Independent Hospital Pricing Authority

Hospital Teaching, Training and Research Activities

National Best Endeavours Data Set

Technical Specifications for Reporting

May 2022

IHPA

Version history

Version	Effective Dates	Change Summary
1.0	May 2022	HTTRA NBEDS Technical Specifications for Reporting

Hospital Teaching, Training and Research Activities National Best Endeavours Data Set – Technical Specifications for Reporting

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Acronyms

ABF	Activity based funding
ATTC	Australian Teaching and Training Classification
COAG	Council of Australian Governments
FTE	Full-time equivalent
HTTRA	Hospital Teaching, Training and Research Activities
HTTRA NBEDS	Hospital Teaching, Training and Research Activities National Best Endeavours Data Set
IHPA	Independent Hospital Pricing Authority
LHN	Local Hospital Network
METeOR	Metadata Online Registry
NBEDS	National Best Endeavours Data Set
PGY	Postgraduate year
TTR	Teaching, Training and Research

Executive summary

Teaching, training and research (TTR) activities represent an important role of the public hospital system alongside the provision of care to patients. The Independent Hospital Pricing Authority (IHPA) has developed a nationally consistent data collection for TTR activity and cost data which, with maturity, will allow IHPA to price TTR using activity based funding (ABF) methods.

Data collection commenced from 1 July 2014 with the implementation of the Hospital Teaching and Training Activities Data Set Specification 2014–15, and was expanded from 1 July 2015 to include research with the implementation of the Hospital Teaching, Training and Research Activities Data Set Specification 2015. The inclusion of research into the Data Set Specification was an attempt to begin to build a profile of the research being carried out across Australia.

In 2015, IHPA undertook a teaching, training and research costing study (TTR costing study) with an overall finding that the data provided an adequate starting point for the development of a teaching and training classification. However, the study also found there was insufficient data to support a research classification.

IHPA has developed the Australian Teaching and Training Classification (ATTC) Version 1.0 (v1.0), which was released on 1 July 2018. The ATTC will provide better management, measurement and funding of high quality and efficient teaching and training activities. The development of the classification will enable such activities to be funded on an ABF basis in the future in order to increase the transparency of funding flows from governments to hospitals.

National data collections are essential to the development of classifications and the implementation of ABF. The Hospital Teaching, Training and Research Activities National Best Endeavours Data Set (HTTRA NBEDS) has been developed to support the ATTC, in order to enable data collection by ABF hospitals, and to facilitate data analysis for the ongoing refinement of the ATTC.

The purpose of this document is to outline the reporting requirements for the provision of data against the HTTRA NBEDS by state and territory governments, including:

- content and key concepts included in the HTTRA NBEDS
- business rules relating to the reporting of the data items
- frequently asked questions relating to the HTTRA NBEDS

The reporting requirements outlined in this document represent a best endeavours requirement for reporting purposes, and are not intended to limit the scope of data collections maintained by individual service agencies or state and territory governments.

This document is based on information provided by the Australian Institute of Health and Welfare’s Metadata Online Registry (METeOR), IHPA’s Teaching, Training and Research Working Group and the projects that have been undertaken by IHPA to date.

1. Background

IHPA is an independent government agency established by the Commonwealth as part of the implementation of the *National Health Reform Agreement* 2011. The *National Health Reform Agreement* required that IHPA provide advice to the Council of Australian Governments (COAG) Health Council on the feasibility of transitioning funding for TTR to ABF, or other appropriate arrangements reflecting the volumes of activities carried out under these functions.

IHPA has undertaken a significant program of work to inform the development of the first iteration of the ATTC. IHPA commenced development of a data set specification for TTR in early 2013 with the aim of introducing a national activity data collection from 1 July 2014. During this initial development, it was decided that research should initially be excluded from the data set specification until a better understanding of the drivers of research costs was available. In December 2013, the Hospital Teaching and Training Activities Data Set Specification 2014–15 was endorsed by the national data committee (formerly known as National Health Information Standards and Statistics Committee) as a nationally recognised data set specification.

The national data collection was expanded from 1 July 2015 to include research with the implementation of the HTTRA Data Set Specification 2015. From 2016-17 onwards, the HTTRA Data Set Specification was re-categorised as a National Best Endeavours Data Set (NBEDS)—a metadata set that is not mandated for national collection but there is a commitment to provide data nationally on a best endeavours basis.

The development of the ATTC v1.0 builds on a significant program of work to develop an ABF framework for teaching and training. Unlike the other patient service categories currently funded through ABF where activity is a patient episode of care, the ATTC ‘activity’ unit is a health professional trainee. The first version of the ATTC was released on 1 July 2018.

IHPA is committed to ongoing open and transparent consultation with its stakeholders. IHPA has engaged a range of clinical experts in its Teaching, Training and Research Working Group to ensure the development of the ATTC takes into account clinical factors. IHPA will consult regularly with its existing working groups and advisory committees that include representatives from governments, peak bodies and clinicians.

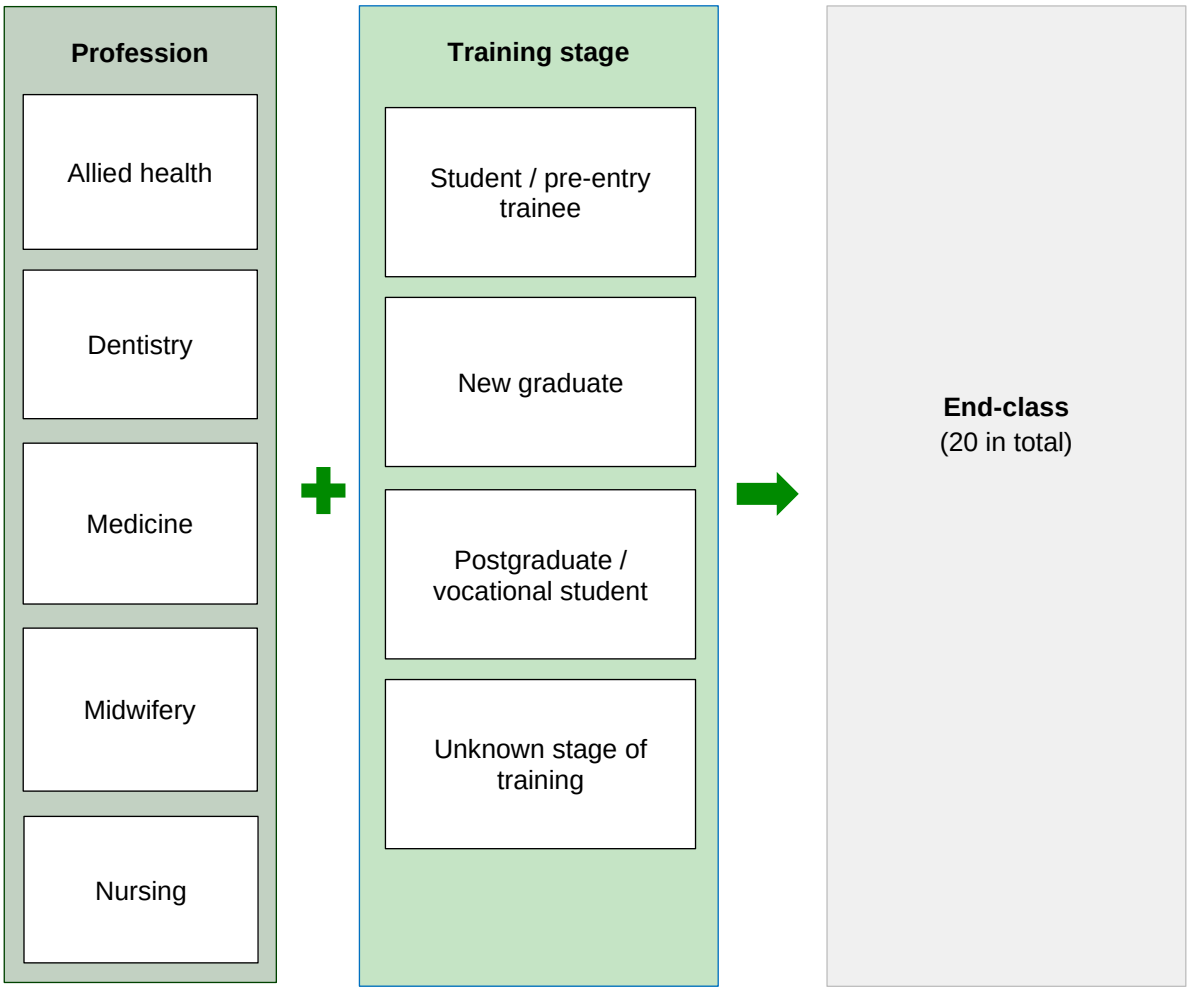
2. Australian Teaching and Training Classification

2.1. Structure of the ATTC v1.0

The ATTC v1.0 has been developed as a health professional trainee oriented classification using the public hospital settings in which the training is provided. The key concepts in the ATTC v1.0 include profession and training stage.

The structure of the ATTC v1.0 can be seen in Figure 1.

