reducing their admin burden and constant 'do-over work'. This was most consistently noted in relation to the 'confirm | prepare' phase. A few education and health providers find their current system effective and are wary about potential additional work / or change to their processes for no clear gain. There will need to be effective interfaces with existing education and health systems.
8 Enhanced engagement with health students for the health sector	The proposed tool design requires students to register in the system. There are various ways of achieving this and different levels of information to be collected. The design details are being refined. At the most basic level, student registration improves the integrity of the tool with effective identity authentication. This enables efficient interfaces between systems to ensure up-to date enrolment data etc. Also, students can update their own contact details reducing provider admin burden when managing placement logistics. There are broader benefits for the health sector and students for having a connection across all programmes (rather than piecemeal links established with each placement). It will mean: • the health sector has more knowledge about students coming through the pipeline in real time (enhancing planning and monitoring and benefits 4, 5 and 6 noted above) • health can target scholarships, support and recruitment initiatives to interested students • students can provide non-mandatory information in their profile to the placement provider allowing the provider to prepare the best possible placement experience. There are also benefits for education providers that do not have their own placement	Student registration was a contentious part of the design with concerns about privacy and role of students. It is important that education providers are responsible for and fully control: • the allocation of students to placements (except where they have formally delegated that responsibility) • student records • confirming relevant screening pre-requisites in the digital tool (e.g. completing a tick box) It is not necessary for the tool to hold personal health, student assessment or other sensitive information nor should health providers access student profiles, unless the student is placed with them. Students and health providers do support a profile where students can provide non-mandatory information e.g. career aspirations, iwi affiliation, whānau responsibilities or whether they have a driver licence. The student registration process is not essential for the first processes (plan capacity or match | liaise) so the design

Benefits	Logic - why, how and who it benefits	Support, risks and mitigation
	management tools and could access their student profiles and potentially use information about student preferences and circumstances to inform their placement allocation.	for student profiles can be progressed after these have been tested.

Fit-for-purpose business processes

The four processes proposed in the design of the digital tool support key business processes for organising placements. These processes were identified in the current state analysis as common across professions, education and health providers and areas. Stakeholders have confirmed that the processes (outlined below) are reflective of current practice and could benefit from improvements in most scenarios. This indicates that at a high-level the tool design is fit-for-purpose.

The table below outlines the key business processes and the proposed improvements generally supported by stakeholders, with some tweaks. Below the table is more detailed feedback on each process, including the required refinements.

Process	Current state function	Future state improvements
1. Plan Capacity	Education provider: working out how many placements can be accessed to inform how many students can be enrolled and any mitigation if required. Health provider: considering and discussing or provisionally agreeing how many students they can take.	**Wider visibility and more capability to map and plan placements in advance, and increase student enrolments.** More comprehensive pro-active placement offers by health providers in advance. Clarity on placement requirements i.e. how many students need placements across all relevant education programmes.
2. Liaise | Match	Education provider: coordinating the details of placements including: how many, when, and where for each student cohort (year of study) and finding a match in the available placements they know of. Health provider: re-considering and agreeing exactly how many students they can take and when.	**Fair and transparent placement distribution**. A simple way to complete the 'jig-saw' with collaboration outside of the tool aided by 'data /reports' from the digital tool. Pre-agreed placements loaded in the tool so we have accurate national data. Plus visibility of additional contacts for more / different placement opportunities.
3. Confirm | Prepare	Education provider: finding a good match for student learning needs, circumstances and preferences and allocating placements. Then providing the information required to the placement provider and the student so they can prepare. Health provider: finding out what students will be coming, where and when. Advising the supervisor(s) and organising any pre placement onboarding requirements (such as access to the system or online learning), preparing induction and other placement delivery requirements.	**Education providers allocate their students into confirmed placements.** Following this the tool automatically provides required links and information to the health provider offering the placement and the student. This includes contact details, placement profile information (from what the health service is to how to find parking), student information, requiring onboarding processes, who will greet students and more. This is the only part of the process where specific students are connected to health providers.
Register	This phase is not a 'current state' process. We did hear that relationships and roles are often not efficiently managed at present. Providers report difficulties with frequently changing key contact details.	This is an essential process where the tool users register and are able to perform roles in the tool. It is an opportunity to enhance whanaungatanga and reduce administrative burdens with up-to-date contact details.

