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# Health New Zealand Student Placement Digital Coordination Tool

Independent Evaluation
Final Report
Prepared by Deloitte Limited, New Zealand

**Submitted:** 14 November 2025

# Table of Contents

# 1.0 Executive Summary

## 1.1 Purpose

Clinical placements are essential for preparing health students to become workforce-ready by applying their theoretical knowledge in real healthcare settings. These placements are a requirement to obtain registration in their selected healthcare profession. In Aotearoa New Zealand, they are especially important for building a locally trained, culturally responsive workforce that reflects and serves diverse communities. To meet future health needs, the system supporting these students must ensure placements are accessible, equitable, and sustainably supported.

In response to the 2023 report *Finding a Place to Learn in Health*, Health New Zealand | Te Whatu Ora (Health NZ) initiated the development of the **Student Placement Digital Coordination Tool** (the Tool) to address systemic challenges in clinical placement coordination. The Tool aims to enhance national visibility of placement capacity and demand, streamline coordination processes, and enable access to more diverse and equitable placement settings. Supporting this initiative is the **Health Placement Hub** (the Hub) consisting of members of the Health NZ Workforce Planning and Development Directorate (herewith referred to as Health NZ for the purposes of this report), which provided operational oversight and user support. Both the Tool and the Hub align with the Health NZ **National Clinical Student Placement and Access Agreement**, introduced in January 2025 which outlines the responsibilities, terms and conditions for placing health students in clinical settings ensuring safe, equitable and coordinated access.

During 2024–2025, Health NZ piloted the Tool and Hub with one education provider and one health profession (anaesthetic technicians). To ensure an independent and robust assessment, Health NZ engaged Deloitte – a Tier 1 Consulting Firm - to evaluate the pilot's effectiveness, identify lessons learned, and inform decisions about future iterations and broader implementation. This report presents findings from the evaluation and was submitted to Health NZ on **14 November 2025**.

## 1.2 Scope and Focus

The scope of this evaluation was to engage key stakeholder groups to understand the following:

- **Assess the effectiveness** of the pilot's implementation.
- **Measure the impact of the Tool** on placement coordination and capacity, alongside its wider health system impact.
- **Identify benefits and challenges** of scaling the Tool to other professions.
- **Provide insights and actionable recommendations for future rollout and expansion** to other professions, such as medical students.

Specifically, the evaluation was tasked to:

- **Assess how well the Tool enables coordination of placements** across different settings and geographical locations.

- **Consider the Tool and the Health Placement Hub's potential** to support system-wide data sharing, reporting, workforce planning, tertiary pipeline monitoring, and equity analysis.
- **Evaluate the extent to which the Tool and the Health Placement Hub improve** national visibility, equity of access, and reduce administrative burden across providers and professions.
- **Measure ease of use and accessibility for stakeholders,** ensuring the Tool meets the needs of users in diverse settings and across sectors (including education providers, Health NZ providers, and private health organisations).

## 1.3 Approach

The evaluation adopted a **formative and impact evaluation framework** using a mixed-methods approach. Key activities included:

- **Literature Review:** Analysis of 166 documents provided by Health NZ.
- **Stakeholder Engagement:** Interviews and focus groups with 16 stakeholders, and continuous consultation with Health NZ.
- **Survey Analysis:** Online survey sent to 60 Clinical Placement Coordinators[1] in both the private and public sector.

## 1.4 Key Findings from Literature Review

The documents reviewed for this evaluation collectively reinforce the urgent need for systemic reform and digital transformation in clinical placement coordination. The report *Finding a Place to Learn in Health (2023)* identified fragmentation, manual processes, and a lack of visibility as critical barriers to workforce growth and equity. International examples further demonstrated that integrated digital platforms could deliver efficiency and transparency, especially when supported by strong governance. Building on these insights, the *Funding Case (2024)* positioned the Tool and Hub as strategic enablers for national consistency, equity for Māori and Pacific students, and smarter resource use, all aligned with Te Pae Tata and the Health Workforce Plan.

Similarly, the *New Medical School Business Case (2025)* underscored the urgency of scalable placement infrastructure to support the expansion of medical education, further strengthening the case for a coordinated, future-ready solution.
Together, these insights justify investment in a purpose-built platform designed to address placement bottlenecks, standardize processes, and provide real-time data for workforce planning. Analysis of the literature review highlighted several central themes:

- **System Reform and Standardisation:** The current fragmented system requires national consistency and digital transformation.
- **Workforce Growth:** Placement bottlenecks limit enrolments and workforce expansion which the tool addresses these constraints.
- **Equity:** Māori and Pacific students face barriers that improved coordination and timely placement information can help overcome.

[1] For reference, stakeholders were Clinical Placement Coordinators; however, when feedback was provided by a coordinator from Health NZ, this report will refer to them as Health NZ Clinical Providers.

- **Financial Sustainability:** Smarter use of resources and transparent revenue management are essential for long-term viability.
- **Stakeholder Engagement:** Co-design and iterative development are critical for adoption and success.

The evidence reviewed presents a clear and compelling case for immediate investment in a coordinated, digitally enabled clinical placement solution. Fragmentation, manual processes, and inequitable access are constraining workforce growth and undermining system efficiency. International best practice and national strategic priorities—Te Pae Tata and the Health Workforce Plan—underscore the need for reform that delivers consistency, transparency, and scalability. A purpose-built platform, supported by robust governance and co-design, will not only alleviate placement bottlenecks but also advance equity for Māori and Pacific students, enable smarter resource allocation, and provide real-time data to inform workforce planning. This transformation is essential to future-proof medical education and strengthen the health system for generations to come.