Figure 1: Diagram of structure of the ATTC v1.0



3. Structure of the HTTRA NBEDS

3.1. Overview of the HTTRA NBEDS structure

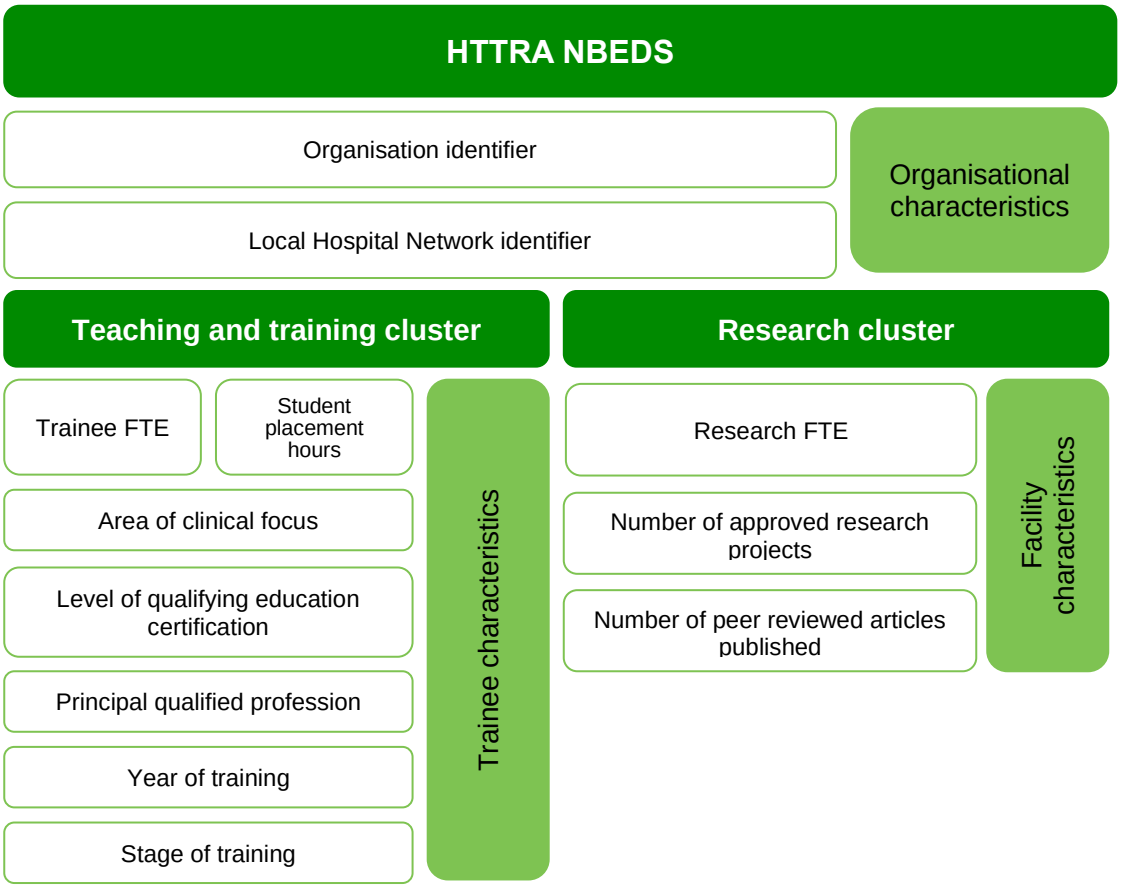
The HTTRA NBEDS is comprised of two clusters in a single data collection, which is reported at the level of the establishment or Local Hospital Network (LHN). The HTTRA NBEDS is currently an aggregate collection (i.e. collected at an establishment or LHN level). As collection systems mature, this data collection will transition into a trainee level collection which will provide data at an individual trainee level.

The HTTRA NBEDS enables the reporting of values to occur from the derivation of existing activity data collections and the national minimum data sets where appropriate.

The HTTRA NBEDS contains data elements which are required to be reported for all teaching and training activities in the public health setting.

The high level structure of the HTTR NBEDS is illustrated at Figure 2.

Figure 2: HTTRA NBEDS high level structure



In the following chapters, the data items and key concepts contained with the HTTRA NBEDS are discussed, followed by further discussion in relation to cluster specific information.

3.2. Companion documents

This document should be read with the following companion documents:

- Australian Teaching and Training Classification v1.0 User Manual
- Hospital Teaching, Training and Research Activities National Best Endeavours Data Set

4. Scope of the HTTRA NBEDS

4.1. Overview of the scope of the HTTRA NBEDS

The purpose of the HTTRA NBEDS is to define information about TTR activities, funded by the states and territories, which are associated with Australian public hospital services.

For the purposes of the HTTRA NBEDS, the term 'teaching and training' refers to the activities provided by or on behalf of a public health service to facilitate the acquisition of knowledge, or the development of skills. These activities must be required for an individual to:

- *"attain the necessary qualifications or recognised professional body registration to practice;*
- *acquire sufficient clinical competence upon entering the workforce; or*
- *undertake specialist or advanced practice*

in the fields of medicine, dentistry, nursing, midwifery or allied health."

For the purposes of the HTTRA NBEDS, the term 'research' refers to the activities undertaken in a public health service where the primary objective is the advancement of knowledge that ultimately aims to improve consumer and patient health outcomes and / or health system performance. The activity must be undertaken in a structured and ethical way, be formally approved by a research governance or ethics body, and have potential for application outside of the health service in which the activity is undertaken.

For ABF purposes, the definition of research relates to the public health service's contribution to maintain research capability, excluding the costs of research activities that are funded from a source other than the state or territory or provided in kind.

The scope of the HTTRA NBEDS is establishment and LHN level data on HTTRA which occur in public hospital services. As IHPA has no governance over receiving data from private hospitals, the data collection will not capture training that is undertaken in private hospitals. However, private hospital services may choose to use the data collection for their own purposes should they wish.

It is intended that the HTTRA NBEDS will capture those activities that are unique to hospital delivery and thus activities that set public health services apart in terms of cost.

4.2. In-scope teaching and training activities

For the purposes of ABF and the HTTRA NBEDS, in-scope activities include only activities that are required for clinical professionals to either:

- Attain the necessary qualifications or recognised professional body registration to practice
- Acquire sufficient clinical competence upon entering the workforce; or
- Undertake specialist or advance practice.

This includes health professionals whose registration has lapsed, and are required to retrain in order to practice.

Clinical placements are an in-scope teaching and training activity. A clinical placement[1] is an activity that contributes to or counts towards clinical/professional education and training requirements for an accredited course. In other words, a clinical placement is an essential requirement that is necessary for successful course completion. As voluntary placements are not essential to the successful completion of a course these are considered to be out-of-scope teaching and training activity for the purposes of ABF.

Clinical placements:

- Occur in a clinical setting (i.e. generally outside the university educational setting, although may occur in university clinics).
- May include a variety of activities (e.g. rotations, observations, selective placements) across all or some years of a particular course, depending upon the accredited course requirements.
- Could potentially, in some cases, include a simulated component which meets the curriculum objectives of a clinical placement.

4.3. Out-of-scope teaching and training activities

Whilst public hospital services provide a broad range of teaching and training activities, not all activities are considered to be in-scope for ABF and the HTTRA NBEDS. Some of the activities which are considered out-of-scope include:

- Orientation / induction.
- Mandatory training required for the health service to retain its accreditation.
- Training in new skills, technologies or techniques to already qualified health professionals. This may include skills training to support the new purchase of diagnostic equipment; education for introducing a new drug on formulary; or the introduction of new procedure techniques.
- Continuing professional development. This may include continuing professional development hours, refresher courses, clinical practice competence or conferences.

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[1] Australian Institute of Health and Welfare. (2017). *Clinical placement* (Glossary item). http://meteor.aihw.gov.au/content/index.phtml/itemId/534723

- Refresher courses for already qualified health professionals. Refresher courses may be provided for individuals who are still registered but require retraining to re-enter the health workforce. This differs from retraining where the individual's registration has lapsed.
- Clinician training that is not part of a prerequisite qualification or registration requirement. This includes unaccredited positions which are not under a formalised training program.
- Voluntary placements which do not form part of the essential clinical placement requirements for the successful completion of the course. Examples of these are:
    - make-up placements (for missed placements if a student/trainee has been legitimately absent), or
    - additional placement hours that have been scheduled as part of an accredited course (but that are over and above minimum placement hours where these are stipulated in the discipline's course accreditation standards).

Medical positions such as Hospitalists (also known as non-vocational doctors or Career Medical Officers[2]) are out-of-scope if they are not undertaking any postgraduate study which meets the definition of teaching and training for ABF purposes.

4.4. Exclusion of embedded costs from the ATTC

A large proportion of the teaching and training delivered to health professionals and students in public hospitals occurs through the delivery of patient care, known as 'embedded' teaching and training. The TTR Costing Study defined embedded costs as:

> *"Where teaching and training occurs in conjunction with patient care. This includes activities such as ward rounds, training during surgical interventions or refinement of other procedural skills such as cannulisation or catheterisation*."

Findings from the TTR Costing Study indicated that based on the data collected during the study, for most professional groups, embedded teaching and training costs represented nearly 80 percent of total teaching and training costs. However, embedded costs were excluded from classification data modelling for the development of the ATTC for the following reasons:

- Embedded teaching and training costs are already priced as part of the other ABF models. Hospitals undertake patient level costing and report all costs associated with patient care in the National Hospital Cost Data Collection. Therefore, teaching and training provided in operating theatres, for example, is currently priced under the admitted acute care ABF model using Australian Refined Diagnosis Related Groups.
- The nature of embedded teaching and training activity means it occurs during the delivery of patient care, resulting in difficulty to delineate embedded teaching and training costs from regular clinical service delivery costs.
- The TTR Costing Study used a clinician survey method to collect embedded teaching and training activity data, which introduced uncertainty regarding the robustness of the data.

[2] Australian Medical Association. (2017). *Hospitalists and non-vocational doctors - 2008. Revised 2017*. https://ama.com.au/position-statement/hospitalists-and-non-vocational-doctors-2008-revised-201

As such, the ATTC was developed using only direct and indirect costs. Although the removal of embedded costs from the development of the ATTC excludes a significant proportion of teaching and training costs, the development of a classification structure requires the identification of splitting variables for teaching and training activities with distinguishable costs. IHPA does not intend to include embedded costs in any future revisions of the ATTC.

4.5. Reporting of area of clinical focus

IHPA acknowledges that the number and description of clinical professions in use across clinical settings will vary between jurisdictions. Standardising clinical professions across jurisdictions is beyond the remit of IHPA. For the purposes of the HTTRA NBEDS, the area of clinical focus list has been determined as a starting point only, and jurisdictional variations should be mapped and reported against the most appropriate area of clinical focus code. Refer to section 5.2.3 for further details on area of clinical focus reporting.

4.6. Responsibility for data collection

Although the data related to teaching and training activities may initially be located in several sources (e.g. medical schools or public hospitals), systems should be developed over time to record and collect data on the teaching and training activity occurring in public hospital services.

IHPA's remit is restricted to receiving data from health departments, without the ability to receive information from other parties. As such, it is the responsibility of the jurisdiction to work collaboratively with their educational partners to support data collection reporting.

4.7. Reporting period

Activity data should be reported on a financial year basis, to ensure that activity can be directly related to cost. It is noted, however, that clinical placements follow a calendar year cycle.