Plan capacity process

This section captures feedback and insights from stakeholders on how the tool can enhance the plan capacity process, a minimum of six months before placements take place:

- Education providers upload their anticipated placement requirements[ix] for the next academic year (including the expected maximum number of students)

- Health providers upload their placement offers[x] (including a profile of the clinical area for the placement and the maximum numbers of students they can take)

- There is a picture of nationwide placements that can be used to inform advance planning.

There is broad agreement that wider visibility will improve planning:

Education providers currently lack visibility of available placements which limits planning and access to placements for their students

- Education providers often only know about placements with the health providers they have contracts and existing relationships with, and even this view is limited by the lack of adequate coordination tools and resources.

- Visibility of placements with small health providers is limited, or complex to achieve.

- Typically, students are only aware of placement options via their education provider.

- Often education providers limit placements for their students to nearby health providers. This can be because their placement model requires visits from the academic supervisor, or they do not have the relationships or visibility of placements outside of their area.

- Some students note a willingness or keenness to go on placements further away from their campus, as it may meet their personal aspirations or circumstances, and this can be very difficult for education providers to arrange.

Wider visibility of placement offers and of placement requirements in advance will enable planning, collaboration, innovation and better access to placements to meet student needs

- Improved understanding of gaps or bottlenecks ahead of time provides the data needed to effectively innovate (e.g. shift placement dates) to reduce congestion.

- There was general support for all providers to see all offers and requirements.

> **Insights on tool design:**
> The tool should provide a view of placement supply and demand that can be filtered to enhance collaboration between providers and support each other with placement capacity. This approach has been proven by some local and/or profession specific networks that have improved distribution and increased capacity with intensive meetings and sharing of information via spreadsheets.

The tool should promote placements with health providers across the whole health sector

- There is strong support for the inclusion of non-Health NZ providers. In particular, the tool should enable smaller health providers to offer placements. This will help address some of the current administrative burden for education providers when they need to find and liaise with multiple small health providers to secure a low number of placements.

- It was noted that the tool should be promoted to new health providers (big and small) to encourage them to use it, and offer training. This would help increase placements in the tool to ensure access to a wider range of clinical settings and learning experiences.

A range of views for planning timeframes were expressed:

There is no ideal time for health providers to enter placement offers and education providers to enter their placement requirements – but a minimum standard for planning will help

- There were various perspectives about how feasible or helpful it is to estimate at least six months in advance what placements can be offered, or that are required.

- Some professions indicated they do their planning at least a year in advance.

- Education providers report to the Tertiary Education Commission by August each year on their estimated student numbers for the next year. While this will not be their exact enrolment numbers, this data is still useful to health providers for planning. It offers a maximum of possible placement requirements, and it is not so much a problem if there are more placements made available than is required. This is data and information health providers do not currently see.

- Health providers note that sudden changes to staff make it challenging to commit early to placements, while some small primary care health providers said they would not know if they could host placements due to staff resourcing until the week before. While not all providers can accurately commit so early to placements, stakeholders understood that some proactive, instead of only reactive, planning for placement capacity would be a positive change to the organisation of placements.

> **Insights on tool design:**
> The tool should set minimum timeframes for input into each process to ensure planning can take place. Accuracy of the data input will likely improve over time as providers get used to the process. It should also be possible for longer planning timeframes within the tool for professions that agree to this amongst themselves. Indeed, with stable settings and agreements the previous year's placements will inherently offer a longer-term planning picture.
>
> The plan capacity phase offers a 'game changer' to placement partnerships. In particular, it asks health providers to proactively plan and consider what placements could be possible, not to just sit back and wait to be asked.

- Some education providers noted they need confirmed placement offers for planning. However, all placements are subject to change even if outlined in access agreements. It is likely that the change process will take time as confidence in the tool grows.

There are concerns that students should not see placement offers:

Education providers agreed that students should not view placement offers on the tool

- Most education providers noted that students having visibility of placement offers could lead to unrealistic expectations about the placements they want to do, making the allocation process more challenging for education providers and leading to disappointment for students.

- Many factors need to be considered by education providers when determining appropriate placement allocations, including learning needs and equity, alongside student preferences and circumstances. Managing this is harder if a student has their mind set on a particular placement or even worse if they approach the placement provider themselves.