## 1.5 Key Findings from Evaluation

Below are six key findings from this evaluation:

### 1.5.1 Fragmented and Relationship-Driven Coordination

Existing placement coordination without the Tool remains inconsistent, heavily reliant on manual processes and informal relationships between providers. This fragmentation highlights the need for a standardised, technology-enabled approach that reduces administrative burden and democratises placement access. These factors constrain the ability for the Tool to scale as manual systems cannot support the projected growth in student numbers or integrate with national workforce planning tools.

### 1.5.2 Administrative Efficiency Gains

The Tool has demonstrated measurable efficiency improvements for specific providers by reducing time spent on coordination tasks and centralising placement information, communication, and logistics. However, reliance on email for key communications persists, limiting full process integration. Achieving full efficiency gains will require deeper integration with existing provider systems and scalable workflows that can accommodate multiple professions and regions.

### 1.5.3 Enhanced Visibility and Equity

The Tool improves visibility of placement availability, reducing overlooked opportunities and supporting a more equitable allocation process. This feature is particularly valuable for addressing disparities in access to placements across regions and professions. To sustain equity at scale, integration with education and health sector data systems will be essential for real-time capacity planning and transparent allocation.

### 1.5.4 Mixed User Experience

While most users found the Tool intuitive, some encountered challenges that required manual processes. Areas identified for improvement included enhanced notifications (which were addressed through agile release development), more detailed dashboards, clearer export functions, and role-specific views. Additionally, the Tool does not yet support student engagement, as students are unable to input their preferences or constraints. To deliver a

seamless end-to-end experience, future releases must prioritise scalable design and integration with student-facing platforms.

### 1.5.5 Data and Integration Gaps

Due to the Tool's infancy, it lacks robust reporting capabilities and does not integrate with other IT systems used by stakeholders. These gaps constrain its potential for data-driven decision-making and seamless workflow integration. Closing these integration gaps is critical for scalability, as it will enable the Tool to support national workforce planning and coordination across multiple professions.

### 1.5.6 Opportunity for Future Growth

The Tool adds significant value and offers potential for expansion to other professions. Risks to wider rollout include curriculum misalignment, entrenched placement control, and lack of standardisation and integration with other systems. Importantly, the Tool is designed to complement, not replace human relationships in the placement process. Its architecture must evolve to support scalable interoperability across diverse education and health systems to realise sector-wide benefits.

### 1.5.7 Summary of Recommendations

The evaluation highlights that the Student Placement Coordination Tool and Health Placement Hub address critical gaps in New Zealand's clinical placement system, offering benefits such as improved visibility of capacity and reduced administrative burden. However, limitations in functionality, reporting, and integration have constrained full impact. Stakeholders strongly support continued development focused on usability, equity, and interoperability to prevent ongoing fragmentation and inefficiency.
Recommendations are grouped into three areas:

- **Current State Improvements:** Practical enhancements to resolve immediate challenges and improve usability, equity, and efficiency.
- **Future State Actions:** Strategic steps to enable national coordination, integration, and student-centred design.
- **Implementation Options:** Four pathways assessed—status quo, partial implementation, full-scale implementation, or replacing the Tool with an off-the-shelf solution.

Overall, the evaluation strongly supported full-scale implementation of the Tool and continued provision of the Hub. This recommendation acknowledges previous investment in these services, and the resounding sentiment of stakeholders – that a fully functional Tool, with support of the Hub, will create efficiency, a democratised process, and support equity for both providers and students.

# 2.0 Tool Functionality

Below is a summary of the full proposed functionality of the Tool. The Tool was first scoped for maximum functionality, but owing to funding and resource constraints only a restricted range of functionality was developed.

The Tool operates through two portals—one for health organisations to publish placement offers and manage clinical areas, and another for education providers to submit requests and allocate students. The Tool was designed to challenge fragmented, first-come-first-served practices by improving visibility of capacity and demand, reducing administrative burden, and supporting equitable allocation. The Tool also aimed to deliver national consistency and better planning through dashboards and heat maps. There were three key functions designed for the Tool, with the first two (Plan Capacity, Liaise & Match) built for the pilot. The final function Confirm & Prepare is proposed for development but was not part of the pilot.

A description of each of the key functions is given below:

### A. Plan Capacity

**Purpose:** Enable wider visibility of placements across the motu, and number of students needing placements. This in turn improves planning.

**Key Functions:**

- Health organisations can enter number of placements available, and timing. This in turn creates numbers of days available across the motu. This can also be viewed by region (urban/rural).
- Education providers can upload their requirements for the next academic year. They also see the capacity of the system – how many placements are being offered – in turn informing them of how many students can access a placement across the motu, and where.
- Creates visibility for all on upcoming placement opportunities.
- Supports workforce planning by aligning capacity with workforce needs.

**Benefits:**

- Moves away from ad hoc, reactive or relationship-based placement requests.
- Provides a national view of placement availability, particularly important for underserved areas.
- A centralised tool, reducing reliance on individually held spreadsheets.
- Support from dedicated Health Placement Hub team.

### B. Liaise & Match

**Purpose:** Facilitate transparent communication and equitable matching between health and education providers.

**Key Functions:**

- Education providers coordinate placement requirements (how many, when and where) and submit placement requests based on published capacity.

- The Tool matches requests to offers using structured criteria (e.g., profession, dates, location).
- Health provider views requests and reconsiders how many students to accept based on current need.
- Enables negotiation and adjustments to the structured criteria within the platform rather than via email chains.

**Benefits:**

- Reduces administrative burden and manual coordination.
- Promotes fairness by replacing first-come-first-served with structured matching.
- Accurate national data for demand and capacity.
- Support from dedicated Health Placement Hub team.