4.8. Jurisdictional variability

Although there is a national registration authority for clinical professions, there are local enterprise bargaining agreements which may impact upon the characteristics of clinical services. For example, the hours considered to be full time, nursing and allied health scope of practice, and the local specialisations of type of care provided. The HTTRA NBEDS has tried to use nationally recognised terms and labels for the data elements, and where this is not possible, has provided reporting direction.

IHPA also acknowledges that the HTTRA NBEDS research data items may not meet the strict processes governing research projects for each jurisdiction. Due to the differences in procedures between states and territories, it is necessary that the data elements are generalised, which may mean they are not an exact match for individual states or territories.

Jurisdictions should adhere to local processes when considering research projects.

5. Data items

5.1. Identifiers

5.1.1. Local Hospital Network identifier

METeOR name: Establishment – Local Hospital Network identifier

A unique LHN identifier for an establishment within a jurisdiction, as represented by a code.

Format: *NNN*

The LHN identifiers must be reported in a three character, number format.

The LNH identifier is formed from the following concentration:

- *Australian state/territory identifier (character position 1);*
- *State/Territory-specific hospital network identifier (character positions 2-3).*

Some jurisdictions have their own local terminology for the areas and administrative units known nationally as LHNs. For example, in New South Wales they are known as 'Local Health Districts', in Queensland they are known as 'Hospital and Health Services', in Western Australia they are known as ‘Health Services’, in South Australia they are known as 'Local Health Networks', and in Tasmania they are known as 'Tasmanian Health Organisations'.

More information about LHNs is available through the LHN portal on the Administrator National Health Funding Pool website.

5.1.2. Establishment identifier

METeOR name: Establishment – organisation identifier (Australian)

The identifier for the establishment in which episode or event occurred. Each separately administered health care establishment to have a unique identifier at the national level.

Format: *NNX[X]NNNNN*

The establishment identifier must be reported in a nine character, string format.

The establishment identifier is formed from the following concatenation:

- *Australian state / territory identifier (character position 1);*
- *Sector (character position 2);*
- *Region identifier (character positions 3–4); and*
- *Organisation identifier (state / territory), (character positions 5–9).*

The establishment identifier should be able to distinguish between all health care establishments nationally.

5.2. Hospital teaching and training activities cluster

5.2.1. Total health professional trainee full-time equivalent

METeOR name: Establishment – full-time equivalent health professional trainees, total staff

The total number of full-time equivalent (FTE) health professional trainees in an establishment, as represented by a number.

Data is only required to be reported to this data element for activity for health professional graduates, or postgraduate or vocational trainees.

Format: N[NNN{.N}]

FTE must be reported in number format. Minimum one character, maximum four characters, with an optional one decimal place.

The FTE reported should be rounded to the nearest one decimal place (e.g. 18 FTE would be 18, 18.47 FTE would be 18.5).

FTE should be counted as a ratio of hours. While the number of hours that is considered to be 'full time' may vary by jurisdiction or by profession (e.g. 36 hours compared to 38 hours), the proportion of FTE remains a consistent measure. For example, an individual working a three day week is considered to be 0.6, regardless of whether the hospital considers full time to be 36 or 38 hours.

To calculate the total health professional trainee FTE, determine the average total FTE in the financial year by collecting an FTE count at the end of each month in the financial year, summing the monthly counts, and then dividing that number by 12. An example is provided at Appendix A. This methodology is preferred over the alternative of reporting total FTE based on an FTE count on 30 June, which would only provide a snapshot of trainee volume on a particular day.

Appendix A gives an example of how FTE should be calculated.

5.2.2. Student clinical placement hours

METeOR name: Establishment – student clinical placement hours, total

The purpose of this data item is to report the total number of student clinical placement hours undertaken within an establishment.

Format: N(7)

Hours should be reported in a seven character, number format. For example, total hours expressed as 0000001, 0000002 etc.

Clinical placement hours reported should be rounded up (e.g. 18 hours 10 minutes would be 19).

Data is only required to be reported to this data element when used for reporting pre-entry student activity.

Where students undertake clinical placements in more than one establishment, clinical placement hours should be apportioned between establishments on the basis of hours of clinical placement in each.

Where health professional trainees undertake training across financial years, activity should be attributed to the applicable financial year. The principle should be applied that no activity is to be 'double-counted', or included in multiple financial years. Data may be required to be split into six monthly intervals.

To calculate the volume of clinical placement activity that occurs in each financial year, data collected in internal systems should be apportioned by month, then data should simply be provided for the relevant months.

To reflect practice in real life, the clinical placement hours should vary month to month, however systems may not be mature at present to allow this. Therefore, it is expected that for reporting in the reporting period, the clinical placement hours may be attributed equally across all months.

IHPA notes that clinical placement hours may include clinical facing hours, as well as briefing and debriefing activities.

The intention in the longer term would be for local state and territory systems to have the capacity to report clinical placement activity at a more granular level, enabling more accurate reporting of activity across both financial and calendar years.

5.2.3. Area of clinical focus

METeOR name: Health professional trainee – area of clinical focus

The area of clinical focus is the specific field of health care which is the primary focus of the training a health professional trainee is enrolled in, as represented by a code.

The purpose of this data item is to report the areas of clinical focus at the establishment that trainees are undertaking training in.

Format: *NNN.NNN*

The area of clinical focus must be reported in seven character, number format.

The list of area of clinical focus, by health professional is provided in Appendix B.

The data element captures a number of components of the training that a health professional trainee is enrolled in, including the profession, specialisation and sub-specialisation.

N	The first character identifies the health professional group
NN	The second and third characters identify the specialisation of health professional group ('00' is unspecified; '99' is other). These represent higher level descriptions of study programs and should be used for the pre-entry student and new graduate training stages.
.NNN	The fourth, fifth and sixth characters identify the sub-specialisation area of clinical focus. These represent the postgraduate / vocational trainee specialisations.

Example 1:

Pre-entry trainees undertaking a bachelor degree in medicine will be counted as 300.000 *Medicine, unspecified* where 3=Medicine, 00=Unspecified, and .000=Unspecified.

Medical graduate trainees who are employed by the establishment after graduating from their bachelor degree will be also be counted as 300.000 *Medicine, unspecified*. The trainee FTE for new graduates will be differentiated from pre-entry students through the data item *Stage of training.*

Medical clinicians who commence vocational training in, for example, dermatology will be counted as 300.004 *Dermatology* 3=Medicine, 00=Unspecified, and .004=Dermatology.

While all training stages are represented, the overarching health professional group for these three examples remains Medicine.

Terminology for the profession and specialisation categories were obtained from a number of sources, including:

- Medical Board of Australia[3]
- Australian Health Practitioner Regulation Agency[4]
- Dental Board of Australia[5]
- Australian and New Zealand Standard Classification of Occupations[6]
- Former HWA clinical placement survey content within the HTTRA NBEDS 2015[7]
- Advice from clinicians and jurisdictions.

[3] Medical Board of Australia. (2018). *List of specialities, fields of specialty practice and related specialist titles*. http://www.medicalboard.gov.au/Registration/Types/Specialist-Registration/Medical-Specialties-and-Specialty-Fields.aspx

[4] Australian Health Practitioner Regulation Agency. (2018). *What are the protected titles in the National Law*. https://www.ahpra.gov.au/About-AHPRA/What-We-Do/FAQ.aspx

[5] Dental Board of Australia. (2018). *Specialist registration*. http://www.dentalboard.gov.au/Registration/Specialist-Registration.aspx

[6] Australian and New Zealand Standard Classification of Occupations, First Edition, Revision 1. (2018). *Unit group 2544 Registered nurses*. http://www.abs.gov.au/ausstats/abs@.nsf/Product+Lookup/3D4FCD9FE858DC9BCA2575DF002DA61E?opendocument
Australian and New Zealand Standard Classification of Occupations, First Edition, Revision 1. (2018). *Minor group 252 Health therapy professionals*. http://www.abs.gov.au/ausstats/abs@.nsf/Product+Lookup/D1578FCDCD727EB6CA2575DF002DA5B3?opendocument

[7] Australian Institute of Health and Welfare. (2017). *Hospital teaching, training and research activities National Best Endeavours Data Set 2015*. http://meteor.aihw.gov.au/content/index.phtml/itemId/572982

Area of clinical focus reporting

The NBEDS data is reported at an establishment level, rather than student level. Facilities should report a cumulative count for each area of clinical focus of how many FTE or clinical placement hours are being reported at each training stage.

If a hospital service is not able to report the complete depth of specificity, particularly in the case of postgraduate/vocational students (e.g. 300.030 *Cardiology*), they can report at the higher level instead (e.g. 300.000 *Medicine, unspecified*). The trainee FTE for postgraduate/vocational students will be differentiated from other students through the data element *Stage of training.*

Example 2:

Hospital A has the following trainees within their facility:

- 52 undergraduate students undertaking clinical placement hours in the field of nursing, with each student having a clinical placement requirement of 27 hours.

  Hospital A should report the total number 1404 clinical placement hours (i.e. 52 x 27) against the area of clinical focus for Nursing (i.e. 500.000 *Nursing, unspecified*).

- 18 new graduate first year medical clinicians, with each being employed as 1.0 FTE.

  Hospital A should report the total number 18 FTE trainees (i.e. 18 x 1.0) against the area of clinical focus for Medicine, unspecified (i.e. 300.000 *Medicine, unspecified*). They will be differentiated from pre-entry students through the data item *Stage of training.*

- Three medical clinicians enrolled in General Surgery year two coursework, with each clinician requiring 0.6 FTE for their training.

  Hospital A should report the total number 1.8 FTE (i.e. 3 x 0.6) against the area of clinical focus for General surgery (i.e. 300.301 *Surgery – general*).

Other and unspecified codes

'Unspecified' codes should be selected where the specific training specialty is unknown or not applicable.

'Other' codes should be selected where the specific training specialty cannot be classified using the list.

For example, in the case of postgraduate/vocational students training in sub-specialisations, if the particular sub-specialisation is known but not available from the list, then the option for 'Other' should be selected in its place (e.g. 300.399 *Surgery – other surgery type*).

Double degree reporting

In the event of a student undertaking a dual degree (e.g. nursing / midwifery), the area of clinical focus should be counted according to what teaching and training activity is being undertaken at the time (i.e. it will depend whether the activity is related to the nursing curriculum or the midwifery curriculum).