- A few health providers and some professions thought it would be valuable for students to see all placement offers. Social Work students for example can be expected to find their own placements. If this is appropriate for a particular placement model, it is possible for education providers to offer students a view of placement options outside of the tool.

Other considerations raised about the Plan capacity process:

Ensuring health providers are well enough informed to make useful offers

- Education providers are concerned that health providers, especially new ones, will make placement offers that do not align with academic requirements, such as dates that do not work. The academic calendar is planned well in advance and can have limited flexibility.

An effective interface between the tool and existing systems is critical to reduce data input

- Some education providers already use student placement tools to plan capacity and want to easily use this information by uploading the existing data to the tool. This will not always be simple as student and placement management systems in education have different objectives and related configurations to the digital tool.

Liaise and match process

This section captures feedback and insights from stakeholders on how the tool can enhance the liaise and match process, at least two months before placements take place:

- Education providers request[xi] placements from offers entered by health providers (potentially pre-arranged outside of the tool, including through legal access agreements)

- Health providers approve, modify, decline placement requests.

- The result is placements are distributed (confirmed) across education providers. No actual students are allocated to these placements in this process.

There is broad agreement that placement distribution should be fair and civil:

Education providers should not be disadvantaged by a 'first-in first-served' process

- Some education providers have the ability to decide and make placement requests four or more months in advance and some health providers can confirm it this early. However, other education and health providers cannot do this so early in the process. This may lead to providers needing to allocate placements in the same clinical space being disadvantaged.

> **Insights on tool design:**
> The tool should set standard timeframes or windows when placements can be requested, so that all requests are considered at the same time by health providers.
>
> The tool should also have capacity to record pre-agreed placements and enable health providers to honour them prior to accepting other placement requests.

Education and health providers would like to honour commitments and relationships they have worked hard to establish

- The placement system should include the ability to honour pre-agreed placements, including where annual schedules may have been agreed during the plan capacity process.

Where education providers need to explore placements in other regions they should check-in with education providers in that area first

- Education providers may look for placements outside their region, as they may have a student that is keen to go there or because there are insufficient locally available placements. Stakeholders noted that current good practice would be to reach out to education providers in other regions to discuss their requirements before requesting placements from offers provided by health providers in that region.

There are broad concerns about the scale and management of change:

Changes need to build on and enhance current good practice and not hinder it

- Some health and education providers have excellent arrangements for placements that work well, and the new placement system should enhance these.

- Discussion and negotiations about placements can continue outside the tool but will ideally be informed by having access to accurate and transparent data. The visibility of placements and requirements in the tool should support existing networks to agree in advance and ensure a fair distribution of placements.

- Local relationships and discussions are still important for all parties to understand placement variables. For example, education providers have academic timetables and room bookings to consider when allocating placements, and there are various constraints for health providers.

The tool should support existing and new relationships across education and health providers

- The availability of contact details with placement offers and requests will make collaboration faster and easier. The majority of stakeholders noted that having a process for ensuring contact details are available and up-to-date, will be very helpful for new and longstanding relationships.

> **Insights on tool design:**
> The tool can address a significant pain point identified in current processes by better enabling connections between the right contacts across providers.
>
> Initially in MVP this can mean up-to date contact details. In future this could mean provision for messaging within the tool.

Recording agreements in the tool is necessary for the proposed benefits to be realised

- Some stakeholders suggested that agreeing placements outside the tool first and then recording them in the tool by requesting / accepting offers is duplicated effort. However, ensuring the tool is used throughout the placement process means there are benefits and administrative savings in other process areas. In particular, as noted below in the confirm and prepare process, the allocation of students and providing of information can be streamlined. It also means there is accurate and transparent data available to ensure a fair distribution of placements, and in cases where placements are relatively stable from year to year, the tool will make it easy to roll over the requests.

Confirm and prepare process

This section captures feedback and insights from stakeholders on how the tool can enhance the confirm and prepare process, at least four weeks before a placement takes place:

- Education providers (or a delegate) confirm students by allocating them into a placement approved by the health provider, assign an academic contact for the health provider, and confirm compliance with screening pre-requisites (outlined in the legal access agreements) via a tick-box.

- Health providers assign a placement supervisor and key contact for the education provider (and student) for the specific placement and initiates onboarding processes.