### C. Confirm & Prepare

**Purpose:** Finalise placements and prepare for student onboarding.

**Key Functions:**

- Confirm student allocations within the Tool.
- Education provider can match placements with student requirements (learning needs, family/caregiving responsibilities, place of origin, cultural needs). These details can be shared with the health provider.
- Health provider can prepare students for the placement – supervisor details, pre-placement onboarding, induction and other placement requirements.

**Benefits:**

- Sets the stage for a smooth placement experience for students, enhancing student retention.
- Ensures clarity and accountability for all parties.
- Provides seamless support from the Health Placement Hub

**Register**

A future state vision, where users register on the Tool under roles (health, education, student etc). This would mean profiles could be built including needs, preferences, and contact details. This would enhance whanaungatanga and maintain relationships in the sector but in a more controlled and equitable manner.

## 2.1 Summary of Tool Development

The table below summarises the developmental phase and function of the tool across three timeframes: a) **previous state** prior to the development of the tool, b) tool functionality during the **pilot** phase, and c) planned functionality for **future state** that was not realised due to funding and resource constraints. **The current evaluation investigated the functionality of the tool as it stood during the pilot phase.** Due to the agile development of the Tool, several features were introduced after the initial pilot release, so some users may have engaged with the Tool before these enhancements were available (See Appendix C for additional features).

Stakeholders consulted as part of the evaluation were aware of future state functionality and gave feedback of their recommendations for future development.

| *Previous State* | *Pilot (current) state* | *Future state (planned but not yet funded)* |
|---|---|---|
| • Manual process (no Tool or Health Placement Hub) | • **Plan Capacity**<br>• **Liaise & Match**<br>• **Health Placement Hub Support** | • **Plan Capacity**<br>• **Liaise & Match**<br>• **Confirm & Prepare**<br>• **Register**<br>• Data reporting<br>• Scaled to other professions<br>• **Health Placement Hub Support** |

# 3.0 Literature Review

This literature review synthesises five key documents provided as background for a formative and impact evaluation of the pilot. The review explores the intent and relevance of each document, the arguments for and against the need for the tool, and how these insights inform the case for scaling the solution.

**Finding a Place to Learn in Health (July 2023)**
This report provides a comprehensive analysis of how clinical placements for health profession students are currently organised in New Zealand. Its intent is to identify systemic challenges and opportunities for improvement in placement coordination.

The analysis draws on engagement with health and education stakeholders and highlights four key objectives:

- establishing national coordination infrastructure
- standardising placement processes
- expanding placement opportunities
- improving equity and retention for Māori and Pacific students

The relevance to the pilot is significant, as the findings underpin the rationale for developing a digital coordination tool and a Health Placement Hub. The report argues strongly for reform, noting that the current system is fragmented, heavily reliant on manual processes, and lacks visibility of placement capacity and demand. These inefficiencies create bottlenecks that limit student enrolments and workforce growth. It acknowledges that cultural and operational shifts will be required to implement standardisation and digital solutions effectively.

The report summaries international evidence on clinical placement models and how other countries structure placements. The document explains that some tertiary education organisations have implemented digital systems that show promise for improving efficiency and equity. For example, the Western Institute of Technology at Taranaki (WITT), which is a subsidiary of Te Pūkenga developed a custom-built system using Airtable, Jotform, and Bubble.io. While this improved the student experience, it lacked scalability and did not integrate smoothly with health service providers. Off-the-shelf solutions like Sonia and InPlace have been adopted by several universities and polytechnics. Sonia allows students to rank placement preferences and uses an algorithm to allocate them, reducing administrative time and improving transparency. InPlace offers similar functionality with a modern interface and strong data visibility. Both systems require significant configuration and support to use their full capabilities, and success depends on implementing good business processes before rollout.

International examples demonstrate what a fully integrated system can achieve. PlaceRight in Victoria is a government-owned platform that cost approximately $5.1 million to develop. It manages placements for 25 health professions and 23,000 students annually, integrates reporting for workforce planning, and incentivises providers to offer placements. ClinConnect in New South Wales was built in-house by the Ministry of Health and supports statewide placement coordination, although it does not integrate with education systems or allow

student access. HSPnet, used for Registered Medical Officer placements in New Zealand, is described as inflexible and unsuitable for expansion.

The report concludes that a centralised digital tool is necessary but off-the-shelf solutions are not sufficient. While digital systems can address many challenges—such as visibility, equitable distribution, and administrative burden—they must be supported by standardised agreements, equity measures, and strong governance to succeed.

Overall, the analysis in the report positions the Tool as a critical enabler for providing enhanced efficiency gains, user experience, and supporting a sustainable health workforce pipeline.

**Student Placement Digital Tool Design Feedback and Next Steps (June 2024)**
This document summarises the co-design process undertaken in early 2024 to shape the functionality of the Student Placement Coordination Tool. Its intent is to capture stakeholder feedback on proposed features and outline next steps for development. The report emphasises the importance of user-centred design, noting that health and education providers require a system that is intuitive, reduces administrative burden, and supports fair and transparent placement processes. Key features identified include:

- dashboards for capacity planning
- structured request windows to prevent first-come-first-served allocation, and
- future functionality for student registration and pre-placement preparation.

The relevance to the pilot lies in its role as a blueprint for the minimum viable product tested during the pilot phase. The document argues for the Tool by highlighting its potential to improve visibility, equity, and efficiency, while acknowledging challenges such as onboarding complexity and the need for ongoing support. No explicit arguments against the Tool are presented, but the feedback underscores the importance of phased implementation and continuous improvement to ensure adoption.

Overall, the report reinforces the strategic value of the tool and sets clear priorities for future development.