Example 3:

Four trainees are undertaking a Bachelor of Nursing / Bachelor of Midwifery dual degree.

The course work is outlined as follows:

Nursing courses Year 1, Semester 1			**Midwifery courses Year 1, Semester 1**		
Course code	*Subject*	*Units*	*Course code*	*Subject*	*Units*
NRS0003	Anatomy & physiology for nursing and midwifery	2	MID1101	Introduction to midwifery practice	2
NRS2319	Professional practice 1	2	MID1119	Health complexities in pregnancy	2

In this situation, the trainees are required to undertake a practical placement (80 clinical placement hours - Course code: NRS2319) for nursing during the semester.

Hospital A should report the total number 320 clinical placement hours (i.e. 4 x 80) against the area of clinical focus for Nursing (i.e. 500.000 *Nursing, unspecified*).

In some instances, it may be that trainees are required to do practical placements for both components of the dual degree during the same semester. This will represent clinical placement hours in two areas of clinical focus, and even across two professions.

Example 4:

Seven trainees are undertaking a Bachelor of Nursing / Bachelor of Midwifery dual degree.

The course work is outlined as follows:

Nursing courses Year 1, Semester 1			**Midwifery courses Year 1, Semester 1**		
Course code	*Subject*	*Units*	*Course code*	*Subject*	*Units*
NRS0003	Anatomy & physiology for nursing and midwifery	2	MID1101	Introduction to midwifery practice	2
NRS2319	Professional practice 1	2	MID1103	Clinical Midwifery Practice	2

In this situation, the trainees are required to undertake practical placements in both nursing (80 clinical placement hours - Course code: NRS2319) and midwifery (80 clinical placement hours - Course code: MID1103) during the semester.

In this case, the clinical placement hours should be reported against each area of clinical focus - nursing and midwifery.

Hospital A should count the total number 560 clinical placement hours (i.e. 7 x 80) against the area of clinical focus for Nursing (i.e. 500.000 *Nursing, unspecified*), and also the total number 560 clinical placement hours (i.e. 7 x 80) against the area of clinical focus for Midwifery (i.e. 400.000 *Midwifery, unspecified*)

For further details and examples related to HTTRA NBEDS reporting, refer to Appendix C.

5.2.4. Level of qualifying education certification

METeOR name: Health professional trainee – level of education qualification currently enrolled in

The type of education certification of the registered training program at the establishment that the health professional trainee is currently enrolled in, as represented by a code. These include:

1	*Certificate (Certificate I-IV)*
2	*Advanced Diploma and Diploma*
3	*Bachelor degree*
4	*Graduate Diploma and Graduate Certificate*
5	*Postgraduate degree*
6	*Fellowship*
10	*Supervised program for internationally trained health professional for Australian registration purposes*
7	*Not applicable (supplementary values)*

The type of qualification would apply to all stages of training other than new graduates who have entered the workforce fully qualified but still receiving on-the-job training or undergoing an internship.

Format: *N[N]*

The permissible values are defined as follows:

CODE 1 Certificate (Certificate I-IV)

Includes Certificate IV, Statement of Attainment at Certificate IV level, Bridging and Enabling Course at Certificate IV level, Certificate III, Statement of Attainment at Certificate III level, Bridging and Enabling Course at Certificate III level, Certificate II, Statement of Attainment at Certificate II level, Bridging and Enabling Course at Certificate II level, Certificate I, and Statement of Attainment at Certificate I level.

CODE 2 Advanced Diploma and Diploma

Includes Advanced Diploma, Statement of Attainment at Advanced Diploma Level, Associate Degree, Statement of Attainment at Associate Degree level, Bridging and Enabling Course at Advanced Diploma and Associate Degree level, Diploma, Statement of Attainment at Diploma level, and Bridging and Enabling Course at Diploma level. Excludes Graduate Diploma.

CODE 3 Bachelor degree

Includes Bachelor (Honours) Degree, Bachelor (Pass) Degree, Statement of Attainment at Bachelor Degree level, and Bridging and Enabling Course at Bachelor Degree level.

CODE 4 Graduate Diploma and Graduate Certificate

Includes Graduate Diploma, Graduate Qualifying or Preliminary, Professional Specialist Qualification at Graduate Diploma level, Statement of Attainment at Graduate Diploma level, Bridging and Enabling Course at Graduate Diploma level, Graduate Certificate, Professional

Specialist Qualification at Graduate Certificate level, Statement of Attainment at Graduate Certificate level, and Bridging and Enabling Course at Graduate Certificate level.

CODE 5 Postgraduate degree

Includes Higher Doctorate, Doctorate by Research, Doctorate by Coursework Professional Specialist Qualification at Doctoral Degree level, Statement of Attainment at Doctoral Degree level, Bridging and Enabling Course at Doctoral Degree level, Master Degree by Research, Master Degree by Coursework, Professional Specialist Qualification at Master Degree level, Statement of Attainment at Master Degree level, Bridging and Enabling Course at Master Degree level.

CODE 6 Fellowship

Includes certification as a Fellow of a specialist college.

CODE 10 Supervised program for internationally trained health professional for Australian registration purposes

Includes supervision of internationally trained health professionals who enter a formal supervision program for the purposes of attaining Australian registration to practice in their field of qualification.

The level of qualifying education certificate should be reported in number format, minimum one digit and maximum two digits.

Supplementary value *Code 7 – Not Applicable* should be used for new graduates who have received a qualification as a health professional and are undertaking their intern years.

The collection of the level of qualifying education certification will provide a more granular level of information to be reported in relation to the type of qualifications under study.

Registered training organisations are considered eligible organisations to deliver these types of academic certification.

For example, a postgraduate student undertaking a professional specialist qualification at graduate certificate level should be reported as *Code 4 Graduate Diploma and Graduate Certificate*. A further example includes a new medical graduate undertaking an internship through a formalised program. The graduate has now completed their level of qualifying education certification and should be reported as *Code 7 Not applicable*.

Example 5:

Hospital A has three internationally trained medical clinicians employed as 1.0 FTE each who require supervised placement to attain Australian registration. They should be reported to the HTTRA NBEDS as follows:

Area of clinical focus:	300.000 *Medicine, unspecified*
Level of education certification:	10 *Supervised program for internationally trained health professional for Australian registration purposes*
FTE:	3.0

Refer also to section 7: Frequently asked questions.

5.2.5. Principal qualified profession

METeOR name: Health professional trainee – principal qualified profession, health group

The principal qualified profession represents the principal health-care provider group to which a health professional trainee within an establishment has gained certification for, as represented by a code. These include:

1 Allied health

2 Dentistry

3 Medicine

4 Midwifery

5 Nursing

7 Not applicable (supplementary value)

This data item represents the principal health-care provider group to which a health professional trainee has gained certification, prior to commencing the current registered training program.

Format: N

The principal qualified profession should be reported in a one digit, number format.

The principal qualified profession is intended to recognise any *prior* health related qualification that has been completed by health professional trainees.

The principal qualified profession is not a duplication of 'profession' in the ATTC v1.0. Profession in the ATTC v1.0 is drawn from the area of clinical focus, and reflects what the health professional trainee is *currently* studying, as opposed to what they may have studied in the past.

For example: a physiotherapist [Principal qualified profession = Allied health] training to become a medical clinician [Area of clinical focus = Medicine]. In another example, a health information manager [Principal qualified profession = Not applicable] training to become a nursing clinician [Area of clinical focus = Nursing].

The collection of the principal qualified profession should indicate differences between trainees with or without a prior health professional background.

Supplementary value 'Code 7 - Not Applicable' should be used for health professional trainees who have not yet received qualification or certification as a health professional (i.e. student or pre-entry trainees).

5.2.6. Year of training

METeOR name: Health professional trainee – registered training program, year

The year of training collects the year of an accredited education course that a health professional trainee within an establishment is enrolled in, as represented by a code. These include:

1 Year 1

2 Year 2

3 Year 3

4 Year 4

5 Year 5

6 Year 6

7 Year 7

8 Year 8 and above

The year of training represents the progression through the course material and should be identified for each student each year. It does not represent the year of training that has elapsed since training commenced.

For example: a medical clinician who has completed their general registration four years previously, is now enrolled in a medical college to specialise in Dermatology undertaking second year course material [Year of training = 2].

The year of training would apply to all stages of training, including new graduates in formalised graduate programs.

Format: N[N]

The year of training should be reported in number format, minimum one digit, maximum two digits.

The collection of the year of training will provide a more granular level of information to be reported in relation to training activities. As such the year of training refers to the year of training in relation to the training course, not the number of years of training that a student has undertaken. For example a medical new graduate who is undertaking an internship part time, may take two or more years to complete the first year, however their year of training would be reported as one.

5.2.7. Stage of training

METeOR name: Health professional trainee – stage of training

The purpose of collecting this data item is to identify the differences in stages of training across educational pathways within an establishment of health professional trainees.

The stage of training represents the clearly defined phase in the educational pathway of a health professional trainee, as represented by a code. Trainees are categorised into one of three stages of training. These include:

1 Student/Pre-entry trainee

2 New graduate

3 Postgraduate/Vocational student

Format: N

The permissible values are defined as follows:

CODE 1 Student/Pre-entry trainee

Health professional students or pre-entry trainees are those who have commenced or are undertaking a course in a higher education facility (including those offering Vocational education and training) where the course is required for initial registration for, or qualification to, practice as a health professional in Australia. The course may be at a certificate, diploma, undergraduate, graduate-entry or postgraduate level.

CODE 2 New graduate

Health professional new graduates are those who have graduated from a course and gained a qualification to practice as a health professional in Australia. Health professional new graduates may be in an existing new graduate training program or their first or second year post graduation. A new graduate training program is a formal program run by the public hospital service for trainees that have gained a qualification but have not yet started to practice. They may also be known as Transition to Professional Practice programs. University graduates from medical school and some allied health schools that have graduated and are undertaking postgraduate prevocational training (e.g. Internship) are considered new graduates.

CODE 3 Postgraduate/Vocational student

Health professional postgraduate/vocational students are those who have gained an initial qualification to practice as a health professional in Australia and are commencing or undertaking postgraduate or vocational training in the health professional field for the purpose of specialising or extending their scope of practice in their qualified health profession.