- Placement details are uploaded to the student profile including key contacts, welcome packs and links to online learning for onboarding and more.

- The result is students are allocated to placements, they are confirmed with students, and information is supplied to all parties in advance, and everyone is ready for the placement to take place.

Many stakeholders are keen reduce administrative burdens through this process:

Key desired functionality includes the ability to exchange information in a timely way

- Most providers were keen for important placement specific documentation to be held in the tool and sent through it to and from students, coordinators and supervisors. This could include:

  o profiles and contact details for staff supporting students during the health placement

  o placement preparation packs for students to support their onboarding to a placement (it was suggested that this should be a consistent requirement across all placements), or this information could be provided as a link to an online portal offered by health providers, with the potential to include online learning options

  o ways to confirm the documents have been read or completed with a tick box

  o a connection to the teams in health services to process ID badges, access cards etc., when a placement has been confirmed (in future this could be integrated)

  o a voluntary bio/profile of students that many students expressed an interest in, helping health providers build relationships with students who are on new placements and to tailor a good placement experience, and education providers to more easily match students to placements if provided in advance.

A tick box to confirm screening requirements were met was also seen as a key time saver

- The intention is for the tool to provide the ability for education providers to confirm whether screening requirements are met or not through a simple 'yes/no' instruction. If a risk assessment for a student is required, it will be discussed with the health provider outside the tool and with the student's consent.

- There was strong agreement for the standardisation of pre-placement screening processes, such medical / immunity clearance, police vetting, mask-fit testing, etc. This will also be addressed in the unified clinical access agreement between Health NZ and education providers. The agreement is clear that it is the responsibility of education providers to confirm and hold the relevant information.

- The digital tool will not hold any sensitive personal health or other screening related information of students, due to a number of important privacy reasons.

A profile of the clinical area[xii] related to the placement offer would improve matching

- Education providers and students noted they would like to know more about specific health services in advance of a placement. This can be addressed by health providers uploading a 'health provider profile' onto the tool with all placement offers, which is then automatically uploaded to student portals when their placement is confirmed.

- Many health providers were keen to provide more contextual information about their placement to help inform education providers make their student allocations, and also so students know what to expect. This might include information about significant complexity in some health service settings and prioritisation of particular student cohorts.

- Some health providers (especially outside of Health NZ) were keen to promote their clinical area to education providers via this profile.

There is broad agreement that we should create a student-centred process:

Fairness, equity and a good fit are priorities for education providers when allocating students to placements

Insights on tool design:
Education providers should have total control to allocate students to placements except where they have formally delegated that responsibility, (a model currently in place with some providers and professions). This will ensure education providers have met their responsibilities.

- Education providers hold details about student's personal circumstances, learning needs and preferences that are informed by students and can be used to decide on placement allocations. This process can help to ensure appropriate and equitable allocations.

- It would be beneficial to establish agreed and standard cross sector guidance for prioritising students to allocations. There is some concern from providers about this process and a current lack of visibility.

- Some professions hold student interviews prior to placements being allocated, and are sometimes led by the health provider. These will need to be managed outside the tool.

- Education providers would like to notify their students about placements to ensure students are informed at the same time, and to reduce uncertainty.

Health providers could improve student experiences if they have timely information

- Ensuring health providers get timely and up-to-date information about students they're hosting on placements (including contact details, specific learning needs, and even aspirations and circumstances such as iwi affiliation) will enable them to allocate supervisors and shifts to best suit the student. It will also enable an appropriate induction and onboarding experience to make students feel welcome.

- It was noted that the Nursing Advanced Choice of Employment (ACE) system works well for matching graduates to employers and something similar could work for placements.

There are various views and concerns about overlaps with existing tools:

It is not agreed that being student-centred means students should access the tool

- It is clear health providers need full and timely information about students they are hosting on placements to allow them to offer good learning experiences. The tool design intends to address this by making student information about a placement accessible on a student portal. However, there are varied views about whether students should register in this portal, and be able to see and control their information.

- Some education providers are concerned that student information captured in the student portal overlaps with tools they currently use (such as Sonia or In-Place). This means either students or education staff would have to enter the same data twice, into two different systems. One option is to integrate the student portal with existing education provider tools to eliminate the need for double entries. As not all education providers have existing systems, the solution needs to fit multiple scenarios.