**Funding Case: Draft Student Placement Coordination Tool & Health Placement Hub (December 2024)**
This document outlines a proposal to secure $4.41 million over two years to complete the build and implementation of a nationwide digital Student Placement Coordination Tool and establish a Health Placement Hub. The intent is to address longstanding inefficiencies and fragmentation in clinical placement coordination, which currently relies on manual, ad hoc systems such as spreadsheets and email. Without effective coordination between both the health and education sector, education providers cannot enrol enough students to meet the growing demand for a skilled health workforce.

By introducing a centralised digital solution, the proposal aims to standardise processes across regions and professions. To expand placement opportunities in rural, primary care, Hauora Māori, and Pacific settings and improve equity and completion rates for underrepresented student groups.

The relevance to the pilot is clear. The pilot serves as proof of concept for the Tool's ability to streamline coordination and enhance workforce planning. The document argues strongly for the Tool, citing benefits such as improved visibility of placement capacity, reduced administrative burden, and financial sustainability through better revenue management. However, it acknowledges gaps, including the need for medical student integration, governance for placement revenue, and further development of equity-focused features. While there are no explicit arguments against the Tool, risks such as organisational restructuring and incomplete functionality are noted.

Overall, the funding case positions the Tool as a strategic enabler for health workforce growth and system reform, aligned with national priorities under Te Pae Tata and the Health Workforce Plan 2024.

**Student Placement Coordination Tool – Health NZ's Pilot Evaluation (May 2025)**
An evaluation of the pilot was conducted by the Workforce Development Team between October 2024 and February 2025. This evaluation provides a comprehensive review of the initial implementation of the Student Placement Coordination Tool. The intent of the document is to assess the Tool's functionality, user experience, and scalability, while identifying lessons learned and recommendations for future development. The evaluation focused on the anaesthetic technician workforce and the Auckland University of Technology (AUT) Perioperative Practice programme. This pilot was chosen because of its manageable size and potential to demonstrate the Tool's value in addressing placement bottlenecks.

The report highlights the context driving the pilot, reiterating statements in the funding case such as New Zealand's healthcare workforce faces significant pressure, requiring reliable access to quality clinical placements to sustain growth. The report states that the Tool aims to deliver a consistent, planned approach to placement coordination, replacing fragmented manual systems with a centralised platform that offers visibility of capacity and demand, streamlined processes, and equitable access. The pilot tested two of the three intended phases Plan Capacity and Liaise & Match, while the Confirm & Prepare phase remained outside the build for the pilot due to the need for more time and resources, such as personnel and funding that would be needed for development and rollout. Despite this limitation, the pilot confirmed the Tool's potential to improve placement visibility, reduce administrative burden, and provide real-time data for workforce planning.

Findings from the pilot evaluation reveal early successes including:

- strong engagement from health organisations and AUT
- valuable user feedback that informed iterative improvements
- enhanced coordination efficiency

However, challenges were also noted. Initial setup was time-consuming, login issues caused delays, and the absence of full functionality, particularly student allocation and pre-placement preparation, limited the Tool's impact. Users expressed frustration at having to complete some processes outside of the Tool, though they acknowledged the benefits these features would bring once implemented. The evaluation concluded that the Tool is not yet ready for sector-wide rollout and requires further development to achieve minimum viable product status.

The report argues strongly for continued investment, citing the Tool's potential to transform placement coordination by improving efficiency, equity, and workforce planning. It recommends building the Confirm & Prepare functionality, expanding testing to professions with multiple education providers, and maintaining agile development practices to ensure responsiveness to user needs. Risks include funding uncertainty, organisational restructuring, and the cultural shift required for standardisation across professions.

While no explicit arguments against the Tool are presented, the evaluation underscores the importance of sustained engagement and resourcing to realise its full benefits. Ultimately, the pilot demonstrates that a centralised digital solution could be fundamental for addressing systemic challenges in clinical placement coordination and supporting the growth of New Zealand's health workforce.

**New Medical School Detailed Business Case (Redacted) (May 2025)**
This business case outlines the proposal for establishing a new medical school in New Zealand, with a focus on increasing domestic medical graduate numbers to address workforce shortages. Its intent is to secure approval and funding for the initiative, which is positioned as a critical response to projected health workforce gaps. The relevance to the pilot is indirect but important: the expansion of medical education will significantly increase demand for clinical placements, amplifying existing coordination challenges. The case argues for systemic solutions to placement bottlenecks, noting that without improved infrastructure, the ability to scale medical training will be constrained.

While the document does not specifically discuss the Student Placement Coordination Tool, its emphasis on capacity planning and equitable access to placements aligns with the Tool's objectives. The business case does not present arguments against digital coordination, but highlights risks related to funding, governance, and integration with broader workforce strategies. In essence, the case strengthens the argument for investing in placement coordination systems as part of a holistic approach to health workforce development.

## 3.1 Summary of Key Themes in Literature

Overall, the following themes emerged from the literature:

- **System Reform and Standardisation:** The current fragmented system requires national consistency and digital transformation.
- **Workforce Growth:** Placement bottlenecks limit enrolments and workforce expansion which the tool addresses these constraints.
- **Equity:** Māori and Pacific students face barriers that improved coordination and timely placement information can help overcome.
- **Financial Sustainability:** Smarter use of resources and transparent revenue management are essential for long-term viability.
- **Stakeholder Engagement:** Co-design and iterative development are critical for adoption and success.

Arguments in favour of the Tool are strong and consistent, while challenges relate to funding, cultural change, and phased implementation. No document presents a substantive argument against the Tool. Instead, they identify risks and gaps that highlight areas for improvement.

## 3.2 Conclusions

The literature collectively supports the case for a nationwide Student Placement Coordination Tool and Health Placement Hub as strategic enablers for health workforce development. While the pilot demonstrates promising potential, further development, sustained investment, and sector-wide engagement are required to realise the full benefits. The Tool aligns with national priorities and addresses systemic challenges that, if left unresolved, will constrain workforce growth and equity.