Health professional postgraduate/vocational students may be employed by an establishment while undertaking clinical/professional education and training requirements for an accredited course.

The stage of training should be reported in a one digit, number format.

5.2.8. Internationally trained health professionals

Internationally trained health professionals are now reported to the HTTRA NBEDS in the same way as other health professionals undertaking formal training / supervised practice for registration purposes in Australian public hospitals.

The stage of training should be matched to the equivalency they are seeking.

In the case of an overseas trained medical clinician who has attained their qualification as a medical doctor (e.g. intern, junior medical officer) (i.e. without further specialisation), they should be assigned to the 'new graduate' training stage while they are in a formal supervision program. For medical officers, they would be in a Competent Authority or Standard pathway for their supervised program[8].

An overseas trained specialised clinician who has attained their qualification as a specialist (e.g. cardiologist, respiratory physician) should be assigned to the 'postgraduate / vocational trainee' training stage while they are undertaking supervised practice. For medical officers, they would be in a Specialist pathway or Short term training in a medical speciality pathway for their supervised program.

Example 6:

An internationally trained medical clinician employed as 1.0 FTE who requires supervised placement to attain Australian registration.

Area of clinical focus:	300.000 *Medicine, unspecified*
Level of education certification:	10 *Supervised program for internationally trained health professional for Australian registration purposes*
FTE:	1.0
Principal qualified profession:	3 *Medicine* (to acknowledge their previous medical training)
Registered training program, year:	1 *Year 1*
Stage of training:	2 *New graduate*

Example 7:

An internationally trained cardiologist employed as 1.0 FTE who requires supervised placement to attain Australian registration.

Area of clinical focus:	300.003 *Cardiology*
Level of education certification:	10 *Supervised program for internationally trained health professional for Australian registration purposes*
FTE:	1.0
Principal qualified profession:	3 *Medicine* (to acknowledge their previous medical training)
Registered training program, year:	1 *Year 1*
Stage of training:	3 *Postgraduate / Vocational student*

[8] The Medical Board of Australia (2020). *International medical graduates*. https://www.medicalboard.gov.au/registration/international-medical-graduates.aspx

5.3. Public hospital service research activities cluster

IHPA acknowledges that the HTTRA NBEDS data elements may not meet the strict processes governing research projects for each jurisdiction. Due to the differences in procedures between states and territories, it is necessary that the data elements are suitable for all circumstances, which may not be an exact match for individual states and territories rules regarding research approvals. Jurisdictions should ensure they adhere to jurisdictional procedures when considering research projects and peer reviewed articles.

5.3.1. Full-time equivalent research directorate staff

METeOR name: Establishment – full-time equivalent research directorate staff, total

The total full-time equivalent number of research directorate staff in an establishment.

Format: *N[NNN{.N}]*

A research directorate[9] is a department that administratively supports and facilitates research through infrastructure and resources.

FTE must be reported in number format. Minimum one character, maximum five characters, including an optional one decimal place.

The FTE reported should be rounded to the nearest one decimal place (e.g. 18 FTE would be 18, 18.47 FTE would be 18.5).

FTE should be counted as a ratio of hours. While the number of hours that is considered to be 'full time' may vary by jurisdiction (e.g. 36 hours compared to 38 hours), the proportion of FTE remains a consistent measure. For example, an individual working a three day week is considered to be 0.6, regardless of whether the hospital considers full time to be 36 or 38 hours etc.

To calculate the research directorate staff FTE, determine the average total FTE in the financial year by collecting an FTE count at the end of each month in the financial year, summing the monthly counts, and then dividing that number by 12. An example is provided at Appendix A. This methodology is preferred over the alternative of reporting total FTE based on an FTE count on 30 June, which would only provide a snapshot of research directorate staff volume on a particular day.

5.3.2. Total number of approved research projects

METeOR name: Establishment – number of approved research projects, total

The total number of approved research projects being undertaken at an establishment.

Format: *N[NNN]*

The total number of approved research projects must be reported in number format. Minimum one character, maximum four characters (e.g. 15 approved research projects would be 15).

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[9] Australian Institute of Health and Welfare. (2017). *Research directorate* (Glossary item). http://meteor.aihw.gov.au/content/index.phtml/itemId/583816

Although approved research projects / activities are applied to health sector research, such studies or activities will have potential for application outside of the health service in which they are undertaken.

Research projects need to have been through the formal ethics and / or governance process and been successful in receiving approval. Formal ethics or governance approval must meet the standards of the National Health and Medical Research Council.

For a research project which extends across financial years, the research project should be counted within the financial year in which the project was approved by the research governance or ethics body.

For a research project that involves multiple establishments, the research project should be counted once at the major or primary establishment.

For a research project that has multiple researchers, the research project should be counted once at the establishment of the chief or primary author.

The chief or primary author is the project leader who takes the lead role in the conduct of the research project, and takes responsibility for the completion and lodgement of any required applications.

IHPA acknowledges that the current data set item does not capture research activity at all sites involved with the activity. The intention is for the HTTRA NBEDS to collect information relating to the infrastructure supporting research and approved research projects is usually coordinated through a primary or major site. Whilst simplistic at present, it does ensure that reporting duplication will not occur. As the collection stabilises and reporting improves, this can be reviewed to include additional data elements to support reporting multi-centre research.

5.3.3. Total number of peer reviewed articles published

METeOR name: Establishment – number of peer reviewed articles published, total

The total number of articles authored within an establishment that are published in a peer reviewed publication.

A peer reviewed publication is either a book or periodical in electronic or printed format for which the content is reviewed by equal or higher ranked people in the same field.

Format: *N[NNN]*

The total number of approved research projects must be reported in number format. Minimum one character, maximum four characters (e.g. 15 published peer review articles would be 15).

The articles must be directly linked with a research project that has been through a formal approval process that includes an ethics committee or equivalent governance approval.

The peer review process will be specific to the agency responsible for the ultimate publication, and the article must go through a new peer review process for each publication.

Where there are multiple authors across multiple sites, the article should be attributed to the establishment of the chief or primary author.

The chief or primary author is the project leader who takes the lead role in the conduct of the research project, and takes responsibility for the completion and lodgement of any required applications.

Articles should be counted within the financial year in which they were published, irrespective of when the research project was undertaken.

6. Collection Protocol

The HTTRA NBEDS is a data collection that reports activity for the previous year, and is reported at the level of the establishment or LHN.

State and territory health authorities provide the data to IHPA for national collation, on an annual basis. Data is collected at each hospital from patient administration, financial and other information systems. Hospital services forward data to the relevant state or territory health authority on a regular basis (for example, monthly).

The reporting period should adhere to the financial year. Refer also to section 4.7 Reporting period.

Appendix C provides an example DRS submission for the HTTRA NBEDS.

7. Frequently Asked Questions

1. Is training of non-clinical staff included in the data collection? How can the training of 'assistant' staff be captured?

The HTTRA NBEDS is intended to collect teaching and training activities for clinical staff only. Staff who are an 'assistant' (e.g. physician assistants) are eligible for inclusion as a health professional trainee if they are studying an eligible clinical qualification. However, non-clinical staff (e.g. administrative staff) are not eligible for inclusion in the HTTRA NBEDS as agreed to by all jurisdictions during the Definitions and Cost Drivers project.

2. Why does the HTTRA NBEDS not include any postgraduate / vocational trainee options for allied health specialties?

For the HTTRA NBEDS allied health postgraduate specialisations have not been included as feedback suggested that this information was too granular for current reporting systems. IHPA will investigate options to improve the collection and reporting of allied health postgraduate areas of clinical focus in future iterations of the HTTRA NBEDS.

3. Which type of nursing / midwifery students would fit into the 'postgraduate / vocational student' category?

While most initial nursing qualifications would be considered student / pre-entry trainee, qualifications such as nurse practitioner should be considered as within the postgraduate / vocational student category, as it is undertaken as a postgraduate qualification by registered nurses. IHPA will investigate options to improve the collection and reporting of nursing postgraduate areas of clinical focus in future iterations of the HTTRA NBEDS.

4. What level of qualifying education certification should graduate entry masters students be categorised to? For the training stage, are they categorised as 'student / pre-entry trainee' or 'postgraduate / vocational student'?

Heath professional trainees undertaking a graduate entry masters should be categorised as the training stage 'student / pre-entry trainee', as they have no prior health qualification to practice. The level of qualifying education certification should be categorised as postgraduate degree, as the trainee has completed some other type (albeit unrelated) of bachelor degree.

5. Does the area of clinical focus reflect the particular discipline or a more holistic intention? For example, a physiotherapy trainee studying a rehabilitation subject?

The area of clinical focus should be directly related to the particular discipline under study. In the example given, the area of clinical focus should be physiotherapy.

6. Which training stage should be used for clinical training which is not part of a tertiary qualification?

New graduate is the only training stage which can be applied for clinical training which is not part of a tertiary qualification as it is delivered through a formalised health service program. Other forms of clinical training which are not part of a tertiary qualification, such as continuing professional development, training in new technologies or unaccredited positions, are not considered eligible for inclusion in the HTTRA NBEDS.

7. Is a diploma / certificate from a professional college / body which provides specialist postgraduate training (e.g. emergency medicine) recognised in the HTTRA NBEDS data item 'level of qualifying education certification'?

If a certification from a professional college / body (such as medical training colleges or other registered training organisations) meets the definition of teaching and training for ABF purposes (i.e. attain the necessary qualifications or recognised professional body registration to practice; or undertake specialist or advanced practice), it is considered eligible to report against the HTTRA NBEDS where the certification is undertaken for continuing professional development, it does not meet the definition of teaching and training for ABF purposes and therefore should not be reported.

8. Are formal and local competency training packages considered in-scope for the HTTRA NBEDS as they represent an important workforce development process and would meet the definition of 'undertaking specialist / advanced practice' within the teaching and training definition?

To be eligible for reporting to the HTTRA NBEDS, the training package would be required to be delivered by a registered training organisation, and result in a recognised qualification (or statement of attainment) that clearly indicates the scope of the specialist or advanced practice. Training in new skills, technologies or techniques that are considered to be part of everyday clinical practice are out of scope for the HTTRA NBEDS. Refer also to section 4.3 out-of-scope teaching and training activities.

9. Can teaching and training activities undertaken in the community (e.g. dental training) be collected in the HTTRA NBEDS?

