

LETTER TO THE EDITOR

Placement poverty: In-house healthcare student employment creates an ethical dilemma

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Having just started an evening clinical shift, I received an incoming call from the clinical assistant working the shift. The name on the screen was shockingly familiar. It was a medical student I had met with very recently regarding poor academic performance. In this meeting, they stated that they were working part time but within the limit of our course recommendations. Part of our discussion was about managing work requirements and limiting long work stints to preserve energy for placement. As we started our 8-hour shift, I had to reflect on the advice I had given and the reality of the situation.

The impact of placement poverty on healthcare students is increasing and placing some in dire financial situations. In a cost-of-living crisis, compulsory placement can lead to inequitable learning experiences and prevent some students from achieving their academic potential as they move to cheaper accommodation, work more hours or cut down on necessary goods (Beks et al., 2024; Lambert et al., 2024). There are many recommendations to improve placement poverty, including government payments, subsidised parking, financial counselling and specific paid clinical roles for students (AMSA, 2023). An ethical dilemma for educators is to balance holistic support for students alongside the attendance requirements of the course.

The cost of unpaid placement, both direct and indirect (Beks et al., 2024), will disproportionately affect students from lower socioeconomic backgrounds, those with caring responsibilities, rural/remote students, First Nations students and mature-age students with children (Lambert et al., 2024). Arguably, we need to support these students to graduation to develop a diverse and representative workforce (Beks et al., 2024; Lambert et al., 2024). The challenge of healthcare training is that academic and professional success depends on being embedded in the workplace to understand both the curriculum and hidden curriculum.

To provide an equitable learning journey, modifications to hybrid placement models, such as virtual health clinics, can replace some clinical hours. However, this is only viable as a short-term option. Another possibility is crediting part-time work, such as the clinical assistant role, as placement hours, since students in these roles are developing skills in the healthcare setting (AMSA, 2023). However, the goal of a health professional degree

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is to train students according to an explicit curriculum that relies on specific learning outcomes being achieved. To provide a safe and competent healthcare workforce, these learning outcomes map to domains of accrediting organisations, such as the Australian Medical Council. Any crediting of part-time work, virtual placement or other hybrid model would need to clearly meet accreditation standards without impacting on other core learning.

While some solutions, such as crediting part-time work, could be changed at an educational provider level, others require government policy review and broad stakeholder engagement. In the absence of a universal event that would create equity in financial affairs for all students, is it ethical to support a student in working or do we strictly enforce the placement hours? How do we ensure an equitable teaching and learning experience regardless of student finances? Is the benefit of having more income now worth failing the year? What responsibility do we have to future patients? There is no clear solution that would address all these concerns, so each educator will need to make a judgement call on the situation as it occurs.

The balance between student financial wellbeing and course requirements should be a case-by-case assessment, but educators need to remember the rationale for attendance requirements in professional healthcare degrees. The best option to address placement poverty in Australia seems to be some form of payment to attend placement along with subsidies for transport, food and parking. While we continue to advocate for these changes, educators should monitor attendance, where possible, direct students to grants or bursaries and provide orientation to attendance requirements with an open invitation to approach faculty if this becomes challenging to maintain.

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