# 4.0 Evaluation Design & Methodology

The sections below outline the evaluation design, methodology and results of the evaluation, and concludes with recommendations.

## 4.1 Rationale for evaluation

This evaluation sought to understand the impact of the pilot, areas for improvement, and feasibility of future rollout and expansion. Given that there was broader intent for the role and functionality for the Tool than was deployed, the current evaluation was commissioned to explore both current and future state. The pilot project was designed to test the Student Placement Coordination Tool in a real-world setting, focusing on anaesthetic technician placements in partnership with one education provider. Deloitte was engaged to evaluate the Tool's performance, scalability, and support strategic decision-making.

## 4.2 Evaluation Design

Given this evaluation was conducted after the pilot had completed, a blended formative and impact evaluation approach was utilised.

- **Formative evaluation** is a systematic process of collecting feedback and data during the development or pilot phase of a tool or programme to inform improvements. It focuses on how well the tool works, how users interact with it and what changes are needed to enhance its effectiveness and usability. A formative evaluation framework was selected as it allows for feedback that can result in iterative development of an intervention or service, to better serve the needs of all user groups. It allowed the evaluators to consider the Tool and the Hub in a 'current state' (i.e. functionality and agile development during the pilot), and report on iterative improvements that were undertaken during the pilot phase. It also acknowledges that feedback gathered during this evaluation will inform future design states.

- **Impact evaluation** is a systematic process used to determine the causal effects of a programme or tool on its target outcomes. It focuses on what changed, for whom, and why, and often compares results to a baseline or control group to assess effectiveness. For the current evaluation there was no baseline data, and the pilot was not designed to include a control group. For this reason, this evaluation did not account for causal relationships, instead feedback from a variety of current and potential users of the Tool informed the level of impact the Tool had on key indicators (see Evaluation Framework below), and future impacts that could be seen with wider rollout.

### 4.2.1 Intervention Logic

An intervention logic was developed for the evaluation and considered all documents provided to the evaluators, and input from members of the Health Placement Hub. The intervention logic outlines a pathway for the Student Placement Digital Coordination Tool and Health Placement Hub from addressing systemic challenges to achieving long-term workforce placement sustainability.

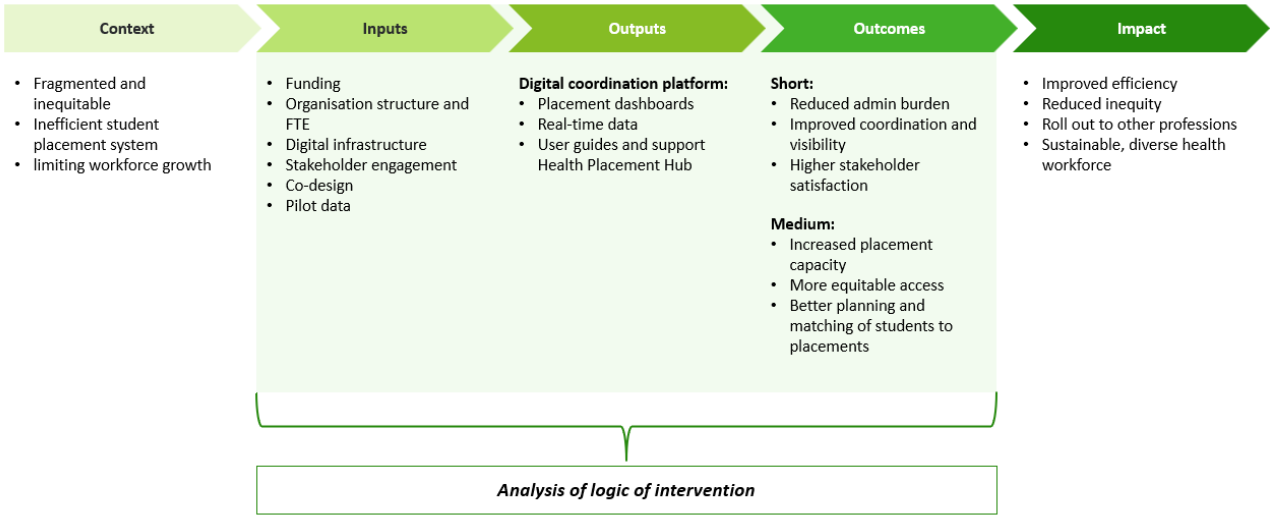



***Figure 1: Intervention Logic***

### 4.2.2 Evaluation Framework: Student Placement Coordination Tool

This evaluation framework outlines the key domains, focus areas, indicators, and methods used to assess the Student Placement Digital Coordination Tool and Health Placement Hub. It supports both formative and impact evaluation using a mixed methods approach.

| Domain | Evaluation Focus | Indicators | Methods |
|---|---|---|---|
| Formative Evaluation | Implementation fidelity, usability, stakeholder experience | Ease of use, accessibility, stakeholder satisfaction, barriers/enablers | Surveys, focus groups, interviews, document review |
| Impact Evaluation | Effectiveness, equity, system-level outcomes | Time savings, placement visibility, equity of access, coordination quality | Survey analysis, thematic analysis, comparative data review |
| Scalability & Readiness | Feasibility of expansion to other professions and settings | Stakeholder support, curriculum alignment, technical integration | Stakeholder interviews, document analysis, readiness assessment |
| Equity Analysis | Impact on Māori, Pacific, rural students | Placement distribution, student input capability, cultural safety features | Document review, stakeholder feedback, future design recommendations |
| System Integration | Alignment with existing systems and strategic goals | Integration capability, reporting functionality, policy alignment | Technical review, interviews, strategic document mapping |