The HTTRA NBEDS collects information about teaching and training activities funded by the states and territories that are associated with Australian public hospitals. The scope of the HTTRA NBEDS is establishment and LHN level data on teaching, training and research activities which occur in public hospital services. Activity that is undertaken in the community that is not funded through Australian public hospitals, does not meet the definition of teaching and training for ABF purposes as an 'in-scope' activity.

10. How is the postgraduate year (PGY) (e.g. PGY1, PGY2, PGY 3+) identified?

The data will identify those health professional trainees in their formal postgraduate training years through the following combination of data items:

- area of clinical focus (e.g. medical)
- training stage (i.e. new graduate)
- year of training (e.g. 2).

11. Does the HTTRA NBEDS apply to private hospitals with public contracts?

Yes, the HTTRA NBEDS applies to private facilities with public contracts as the definition of teaching and training for ABF purposes is 'activities provided by *or on behalf of a public health service* to facilitate the acquisition of knowledge, or the development of skills.'

12. Will the HTTRA NBEDS be available to private hospitals to benchmark?

As with all data sets, IHPA will make the HTTRA NBEDS available for benchmarking purposes once they are robust and mature enough to do so.

13. How can new graduates be recognised in allied health, dental, midwifery and nursing, when they are not listed in the area of clinical focus?

The stage of training allows all types of health professionals (identified through the area of clinical focus) to recognise those trainees who are new graduates. Combined with the year of training, new graduates can be identified as they proceed into the workforce.

14. Where should a medical intern be classified in this data collection?

A newly graduated medical doctor (e.g. intern, junior medical officer) will be considered a New Graduate while they are in a formalised graduate training program. Once the training is completed, they no longer meet the definition of teaching and training for ABF purposes. If the person subsequently enrols in postgraduate/vocational study and they are receiving training activities provided public health services related to this study, they will once again meet the criteria for teaching and training for ABF purposes under the training stage 'postgraduate/vocational trainee'. A clinician will remain as a new graduate while they are receiving formalised training after their graduation.

15. Who can qualify for the 'new graduate' stage of training?

The *Stage of training* data element defines the 'new graduate' training stage as including both those in an existing new graduate training program, and those in their first or second year post graduation.

The 'new graduate' category of stage of training should not automatically include every new graduate in their first or second year post graduation. Their eligibility for this category will differ according to the requirements of their health professional specialisation, may not require a full two years' worth of additional training, and must be evidenced by completing activities such as clinical supervision and/or mentoring, and ongoing assessment.

Once this time period has been completed (e.g. they are a fully functioning, independent health professional no longer requiring clinical supervision), they should no longer be considered as eligible for the new graduate category.

16. When does a postgraduate qualification meet the definition of teaching and training for ABF purposes?

All students/trainees submitted to the HTTRA NBEDS are required to meet the definition of teaching and training for ABF purposes, including those in the postgraduate/vocational training stage. The ATTC recognises "activities provided by or on behalf of a public health service to facilitate the acquisition of knowledge, or development of skills."

Postgraduate study must be evidenced by the provision of activities related to the qualification under study (e.g. clinical placements, lectures, new graduate programs, clinical trainee positions) by public health services.

In some situations, postgraduate study may not require 'activities provided by the public health service'. Where a staff member is undertaking study, with no requirement by the public health service to provide activities related to the qualification (e.g. clinical placements, lectures, new graduate programs, clinical trainee positions) then the hospital is not providing a teaching or training service that would meet the definition. Although the staff member is utilising their own real-world experience within their clinical position, they do not meet the criteria for the definition of teaching and training for ABF purposes.

The examples below demonstrate the application of the HTTRA NBEDS data variables.

Example 8: Registered nurse who is studying masters of nursing (nurse practitioner).	
Training stage:	*3 Postgraduate/vocational student* (to recognise that they have an existing qualification) NB. They have obtained a registered nursing qualification and are now undertaking training for the purpose of extending their scope of practice.
Principal qualified profession:	*5 Nursing* (to recognise the previous nursing qualification)
Area of clinical focus:	*501.001 Registered nurse – nurse practitioner*
FTE:	The Nursing and Midwifery Board of Australia *Guidelines on endorsement as a nurse practitioner* lists a requirement of: *"the equivalent of three (3) years' full-time experience in an advanced practice nursing role within the previous six (6) years from date of lodgement of application."* Students employed in that capacity (i.e. an advance practice nursing role for the purpose of gaining the expanded scope necessary for endorsement as a nurse practitioner) will meet the definition of teaching and training for ABF purposes. Their FTE ratio should be reported.
Example 9: Registered nurse who is studying masters of public health.	
Training stage:	The Registered nurse has organised a clinical placement in the area of specialisation of their masters degree for the period of two weeks. Their masters degree does not require any clinical placement hours to be undertaken as part of the degree. Where the staff member is undertaking study with no requirement by the public health service to provide activities related to the qualification, then the hospital is not providing any teaching or training service and they do not meet the definition of teaching and training for ABF purposes. This activity would not be reported through the HTTRA NBEDS as the clinical placement hours are not required for the individual to attain qualification or undertake specialist or advanced practice.

17. How do I distinguish between pre-entry or postgraduate training stages?

Students qualifying for training stage 1 *Pre-entry student* are completing training in a health profession for which they do not have a prior qualification.

To qualify for training stage *3 Postgraduate/vocational student*, the health professional trainee must be studying a qualification which is an extension of their initial qualification to practice (e.g. for a nurse, this may be nurse practitioner). For these trainees to be reported through the HTTRA NBEDS, they must be undertaking 'activities which are provided by public hospital services' and are 'required for an individual to undertake specialist or advanced practice'.

For example, a nurse practitioner must undertake activities in an advanced role to achieve their advanced title endorsement. This could be compared to a registered nurse who may be studying a master degree in a specialist area, however if there are no clinical placements required by the course material, then they would not meet the criteria for the definition of teaching and training for ABF purpose.

Where a student is undertaking study unrelated to their previous qualification (such as a nurse training to become a medical clinician), this does not qualify as training stage 3 *Postgraduate/vocational student.* Their training stage should be allocated as *1 Student/ pre-entry trainee* to recognise those who are undertaking a course which is required for initial registration or qualification to practice as a health professional.

The examples below demonstrate the application of the HTTRA NBEDS data variables.

Example 10: Enrolled nurse who is training to become a registered nurse.	
Training stage:	*1 Student / Pre-entry trainee* NB. Although they have a nursing background, they are now commencing training to obtain a new nursing registration.
Principal qualified profession:	*5 Nursing* (to recognise the previous enrolled nursing qualification)
Area of clinical focus:	*501.000 Nursing – registered nurse*
Clinical placement hours:	Required for all pre-entry students
Example 11: Physiotherapist who is training to become a registered nurse.	
Training stage:	*1 Student / pre-entry trainee*
Principal qualified profession:	*1 Allied health* (to recognise the previous physiotherapy qualification)
Area of clinical focus:	*501.000 Nursing – registered nurse*
Clinical placement hours:	Required for all pre-entry students

Example 12: Radiographer who is studying a sonography qualification.	
Training stage:	*1 Student / Pre-entry trainee* NB. Although they have a radiography background, they are now commencing training to obtain a new qualification.
Principal qualified profession:	*1 Allied health* (to recognise the previous radiographer qualification)
Area of clinical focus:	*120.000 Sonography*
Clinical Placement Hours:	Required for all pre-entry students, but only those hours where the student is undertaking practice as a sonographer trainee should be reported.

18. What does the principal qualified profession represent?

The principal qualified profession represents the primary health-care provider group to which a health professional trainee within an establishment has gained certification.

IHPA understands that this data may not be available, hence this is requested on a best endeavours basis. The reason for this data collection is to assess the possible cost differences in providing training for someone with a prior health qualification compared to without. This data does not feed into the ATTC end class currently and may be reviewed for future ATTC version refinement.

Example 13: A student who is enrolled to become a registered nurse. They do not have any prior health certification.	
Training stage:	*1 Student / Pre-entry trainee*.
Principal qualified profession:	*7 Not applicable* (to recognise no prior health qualification)
Example 14: A student who is enrolled to become a registered nurse. They previously obtained certification for physiotherapy.	
1 Student / Pre-entry trainee.	
7 Allied Health (to recognise the physiotherapy certification previously obtained)	

8. Appendix

8.1. Appendix A – Methods for calculating full time equivalents

Trainee	Employment status	Equivalent time worked vs full-time member of staff	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Trainee 1	Full-time	1	Placement											
Trainee 2	Part-time	0.5			Placement									
Trainee 3	Part-time	0.8						Placement						
Trainee 4	Full-time	1	Placement											
FTE count on last day of each month			2	2	2.5	2.5	2*	1.8*	1.8	1.8	1.8	1.8	1.8	1*

Average monthly total FTE (preferred method): $\frac{(2+2+2.5+2.5+2+1.8+1.8+1.8+1.8+1.8+1.8+1)}{12} = 1.90$

FTE count on 30 June: 1

** FTE count only reflects the FTE on the last day of the month. For example, in November, Trainee 2 was not present on the last day of the month. Therefore, they do not contribute to the FTE count which results in 2 (i.e. Trainee 1 and Trainee 4).*

8.2. Appendix B – Area of clinical focus, version 2

Code	Health professional group	Specialisation of heath professional group (NNN) (Student/pre-entry trainee and new graduate)	Sub-specialisation area of clinical focus (.NNN) (Postgraduate/vocational student)
100.000	1 Allied Health	100.000 Allied health, unspecified	
101.000		101.000 Aboriginal and Torres Strait Islander health worker *Includes:* - Aboriginal and Torres Strait Islander Health Practitioner - Aboriginal Health Practitioner - Torres Strait Islander Health Practitioner	
102.000		102.000 Audiology	
103.000		103.000 Chiropractic	
104.000		104.000 Dietetics *Includes:* - Nutritionist	
105.000		105.000 Exercise physiology	
106.000		106.000 Medical laboratory science	
107.000		107.000 Occupational therapy	
108.000		108.000 Optometry *Includes:* - Optician	
110.000		110.000 Orthoptics	
111.000		111.000 Orthotics and prosthetics	
112.000		112.000 Osteopathy	
113.000		113.000 Paramedicine	
114.000		114.000 Pharmacy *Includes:* - Pharmaceutical chemist	
115.000		115.000 Physiotherapy *Includes:* - Physical therapist	
116.000		116.000 Podiatry *Includes:* - Podiatrist - Chiropodist	
117.000		117.000 Psychology	

