



## **BUSINESS CASE TO ENHANCE MACP STUDENT PLACEMENT**

### **TASK**

The Musculoskeletal Association of Chartered Physiotherapists and Physiotherapy as a profession has a need for students passing through associated programmes to be able to complete clinical placements. In recent times this has reached a critical point with a significant reduction in available placements. The case below aims to highlight the potential benefits of post-graduate student placements to departments, Trusts and ultimately the patient. It is acknowledged that there are obstacles to overcome when providing this type of educational environment, but it is hoped in terms of value, the positives outweigh the negatives.

### **ADVANTAGES OF TAKING STUDENTS**

1. If you employ a high-level M-level practitioner who mentors students, then this is an attraction for staff. If the department is known to accept master's level students, then this enhances the reputation of the department, which may in turn aid recruitment and retention.
2. There is always the possibility that a student will like the department and may later be interested in working there. So, there is a possibility of recruitment gains.
3. Staff working in the department will be aware of master's level students and this in turn will enhance the reputation of the department and skilled supervisor. This gives staff pride in their working environment and encourages them to aspire to a higher-level achievement themselves. It also gives the department an academic ambience and this can raise standards of all staff.

4. The documented hours needed for a Mentored Clinical Placement are 150 hours. There is a suggested proportion of direct contact versus indirect contact time within the 150 hours. In terms of payment this is varied between the organisations (£500 - £600) which can be given to the department to help compensate for the loss of the skilled practitioner even though a proportion of their patient list will still be seen.
5. This small sum can go towards meeting budget shortfalls and the experience can be recorded as an income generator. In many cases 2 students are taken which enhances learning and still creates a reasonable patient workload.
6. At the end of the placement, the student may be asked to give an academic presentation, which may be attended by all staff. This can be recorded as a training episode with no cost implication.
7. Commissioners can be informed that master's level students are accepted, and this brings attention to the high level reputation of the clinical staff working in that department. This will be seen as a positive message of high standards and emphasise the desire of the department to support academic scrutiny within the service.
8. Mentors of master's level students are valued by multi-disciplinary team and other associated services. They may encourage research, audit and critical clinical appraisal. This is often counted when departments come under evaluation both internally and externally.

## **REQUIREMENTS OF THE TRUST.**

1. The practitioners will need to have time to create an appropriate diary – this normally will not take more than an hour but needs administration support.
2. Practitioners will need to source appropriate patients, but in many cases after the first week the student can be left to organise this with support.

3. The time required is not 100% supervision; in many cases it would be acceptable for the supervisor to be available 50%-75% of the time. It is also accepted that other experienced staff can help with some clinical discussions which aids in sharing the burden and enhances clinical practice.
4. By taking 2 students the placement can be enhanced. This is achieved by using their peer colleagues to observe and give feedback when the supervisor is not available. This can be a very good way to enhance practice for the students while reducing pressure on the supervisor.
5. Supervisors from other local Trusts could be linked with each other which could reduce burden but may require staff from these Trusts to supervise within the departments.

Inherently a department gains an M-level student from outside the Trust who is studying at a high level and who already has high clinical skills. However, this is balanced by the request that the mentor/ practitioner will act as a supervisor. It is likely that fewer patients will be seen during the period of placement than would be seen by a practitioner working alone. This is inevitable since there will need to be feedback after every treatment episode and there will also be an expectation of teaching where this is required. Therefore, it is important to be fully aware of the wider gains from enabling staff to accept clinical placements at this level.

## **CONCLUSION**

Accepting master's level students on placement can therefore be seen as a desirable responsibility by those departments who value high achievement. Although gains may be more esoteric than seeing instant profit, departments should see this as an accolade rather than an imposition. We recommend it to you as a positive benefit to your organisation.