- Health NZ does not want to collect and hold sensitive personal information about students on this tool. It will be important that students control their own information, and that it is clear that any additional information they do provide is voluntary, and that they

consent to its end use. It will be important to provide guidance to students for not including sensitive data.

- Education providers are concerned about the burden placed on students having to enter their details into multiple systems or for placements with providers outside of the health sector (some professions require placements outside of health).

- The majority of students in the collaborative design workshops expressed a strong desire to provide a student profile to be held on the tool. This would include outlining their career aspirations and potentially a photo. They also, when asked, had no issues with having to register in 'yet another system' or providing their information more than once as has become normal in a digital world.

Data exchange such as student enrolment status should be seamless with no duplicated work

- A big concern for education and health providers is ensuring efficient and seamless data entry. This will be achieved with the use of interface mechanisms with existing systems, and bulk uploads / downloads from spreadsheets, and any other way we can improve efficiencies. Once the initial data is entered and set up, much of this information will roll over each year.

- Some education providers have invested in placement software and want to ensure their efforts to improve efficiencies within their organisation are not compromised by the implementation of a national tool.

- Providers asked that the information required, and formats used to upload it into the tool, are consistent with current practice. This will help streamline processes.

- Many providers are also keen to establish APIs at some point.

There are concerns about how the system will manage last minute changes:

Last minute placement changes managed outside the tool need to be recorded within it

- Providers will be encouraged and reminded to keep allocation information up to date, particularly if it changes. This will enable placements freed up to be quickly reallocated and not wasted as an opportunity.

- Providers would like visibility of all stages of the placement process, such as 'requested', 'confirmed' and 'student allocated'. This will ensure all the related processes, including further coordination and onboarding, go well.

Future tool improvements were proposed to more seamlessly manage change

- While not in the MVP proposal, there is the potential to develop and agree standard rules for managing placement changes, including automatic ways of addressing:
  o make-up placements (due to unwellness or not meeting learning objectives)
  o cancellations by a health provider, providing alternatives
  o a 'time out' once a student has been allocated and confirmed
  o flagging of poor practice such as frequent last minute changes or cancellations.

Registering and using the tool

This section captures feedback and insights from stakeholders on how various tool users will register in the tool.

Education and health providers will need to register in the tool before they can use it and take part in the plan capacity and liaise and match processes. Student registration is only required for the confirm and prepare processes.

Who has access and what type of access is decided at an organisation level:

Placement administration, coordination and supervision functions are managed differently in set roles in the tool

- Each organisation that uses the tool should decide on the type of role and access assigned to their people due to the diversity in structures. The MVP approach involves three core access types for health and education providers:
  - Administration (can establish other users and set up overall clinical areas or schools on the system)
  - Coordinator (will likely be assigned to specific clinical areas or schools and manage the placement offers, requirements, allocations, confirmation etc)
  - Read-Only (may include supervisors allocated to placements as well as managers and other interested stakeholders).

  Each organisation will control access for their staff and have as many of the different role types as they need. One individual can have all the access types. There is a considerable variety in the size of organisations. Some health providers may be sole practitioners and others will be large hospitals with numerous clinical areas.

- The change programme team is committed to developing an approach that ensures data integrity, avoids duplicate contacts, ensures people are who they say they are, and removes access when peoples' roles in the organisation change.

Data security is paramount alongside the need for effective communication channels

- Whanaungatanga must be considered as part of the tool design to ensure communication channels are not lost between people. The tool aims to support and enhance local relationships.

- The team is working through the data management, privacy, security, storage and disposal processes which will be consistent with relevant legislation including the Privacy Act 2020. This will involve a consent/privacy statement process to ensure all users of the tool (health and education provider coordinators, supervisors and students) provide informed consent for their personal information (such as contact details) being shared as appropriate.

Concerns that the tool will encroach on education responsibilities with students

The student registration process and use of a student portal is being further refined

- The most significant difference in views we heard during the collaborative design phase of this project is how and if students should register and use the tool. Further work is needed to consider options to address these concerns and we anticipate this will result in ongoing refinement to the design.

- Many education providers would like to manage student information, including entering it into the student portal to ensure accuracy. This is particularly important for getting the enrolment status correct (what courses a student is enrolled in) and confirming the screening / pre-requisite requirements. A way forward could be to allow for some types of information in the student portal to be managed by education providers, but allow students to manage other types.