Code	Health professional group	Specialisation of heath professional group (NNN) (Student/pre-entry trainee and new graduate)	Sub-specialisation area of clinical focus (.NNN) (Postgraduate/vocational student)
118.001		118.001 Radiation science – radiography *Includes:* - Diagnostic radiographer - Radiographer - Medical imaging technologist	
118.002		118.002 Radiation science – nuclear medicine* *Includes:* - Nuclear medicine scientist - Nuclear medicine technologist	
118.003		118.003 Radiation science – radiation therapy *Includes:* - Medical radiation practitioner - Radiation therapist	
119.000		119.000 Social work	
120.000		120.000 Sonography	
121.000		121.000 Speech pathology *Includes:* - Speech therapist	
199.000		199.000 Other allied health type *Includes:* - Clinical measurement	
200.000	2-Dental Practitioner	200.000 Dentist, unspecified	
200.001			200.001 Dento-maxillofacial radiology
200.002			200.002 Endodontics
200.003			200.003 Forensic odontology
200.004			200.004 Oral and maxillofacial surgery
200.005			200.005 Oral medicine
200.006			200.006 Oral and maxillofacial pathology
200.007			200.007 Oral surgery
200.008			200.008 Orthodontics
200.009			200.009 Paediatric dentistry
200.010			200.010 Periodontics
200.011			200.011 Prosthodontics
200.012			200.012 Public health dentistry (community dentistry)

Code	Health professional group	Specialisation of heath professional group (NNN) (Student/pre-entry trainee and new graduate)	Sub-specialisation area of clinical focus (.NNN) (Postgraduate/vocational student)
200.013			200.013 Special needs dentistry
200.099			200.099 Other postgraduate Dentistry
201.000		Dental practitioner, other *Includes:* - Dental therapist - Dental hygienist - Dental prosthetist - Oral health therapist	
300.000	3-Medicine	300.000 Medicine, unspecified	
300.001			300.001 Addiction medicine
300.002			300.002 Anaesthesia
300.003			300.003 Cardiology
300.004			300.004 Dermatology
300.005			300.005 Emergency medicine
300.006			300.006 Endocrinology
300.007			300.007 Gastroenterology and hepatology
300.008			300.008 General medicine
300.009			300.009 General practice
300.010			300.010 Geriatric medicine
300.011			300.011 Intensive care medicine
300.012			300.012 Medical administration
300.013			300.013 Medical oncology *Includes:* - Oncologist
300.014			300.014 Nephrology
300.015			300.015 Neurology
300.016			300.016 Obstetrics and gynaecology
300.017			300.017 Occupational and environmental medicine
300.018			300.018 Ophthalmology
300.019			300.019 Paediatrics and child health *Includes:* - Neonatology
300.020			300.020 Pain medicine
300.021			300.021 Palliative medicine
300.022			300.022 Pathology
300.023			300.023 Psychiatry

Code	Health professional group	Specialisation of heath professional group (NNN) (Student/pre-entry trainee and new graduate)	Sub-specialisation area of clinical focus (.NNN) (Postgraduate/vocational student)
300.024			300.024 Public health medicine
300.025			300.025 Radiation oncology
300.026			300.026 Radiology
300.027			300.027 Rehabilitation medicine
300.028			300.028 Sexual health medicine
300.029			300.029 Sport and exercise medicine
300.030			300.040 Clinical genetics
300.031			300.031 Clinical pharmacology
300.032			300.032 Haematology
300.033			300.033 Immunology and allergy
300.034			300.034 Infectious diseases
300.035			300.035 Nuclear medicine
300.036			300.036 Respiratory and sleep medicine
300.037			300.037 Rheumatology
300.099			300.099 Medicine, other postgraduate
300.300			300.300 Surgery, unspecified
300.301			300.301 Surgery – general
300.302			300.302 Surgery – orthopaedic
300.303			300.303 Surgery – otolaryngology head and neck
300.304			300.304 Surgery – plastic and reconstructive
300.305			300.305 Surgery – cardiothoracic
300.306			300.306 Surgery – neurosurgery
300.307			300.307 Surgery – oral and maxillofacial surgery
300.308			300.308 Surgery – paediatric
300.309			300.309 Surgery – urology
300.310			300.310 Surgery – vascular
300.399			300.399 Surgery – other surgery type
400.000	4-Midwifery	400.000 Midwifery, unspecified	
400.001			400.001 Midwifery – midwife practitioner
400.099			400.099 Other postgraduate Midwifery
500.000	5-Nursing	500.000 Nursing, unspecified	
501.000		501.000 Nursing – registered nurse	

Code	Health professional group	Specialisation of heath professional group (NNN) (Student/pre-entry trainee and new graduate)	Sub-specialisation area of clinical focus (.NNN) (Postgraduate/vocational student)
501.001			501.001 Registered nurse – nurse practitioner
501.002			501.002 Registered nurse – aged care *Includes:* - Gerontology
501.003			501.003 Registered nurse – child and family health
501.004			501.004 Registered nurse – community health
501.005			501.005 Registered nurse – critical care and emergency *Includes:* - Acute care - Emergency/trauma - High dependency - Neonatal intensive care - Paediatric intensive care
501.006			501.006 Registered nurse – developmental disability
501.007			501.007 Registered nurse – disability and rehabilitation *Includes:* - Rehabilitation
501.008			501.008 Registered nurse – medical
501.009			501.009 Registered nurse – medical practice
501.010			501.010 Registered nurse – mental health *Includes:* - Child and adolescence mental health - Drug and alcohol - Psychiatric rehabilitation - Psychogeriatric care
501.011			501.011 Registered nurse – perioperative *Includes:* - Anaesthetic - Operating room - Recovery
501.012			501.012 Registered nurse – surgical
501.099			501.099 Registered nurse - other postgraduate

Code	Health professional group	Specialisation of heath professional group (NNN) (Student/pre-entry trainee and new graduate)	Sub-specialisation area of clinical focus (.NNN) (Postgraduate/vocational student)
502.000		502.000 Nursing – enrolled nurse	
599.000		599.000 Nursing – other nursing profession	

* Code 118.002 *Radiation science – nuclear medicine* represents multiple types of nuclear medicine, such as positron emission tomography (PET), gallium or meta-iodobenzylguanidine (MIBG).

8.3. Appendix C – Example of data request specification submission for the HTTRA NBEDS

The HTTRA NBEDS is reported at the level of the establishment or LHN, rather than trainee level.

The example below demonstrates how an establishment (Establishment A) with trainees in several areas, with differing backgrounds and differing stages of training should report to the HTTRA NBEDS.

ESTABLISHMENT A

a) Establishment A has one pre-entry student enrolled in a non-bachelor degree allied health qualification. They are enrolled in a Certificate IV studying to be an Aboriginal and Torres Strait Islander Health Worker. They are currently studying first year course material, and complete 50 clinical placement hours. The student has no prior health qualification.

   Establishment A also has 49 pre-entry students enrolled in bachelor degrees studying allied health qualifications:

   - 15 are currently studying physiotherapy first year course material and complete 80 clinical placement hours each in Semester 1, followed by 65 clinical placement hours each in Semester 2. There are no students with prior health qualifications.
   - 13 are currently studying physiotherapy second year course material and complete 70 clinical placement hours each in Semester 1, followed by 120 clinical placement hours each in Semester 2. There are no students with prior health qualifications.
   - 12 are currently studying social work first year course material and complete 67 clinical placement hours each in Semester 1, followed by 72 clinical placement hours each in Semester 2. There are no students with prior health qualifications.
   - 9 are currently studying social work second year course material and complete 90 clinical placement hours each in Semester 1, followed by 140 clinical placement hours each in Semester 2. There are no students with prior health qualifications.

Establishment identifier	Local hospital network identifier	Principal qualified profession	Stage of training	Level of qualification education certification	Year of training	Area of clinical focus	Total health professional trainee FTE	Student clinical placement hours
2011Hosp1	101	7 *(i.e. no prior health qualification)*	1 *(i.e. student/ pre-entry trainee)*	1 *(i.e. certificate IV)*	1 *(i.e. first year of training)*	101.000 *(i.e. Aboriginal and Torres Strait Islander health worker)*	0000	000050 *(i.e. 1 x 50)*
2011Hosp1	101	7	1	3 *(i.e. bachelor degree)*	1	115.000 *(i.e. physiotherapy)*	0000	002175 *(i.e. 15 x 80 + 15 x 65)*
2011Hosp1	101	7	1	3	2 *(i.e. second year of training)*	115.000	0000	002470 *(i.e. 13 x 70 + 13 x 120)*
2011Hosp1	101	7	1	3	1	119.000 *(i.e. social work)*	0000	001668 *(i.e. 12 x 67 + 12 x 72)*
2011Hosp1	101	7	1	3	2	119.000	0000	002070 *(i.e. 9 x 90 + 9 x 140)*

b) Establishment A has two new graduates psychologists, employed at 1.0 FTE each. They are currently completing PGY1 training through the establishment's formal training program. There are no prior health qualifications.

Establishment identifier	Local hospital network identifier	Principal qualified profession	Stage of training	Level of qualification education certification	Year of training	Area of clinical focus	Total health professional trainee FTE	Student clinical placement hours
2011Hosp1	101	7 *(i.e. no prior health qualification)*	2 *(i.e. new graduate)*	7 *(i.e. not applicable)*	1 *(i.e. first year of training)*	117.000 *(i.e. psychology)*	0002 *(i.e. 2 x 1.0)*	00000

c) Establishment A has 60 pre-entry students enrolled in a bachelor degree studying to be a registered nurse:

- 30 are currently studying first year course material and complete 80 clinical placement hours each in Semester 1, followed by 90 clinical placement hours each in Semester 2. Two students have a prior qualification in allied health (1 x exercise physiology, 1 x social work.
- 20 are currently studying second year course material and complete 160 clinical placement hours each in Semester 1, followed by 46 clinical placement hours each in Semester 2. Three students have a prior qualification in physiotherapy.
- 10 are currently studying third year course material and complete 300 clinical placement hours each in Semester 1, followed by 270 clinical placement hours each in Semester 2. There are no students with prior health qualifications.