## 4.3 Methodology

### 4.3.1 Stakeholder Engagement

There were five key stakeholder groups in this evaluation, with education and healthcare providers being the key users of the Tool, while Health Placement Hub staff and technical developers were responsible for the development and deployment of the tool. The office of the Chief Clinical Officer was included as potential key sponsors of any future rollout. Stakeholders consisted of:

1. **Education providers.** Only one evaluation provider took part in the pilot, and three members of the team took part in the evaluation, including one manager.
2. **Healthcare providers** including public and private organisations. This included two nurses, two medical staff, and 20 out of a potential 60 Clinical Placement Coordinators from both public and private settings.
3. **Technical developers.** One session was held with two of the developers who had built the Tool.
4. **Office of the Chief Clinical Officer** (Health NZ), two senior staff members.
5. **Health Placement Hub Team members.** Five members of the immediate and proximate Health Placement Hub at Health NZ were involved both as sponsors of the evaluation and key stakeholders. Owing to restructuring, two team members left the Health Placement Hub during the evaluation period.

The evaluation team held weekly meetings with Health NZ to report on evaluation progress and submitted an interim report to ensure that findings were contextually correct, and recommendations were realistic. Recommendations in this report have been reviewed by the same group to ensure that they are feasible in real-world settings.

### 4.3.2 Data Collection Methods

A participatory mixed methods approach was used in this evaluation to capture both the measurable outcomes and the nuanced perspectives that numbers alone cannot explain. Mixed methods were deployed concurrently amongst stakeholder groups.

*Quantitative Methods:* A quantitative survey with free text responses was selected for Clinical Placement Coordinators owing to their number (N = 60), and geographic spread across the country. It also respected time limitations of busy clinical staff, given the survey could be completed at their own pace and at a time and place that suited them. The survey was open for 10 days with two reminders sent during this time. Offering incentives was deemed inappropriate given each person's role in the pilot, and the preceding investment of Health NZ in the pilot.

The online survey was sent to all Clinical Placement Coordinators from participating Health NZ and private health organisations. Survey responders were invited to join an interview or focus group at the end of the survey. 37 Questions were included in the survey with 21 questions being multiple choice answered on a 5-point Likert scale. Some questions were reverse scored to control for response bias. Fourteen free text responses were included to allow for expansion on quantitative responses.

*Qualitative methods:* Qualitative interviews were held with 16 participants, with representatives from each group as follows:

| Engagement Type | Number of Participants | Stakeholder Type |
|---|---|---|
| Focus Groups (5) | 11 | Health NZ Clinical Providers, Education Providers, Chief Clinical Officers, Technology partner, Medical School Stakeholders |
| Interviews (5) | 5 | Health NZ Clinical Providers, Nursing Stakeholders, Education Provider |

Qualitative methods were used to gather deep, contextual information and quotes have been used to illustrate key points and findings.

- **Focus Groups:** Four focus groups were held with Placement Coordinators across health and education involved in the pilot, plus one with the technology development team. One focus group conducted a playback of the interim report to members of the Office of the Chief Clinical Officer.

- **One on one interviews:** Five one-on-one interviews were held with nursing, medical, education and health stakeholders. Each interview and focus group focused on nine themes (Appendix A) that explored what had worked, what needed improvement, efficiency and administrative gains and losses, as well as opportunities for the future. Sessions were recorded, transcribed and analysed using AI-assisted thematic analysis. Conclusions were drawn based on emergent themes. All AI outputs were reviewed for accuracy and evidence of hallucination by the evaluation team who collaborated to agree on final themes.

- **Document review:** Prioritising and reviewing the project documentation supplied by Health NZ, including the original business case, project material, internal review and public documents. A prioritisation matrix was used to guide the document review (Appendix B). The review informed current state prior to the pilot, problem statements, the intent and need for the pilot, and themes to be used as lines of inquiry in the evaluation. An intervention logic was also developed (see Evaluation Design). Reports generated by both the Tool (dashboard) and Health NZ were provided to inform performance of the Tool. An interim report was developed for the evaluation and presented to Health NZ staff for accuracy and completeness. Feedback from this review is incorporated into this final report.

### 4.3.3 Sampling strategy

Using purposive sampling, Health NZ identified stakeholders involved in the pilot and invited them to participate directly. Purposive sampling involves the intentional selection of stakeholders based on the knowledge or skills they possess that are relevant to the evaluation. All participants were approached by Health NZ, and details were shared with the evaluators once consent had been obtained.

### 4.3.4 Data Analysis Approach

*Quantitative analysis.* Quantitative data was gathered from the online survey. Survey questions were formed around the questions posed in the evaluation (see, Scope). Automated data visualisation features supported the initial analysis of survey findings and AI-assisted software was used to analyse the qualitative survey feedback. All AI outputs were reviewed by the evaluation team.

Demographic data was collected including the respondent's role, location, and whether their facility was a public or private organisation, and whether they were rural, medium urban or major urban (as defined by The Geographic Classification for Health[2] (GCH)). Descriptive statistics illustrated the frequency of response to each of these questions.

Quantitative questions gave response options on a 5-point Likert scale, with some reverse scoring to prevent bias in responses. Analysis of these items was again descriptive, giving frequency or percentage of response for each item. No further statistical analysis was undertaken given the small sample size, and the use of an academically non-validated questionnaire/novel survey items. This limits understanding the reliability and validity of the survey items, and therefore causal links should be inferred with caution.

*Qualitative analysis.* All interviews and focus groups were recorded and transcribed on MS Teams. Evaluators collaborated following each engagement to discuss initial findings and core themes. Transcriptions were reviewed for accuracy, and an approved AI tool was used for subsequent theming. Themes were then reviewed by three members of the evaluation team and presented to Health NZ staff in the interim report. Consensus on themes was then gained. Illustrative quotes were taken from transcripts to use in reporting. All quotes have been anonymised.