- It is generally agreed that education providers will be able to view all the student portals for their students. Whereas health providers can only view the student portal of a student who is allocated to a placement in their specific clinical area.

- Concerns were raised by some providers and students about the costs for students to use an app or webpage and how a government URL could remove any such barriers.

There are functions the health sector wants to achieve through student registration

- There are some immediate and some future functions of the tool that will be more possible to achieve and see benefits from if students register and use the tool, including:

  - education providers allocating specific students into confirmed placements in the tool
  - identity authentication using a unique identifier to aid the integrity of the tool
  - enabling education providers to regularly update and confirm student enrolment status, for example, updating the tool if a student withdraws (this would not be modifiable by health providers or the student)
  - connecting students to specific placement information after education providers have allocated them to a placement – the placement information could include logistical details and contacts, onboarding information, and links to relevant online learning or declarations, etc, all in a timely way
  - enabling students to update their own contact details (to aid the confirm and prepare process) reducing the admin burden for providers
  - enabling students to provide a basic profile for the placement provider to view prior to meeting them
  - enabling students to provide voluntary information in their profile about their career aspirations and circumstances (such as iwi affiliation, whānau commitments, whether they have a drivers licence, religious or sport consideration, etc) to enable health providers to prepare and tailor the best possible placement experience
  - enabling students to provide demographic details which will enable the digital tool to aggregate data to monitor outcomes including equity
  - seeking consent to use student profiles to target information on opportunities such as scholarships, internships, bonding and jobs across health settings.

Additional student perspectives

Student perspectives have been incorporated into the feedback and refinements outlined in the sections above. This section outlines some additional student perspectives on the key features they would like the tool to include to improve their placement experience.

Timely information exchange about upcoming placements is very important to students

- Students sometimes turn up for placements with no one expecting them. The overall learning experience can be very negatively impacted when there is a lack of orientation or if they do not know who to go to when they start.

- Feeling prepared in advance of a placement is important to students. They want to know about the site, the team, the services provided, what is expected of them, how things operate, photos to help with navigation, etc. Students also want to know about health provider policies and procedures that are considered non-essential but useful for their placement.

- Students suggested receiving some information about what to expect on the placement from the health provider. Currently, they often rely on other student experiences through word of mouth.

More notice of placements will help address costs as they have time to organise their lives

- Students would like a lot more information about the placement earlier so they can plan better. Ideally, in some cases they would like to be able to plan many months ahead.

- Students find it challenging to organise work and family commitments when they find out their placement site and roster the day before, or even on the day their placement starts. This lack of notice can also impact on relationship building with the team they will be working with on their placement.

Students want 'preferences' and circumstances to be consistently considered in allocations

- Many students indicated they would like an opportunity to express their career aspirations and relevant circumstances on a student portal, so it is visible to their education provider as well as the placement provider. They want placements that support their learning journey and their career aspirations, and they do not feel this is always happening now.

- There is considerable variance across professions and in education providers in how much students are currently involved in placement allocations. The following experiences were described:

  - we have no opportunity to express our placement preferences
  - it is a lottery for the first years and a ranking system for year three based on grades
  - our school makes every effort to secure a placement with one of our preferences, this is especially appreciated by students that can't travel due to family commitments
  - our school will make an effort to secure a contract where one does not exist to ensure we can attend the placement at a site that works for our circumstances
  - we are given a list of the available placement sites on paper, and we rank our top three
  - we are asked but our preferences are not considered
  - with the agreement of the education provider, we can arrange/swap placements amongst ourselves to ensure the arrangement suits everyone
  - if we offer to go to a 'hard to fill placement' such as in rural areas, we will likely get it
  - there can be negative conversations regarding placement preferences where we are told for example "there aren't enough placements so suck it up"
  - we don't know what placements are available and what the sites are like and feel we are making uninformed decisions when we provide preferences
  - in smaller communities, the placement allocation process is relationship based, this works well and a new system should not take away from this.

- Students acknowledge the role of education providers for allocating students to placements, but would like a more consistent and fair approach across different education providers.

Students thought the benefits of a new nationwide digital tool outweigh any additional effort

- The tasks of logging into and updating a student portal was not seen as burdensome. Some noted they already managed numerous logins.