Establishment identifier	Local hospital network identifier	Principal qualified profession	Stage of training	Level of qualification education certification	Year of training	Area of clinical focus	Total health professional trainee FTE	Student clinical placement hours
2011Hosp1	101	7 *(i.e. no prior health qualification)*	1 *(i.e. student/ pre-entry trainee)*	3 *(i.e. bachelor degree)*	1 *(i.e. first year of training)*	501.000 *(i.e. registered nurse)*	0000	004760 *(i.e. 28 x 80 + 28 x 90)*

Establishment identifier	Local hospital network identifier	Principal qualified profession	Stage of training	Level of qualification education certification	Year of training	Area of clinical focus	Total health professional trainee FTE	Student clinical placement hours
2011Hosp1	101	1 *(i.e. prior allied health qualification)*	1	3	1	501.000	0000	000340 *(i.e. 2 x 80 + 2 x 90)*
2011Hosp1	101	7	1	3	2 *(i.e. second year of training)*	501.000	0000	003502 *(i.e. 17 x 160 + 17 x 46)*
2011Hosp1	101	1	1	3	2	501.000	0000	000618 *(i.e. 3 x 160 + 3 x 46)*
2011Hosp1	101	7	1	3	3 *(i.e. third year of training)*	501.000	0000	005700 *(i.e. 10 x 300 + 10 x 270)*

d) Establishment A has 27 new graduate registered nurses, employed as 1.0 FTE each. They are currently completing PGY1 training through the establishment's formal training program. There is no detail on prior health qualifications.

Establishment identifier	Local hospital network identifier	Principal qualified profession	Stage of training	Level of qualification education certification	Year of training	Area of clinical focus	Total health professional trainee FTE	Student clinical placement hours
2011Hosp1	101	8 *(i.e. unknown prior health qualification)*	2 *(i.e. new graduate)*	7 *(i.e. not applicable)*	1 *(i.e. first year of training)*	501.000 *(i.e. registered nurse)*	0027 *(i.e. 27 x 1.0)*	00000

e) Establishment A has three registered nurses undertaking graduate certificates to become a nurse practitioner. Two are studying the course material full time as 1.0 FTE, and are studying second year course material. However, one is studying the course material part-time as 0.7 FTE and is still studying first year course material. All three registered nurses have a prior health qualification of nursing.

Establishment identifier	Local hospital network identifier	Principal qualified profession	Stage of training	Level of qualification education certification	Year of training	Area of clinical focus	Total health professional trainee FTE	Student clinical placement hours
2011Hosp1	101	5 *(i.e. prior nursing qualification)*	3 *(i.e. postgraduate/ vocational student)*	4 *(i.e. graduate certificate)*	2 *(i.e. second year of training)*	501.001 *(i.e. registered nurse – nurse practitioner)*	0002 *(i.e. 2 x 1.0)*	00000
2011Hosp1	101	5	3	4	1 *(i.e. first year of training)*	501.001	0001 *(i.e. 0.7 x 1.0, rounded up)*	00000
2011Hosp1	101	5	3	4	2 *(i.e. second year of training)*	501.001	0002 *(i.e. 2 x 1.0)*	00000

f) Establishment A has 57 pre-entry students enrolled in a bachelor degree studying medicine:

- 29 are currently studying first year course material and complete 50 clinical placement hours each in Semester 1, followed by 67 clinical placement hours each in Semester 2. Two students have a prior qualification in nursing.
- 18 are currently studying second year course material and complete 80 clinical placement hours each in Semester 1, followed by 120 clinical placement hours each in Semester 2. There are no students with prior qualifications.
- 10 are currently studying third year course material and complete 270 clinical placement hours each in Semester 1, followed by 290 clinical placement hours each in Semester 2. Three students have a prior qualification in allied health (3 x physiotherapy).

Establishment identifier	Local hospital network identifier	Principal qualified profession	Stage of training	Level of qualification education certification	Year of training	Area of clinical focus	Total health professional trainee FTE	Student clinical placement hours
2011Hosp1	101	7 *(i.e. no prior health qualification)*	1 *(i.e. student/ pre-entry trainee)*	3 *(i.e. bachelor degree)*	1 *(i.e. first year of training)*	300.000 *(i.e. medicine, unspecified)*	0000	003159 *(i.e. 27 x 50 + 27 x 67)*
2011Hosp1	101	5 *(i.e. prior nursing qualification)*	1	3	1	300.000	0000	000234 *(i.e. 2 x 50 + 2 x 67)*
2011Hosp1	101	7	1	3	2 *(i.e. second year of training)*	300.000	0000	003600 *(i.e. 18 x 80 + 18 x 120)*
2011Hosp1	101	7	1	3	3 *(i.e. third year of training)*	300.000	0000	003920 *(i.e. 7 x 270 + 7 x 290)*
2011Hosp1	101	1 *(i.e. prior allied health qualification)*	1	3	3	300.000	0000	001680 *(i.e. 3 x 270 + 3 x 290)*

g) Establishment A has 43 medical new graduates, employed as 1.0 FTE each. They are currently undertaking PGY1 training within the establishment's formal training program:

- 24 are currently completing the PGY1 program. One student has a prior qualification in nursing.
- 19 are currently completing the PGY2 program. One student has a prior qualification in physiotherapy.

Establishment identifier	Local hospital network identifier	Principal qualified profession	Stage of training	Level of qualification education certification	Year of training	Area of clinical focus	Total health professional trainee FTE	Student clinical placement hours
2011Hosp1	101	7 *(i.e. no prior health qualification)*	2 *(i.e. new graduate)*	7 *(i.e. not applicable)*	1 *(i.e. first year of training)*	300.000 *(i.e. medicine, unspecified)*	0023 *(i.e. 23 x 1.0)*	00000
2011Hosp1	101	5 *(i.e. prior nursing qualification)*	2	7	1	300.000	0001 *(i.e. 1 x 1.0)*	00000
2011Hosp1	101	7	2	7	2 *(i.e. second year of training)*	300.000	0018 *(i.e. 18 x 1.0)*	00000
2011Hosp1	101	1 *(i.e. prior allied health qualification)*	2	7	2	300.000	0001 *(i.e. 1 x 1.0)*	00000

h) Establishment A has three internationally trained health professionals, each employed as 1.0 FTE, who are seeking registration to practise in Australia and require supervision. Of these, two are international medical graduates, and one is an internationally qualified cardiologist:

- two are international medical graduates currently undertaking supervised placement to attain registration in Australia to practice. They have passed recognised examinations, and now require 12 months supervised practice to reach full registration. They have applied for assessment under the Competent Authority pathway of the Medical Board of Australia.
- one is an internationally trained cardiologist currently undertaking supervised placement to attain registration in Australia to practice. They have applied for assessment of comparability to the standard of a specialist trained in cardiology in Australia under the Specialist pathway of the Medical Board of Australia.

Establishment identifier	Local hospital network identifier	Principal qualified profession	Stage of training	Level of qualification education certification	Year of training	Area of clinical focus	Total health professional trainee FTE	Student clinical placement hours
2011Hosp1	101	3 *(i.e. prior medical qualification)*	2 *(i.e. new graduate)*	10 *(i.e. Supervised program for internationally trained health professional for Australian registration purposes)*	1 *(i.e. first year of training)*	300.000 *(i.e. medicine, unspecified)*	0002 *(i.e. 2 x 1.0)*	00000
2011Hosp1	101	3	3 *(i.e. postgraduate / vocational student)*	10	1	300.003 *(i.e. cardiology)*	0001 *(i.e. 1 x 1.0)*	00000

i) Establishment A has 18 registered medical clinicians undertaking vocational training through medical college training programs to achieve fellowship. All clinicians are employed as 1.0 FTE each:

- five are currently undertaking specialist training for cardiology. Two are undertaking the first year of the program, three are undertaking the second year program material.
- two are currently undertaking specialist training for nephrology. Both are undertaking first year program material.
- four are currently undertaking specialist training for obstetrics and gynaecology. Two are undertaking the first year of the program, one is undertaking second year program material, and one is completing third year program material.
- three are currently undertaking specialist training for emergency medicine. One is undertaking first year program material, two are completing third year program material.
- four are currently undertaking specialist training for general surgery. Three are undertaking first year program material, one is studying second year course material.

Establishment identifier	Local hospital network identifier	Principal qualified profession	Stage of training	Level of qualification education certification	Year of training	Area of clinical focus	Total health professional trainee FTE	Student clinical placement hours
2011Hosp1	101	3 *(i.e. prior medical qualification)*	3 *(i.e. postgraduate/ vocational student)*	6 *(i.e. fellowship)*	1 *(i.e. first year of training)*	300.003 *(i.e. cardiology)*	0002 *(i.e. 2 x 1.0)*	00000
2011Hosp1	101	3	3	6	2 *(i.e. second year of training)*	300.003	0003 *(i.e. 3 x 1.0)*	00000
2011Hosp1	101	3	3	6	1	300.014 *(i.e. nephrology)*	0002 *(i.e. 2 x 1.0)*	00000

Establishment identifier	Local hospital network identifier	Principal qualified profession	Stage of training	Level of qualification education certification	Year of training	Area of clinical focus	Total health professional trainee FTE	Student clinical placement hours
2011Hosp1	101	3	3	6	1	300.016 *(i.e. obstetrics & gynaecology)*	0002 *(i.e. 2 x 1.0)*	00000
2011Hosp1	101	3	3	6	2	300.016	0001 *(i.e. 1 x 1.0)*	00000
2011Hosp1	101	3	3	6	3 *(i.e. third year of training)*	300.016	0001 *(i.e. 1 x 1.0)*	00000
2011Hosp1	101	3	3	6	1	300.005 *(i.e. emergency medicine)*	0001 *(i.e. 1 x 1.0)*	00000
2011Hosp1	101	3	3	6	3	300.005	0002 *(i.e. 2 x 1.0)*	00000
2011Hosp1	101	3	3	6	1	300.301 *(i.e. general surgery)*	0003 *(i.e. 3 x 1.0)*	00000
2011Hosp1	101	3	3	6	3	300.301	0001 *(i.e. 1 x 1.0)*	00000

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