Free text responses from the survey were used to illustrate the context of responses from the Likert scale, and exemplar quotes were used in reporting.

### 4.3.5 Informed Consent & Ethical Considerations

To obtain informed consent for focus groups and interviews, the evaluators prepared an information and consent form, which was distributed to stakeholders by Health NZ. Potential participants then signalled their willingness to take part in the evaluation. Once consent was obtained, the resultant participant list was sent to the evaluators to coordinate evaluation activities.

The online survey was distributed directly to Clinical Placement Coordinators by Health NZ and was able to be completed anonymously. This meant that the evaluators were not exposed to personal information, nor had the ability to trace survey responses back to individuals. As well as protecting confidentiality, this aimed to reduce the risk of bias and social desirability in the survey. At the end of the survey, stakeholders had the option to indicate their interest in participating in a focus group and gave permission to share their email address.

[2] The GCH (Geographic Classification for Health) is a rural–urban classification system used in Aotearoa New Zealand to support health research and policy. It categorises all areas based on proximity to larger urban centres, enabling accurate monitoring of rural–urban variations in health outcomes.

All stakeholders were briefed on the purpose of the engagement, data handling, and confidentiality. All data and materials will be retained by Deloitte for up to seven years, at which point it will be deleted. Participant information will remain solely with Health NZ. Māori and Pacific facilitators were offered, however were not requested by any stakeholders. These steps demonstrated commitment to following ethical research practices, ensuring all participant engagement was underpinned by informed consent, voluntary participation, equitable access, and confidentiality protocols.

### 4.3.6 Quality assurance

The evaluation was undertaken by a team of experienced healthcare consultants and evaluators. The evaluation was commissioned as independent. As Health NZ had a dual role, both as commissioners of the evaluation and the body responsible for the development of the Tool, care was taken to balance feedback and input into the report. Health NZ was also provided with the survey questions, discussion guides, and an interim report. Health NZ staff played a pivotal role in reviewing outputs for procedural and contextual accuracy. Recommendations were played back to Health NZ staff to test for feasibility in real-world settings. Feedback has been incorporated into this final report.

# 5.0 Evaluation Results

This section presents the key findings and results from the evaluation of the Student Placement Coordination Tool and Health Placement Hub Pilot. The evaluation includes both formative and impact components, providing insights into how the Tool and Hub were implemented, how they were experienced by stakeholders, and what outcomes were observed.

The findings are structured in the following way:

1. **Stakeholder Feedback**
   To ensure the diversity of experiences is captured, findings are first presented by stakeholder type - education providers, healthcare providers, and other contributors. This segmentation allows us to contextualise feedback based on the unique roles and environments in which participants engaged with the pilot.

2. **Survey Results**
   This section shares the results of the user survey, which was designed to gather direct feedback from pilot participants. These insights help illuminate how the Tool and Hub were perceived in practice and inform considerations for future scaling.

3. **Evidence for Future System-Wide Data Sharing, Reporting and Planning**
   The section examines how reporting functionality was experienced during the pilot, highlighting limitations in data consistency and the need for clearer guidance and robust dashboards to support accurate insights and strategic decision-making for the future.

4. **Overall Evaluation Insights**
   The final section of this report synthesises overarching themes and outcomes drawn from both the formative and impact evaluation. This includes reflections on implementation effectiveness, usability and early indicators of value.

**Important Consideration:** Several features were introduced after the initial pilot release, so some users may have engaged with the Tool before these enhancements were available. This context should be considered when interpreting the results. (See Appendix C for additional features)

## 5.1 Stakeholder Feedback

Stakeholders expressed strong support for the Tool's overarching purpose and its potential to transform placement coordination. Feedback from interviews, focus groups, and surveys highlighted several positive outcomes:

- **Improved visibility:** Users valued the ability to view placement offers across regions, which helped identify opportunities in rural and underserved areas.
  - *"We can now see rural availability and fill those first"* – Education Sector Stakeholders

- **Centralisation of information:** The Tool reduced reliance on fragmented spreadsheets and email chains, streamlining communication for some providers.
    - *"I think for us it was one point of solid information."* -Health NZ Clinical Providers

- **Equity benefits:** Stakeholders recognised the Tool's potential in promoting fairer access to placements, particularly for Māori, Pacific, and distant learners.
    - *"There is information that the educators are saying, what we are saying and what the student is hearing is all seen in one source of truth that is universal across the board. We don't have that now. It's very siloed, which is quite difficult."* – Health NZ Clinical Providers

However, feedback also revealed areas for improvement:

- **Usability challenges:** Nine out of twenty survey respondents found the Tool difficult to navigate, citing confusing terminology and limited dashboard functionality.
    - *"The terminology is very confusing to me. Placement offer vs. placement request. I don't think it's intuitive to find the section and information you need quickly."*-Clinical Placement Coordinator

- **Reporting gaps:** Users requested dashboards that provide granular insights into capacity, oversupply/undersupply, and equity metrics.
    - *"It would be helpful to be able to pull one report to identify all the students that a particular region had taken for a year, because we don't have that in one place."*-Chief Clinical Officers

- **Integration limitations:** The absence of interoperability with existing systems created duplication of effort, particularly for institutions managing large student volumes.
    - *"The Tool can't replace our own database."*-Education Provider

- **Student functionality:** Stakeholders strongly advocated for features that allow students to input preferences, constraints, and cultural needs, which are currently absent within the Tool. Education providers manage this manually currently, trying to match placements with student need, however they felt having this functionality in the Tool would make the process much easier and more equitable.
    - *"It should also show students a profile of each hospital which outlines what they have to offer in terms of shift hours, accommodation and specialties."* - Clinical Placement Coordinator