- Most students indicated that they were not bothered by the need to register or enter personal information, and many relished the opportunities it provided for information exchange and communication.

- Some students said any system at all would be great as everything they do is paper based and sometimes through phone and emails which are not reliable.

- Some students suggested their current coordination tools (e.g. Sonia) were flawed, with incorrect information at times and staff without the skills to use them.

- Students were keen for a future phase of the tool to include the ability for them to record their placement requirements and completed placement hours in their student portal. The project team was clear that there was no intention to keep assessment information on the tool.

Not all students feel safe on placements and we need transparent feedback and systems for improvement

- The feedback we received on students not feeling safe while on placement is outside the scope of the digital tool work. However, we will address this in the other workstreams of the change programme. There are some innovations in the tool that students thought could assist with improving safety, including cultural safety.

- Students are aware there are certain placements with health providers that education providers are reluctant to send students to due to regularly hearing negative feedback (often anecdotal and informal). They believe the regular feedback should be listened to and measures taken to improve the culture of these health settings. For example, students would like staff to receive cultural safety training if they missed out on it at any point during their training.

- With good placement matching (and information exchange about a placement) there could be more opportunities for providing appropriate cultural supervision. While there are Māori role models across the professions, usually via the education provider, there is no formal provision of cultural supervision.

- There are examples of excellence, and these are experienced where te ao Māori is ingrained within the health provider and the practice of the preceptor/supervisor, such as with Hauora Māori providers, Māori preceptors, Māori lead maternity carers (LMC), and tauiwi with knowledge of tikanga. However, students also note there can be discrepancies between tikanga, policy and the law, which can lead to conflict.

- Cultural safety on placements is important to students. Māori and Pacific students in particular, would prefer to be on placement with their own people as they know it will be culturally safe for them and these needs aren't being met in the wider system.

Transparent feedback systems

- Some students feel they are heard and can speak freely, others are not comfortable with the current process for providing feedback and feel as though it ends up in a black hole.

- Students expressed concerns about not everyone feeling safe in placements and would appreciate transparent feedback processes including anonymous options to address

bullying, racism etc. They noted that feedback about serious issues, such as racism, should be received and managed in a sensitive way.

- Some suggested a public facing feedback/review system where students can provide a star rating and share their experiences. They see this as primarily for other students but also note that it will be beneficial for staff to see this as well.

- Many students noted they don't speak up about their bad experiences as they fear it could impact their future job opportunities.

Terms used in the digital tool

i **Placement offers**

- The number of students, by profession and year that a health provider can host for a specified clinical area.

ii **Placement requirements**

- Placement requirements are an estimate by education providers of the number of placements they will need, which they put on the tool in advance based on maximum predicted student enrolments, along with related information such as programme type, profession and what year the students are, etc.

iii **Pre-agreements | pre-commitments**

- Local agreements and arrangements exist now, and will continue, where a health provider has agreed to take a certain number of students on placement from a particular education provider (e.g. documented in the Schedule of the Clinical Access Agreement). These can be fulfilled in the digital tool.

iv **Placement request**

- A request by an education provider to reserve a placement offer by a health provider.

v **Placement administrators**

- A role in the tool for a person employed by either education providers or health providers. They have a key role in the tool to set up the programmes and clinical areas that will have placement requirements or offers. They will also be assigning other system users in the tool for their organisation, including placement coordinators and those with read-only access.

- Note one person could perform all the administrator, coordinator and supervisor roles. Also some organisations will have multiple administrators, coordinators and supervisors.

vi **APIs** are application programming interfaces.

vii **Placement coordinators**

- A role in the tool for a person employed by either education providers or health providers. They have a key role in the tool to input placement requirements or offers, confirm / amend or make placement requests, and allocate students and supervisors to confirmed placements.

- They will also likely liaise with their placement partners outside of the tool to coordinate fair and equitable placement allocations across providers and arrive at agreements.

viii **Placement supervisors**

- Can be academic (employed by the education provider) or clinical employed by the health service (also called preceptors). Supervisors work directly with the student during clinical placements, overseeing their clinical duties and holding overall responsibility for patient care.

- They require read-only access to the digital tool and are allocated to students in the confirm and prepare process.

xii **Clinical area**

- A specific type of placement setting. This could be a place e.g. a specific ward, or a team, a person or a sole operator.