- **Building on the change management strategy:** Some users misunderstood the Tool's scope, expecting it to replace institutional databases or manage assessments. This signals a need for clearer communication and training, including a change management strategy implemented at the outset of any new design or deployment effort.
    - *"I realise there was a wealth of training available for the use of the tool. However, I work clinically, and my ability to attend ongoing training is fairly limited. I also question whether any tool that requires that much ongoing training and support is fit for purpose."* – Clinical Placement Coordinator

### 5.1.1 Priority Actions Identified by Stakeholders

Based on insights, several recommendations emerged to enhance the Tool's effectiveness and scalability:

- **Complete core functionality:** Prioritise development of the Confirm & Prepare phase to enable full-cycle coordination, including student allocation and supervisor assignment.
- **Enhance reporting capabilities:** Introduce robust dashboards and export features better suited to reporting, to support planning, ministerial reporting, and equity analysis.
- **Integrate with existing systems:** Develop APIs or other interoperability solutions to reduce manual data entry and improve efficiency.
- **Improve user experience:** Further co-design to simplify navigation, refine terminology, and provide role-specific views (e.g., hospital-level vs. national-level dashboards).
- **Add student-facing features:** Enable students to register, set preferences, and access placement details, supporting transparency and equity.
- **Strengthen change management:** Deliver targeted training and communication to clarify the tool's purpose, functionality, and benefits.
- **Plan for scalability:** Conduct co-design workshops with medical schools and other professions needing placements (nursing, allied health etc) to better understand curriculum alignment, variance in placement length and type, and mitigate risks associated with entrenched placement control.

### 5.1.2 Specific feedback from each user group

### 5.1.3 Education Provider

The education provider reported significant improvements in placement coordination compared to previous manual processes. Prior to the Tool, allocation was reported to consume up to 80% of staff workload and required contacting approximately 45 hospitals individually. With the Tool, allocation time dropped from six weeks to three days, and the workload reduced to around 18 hours per semester. The team appreciated having all placement information centralised, which simplified planning and reduced reliance on fragmented spreadsheets and email chains. However, they noted limitations in CSV exports, dashboard clarity, and the absence of student-facing features. To meet those requests, the build of the Tool is required to continue. This group strongly advocated for adding functionality that allows students to input preferences and constraints, as this would improve equity and satisfaction.

### 5.1.4 Clinical Placement Coordinators

Clinical coordinators across public and private providers expressed mixed experiences. Many valued the Tool's ability to provide national visibility of placement offers and gaps, enabling better planning and earlier engagement with education providers. This visibility was particularly useful for matching students to rural and underserved areas. However, usability challenges were common: nine out of twenty survey respondents found the Tool difficult to navigate, citing confusing terminology and limited dashboard functionality. While some coordinators reported time savings of up to 60 minutes per semester, others saw little change or even increased workload due to manual data entry and continued reliance on email.

Coordinators also highlighted the need for granular reporting, role-specific views, and integration with existing systems to reduce duplication.

### 5.1.5 Office of the Chief Clinical Officer (OCCO)

Office of the Chief Clinical Officers expressed strong support for the Student Placement Coordination Tool, viewing it as a strategic enabler for national workforce planning and equity. They highlighted the Tool's potential to standardise placement processes, reduce administrative burden, and improve visibility of capacity across regions, which would free up clinician and leadership time. While enthusiastic about its future, they emphasised that full functionality, particularly reporting capabilities and bidirectional usability for providers and students, is essential to realise its value. CCOs also stressed that curriculum diversity should be preserved, advocating for flexibility rather than rigid standardisation, and recommended prioritising development of core features before scaling to multiple professions. The Tool's advantage is that it can handle these variances and make placements more accessible across the country. Overall, they saw the Tool as one of the most impactful initiatives from the workforce team, provided development continues to unlock its full potential.

### 5.1.6 Technology Partner

The development team at the technology partner emphasised the benefits of an agile, iterative approach during the pilot, which relied on continuous feedback loops to refine functionality and improve usability. Over three months of workshops and extensive user acceptance testing, more than 160 stakeholders contributed insights that shaped the tool's evolution. Feedback highlighted pain points such as fragmented planning, administrative burden, and lack of visibility, while also surfacing new opportunities, like enabling health organisations and education providers to negotiate placements bidirectionally. This led to design changes, including additional data fields and clearer labels, as well as enhancements to dashboards and reporting. Students also expressed practical needs, such as transport indicators and supervisor profiles, to make placements safer and more accessible.

While the pilot demonstrated strong engagement and adaptability, the technology partner acknowledged that resource constraints limited delivery of the full minimum viable product, particularly the Confirm & Prepare phase. They recommended prioritising this functionality in future development cycles, alongside improvements to dashboards, data export features, and interoperability with external systems. Future enhancements could also include equity-focused features, such as cultural safety indicators and student preference for tracking, as well as feedback loops to improve placement quality and retention. The technology team was confident that it could easily manage both scalability and system load without issues.

### 5.1.7 Nursing and Medical Perspectives from Health NZ

Participants from Nursing and Medical Health NZ workforce expressed strong interest in adopting the tool but identified several prerequisites for success:

- **Curriculum alignment:** This group felt that differences in programme structures and placement requirements must be addressed before rollout - preferring that curriculums and placement lengths/timing were the same across the country. This contrasted with views of the Office of the CCO who felt that diversity was key in managing the outputs of institutions and managing placement demand.
- **Standardisation:** Consistent processes and terminology across institutions are essential to avoid confusion and resistance. Specifically, participants wanted clearer definitions of what "offers" and "confirmed placements" meant in practice.

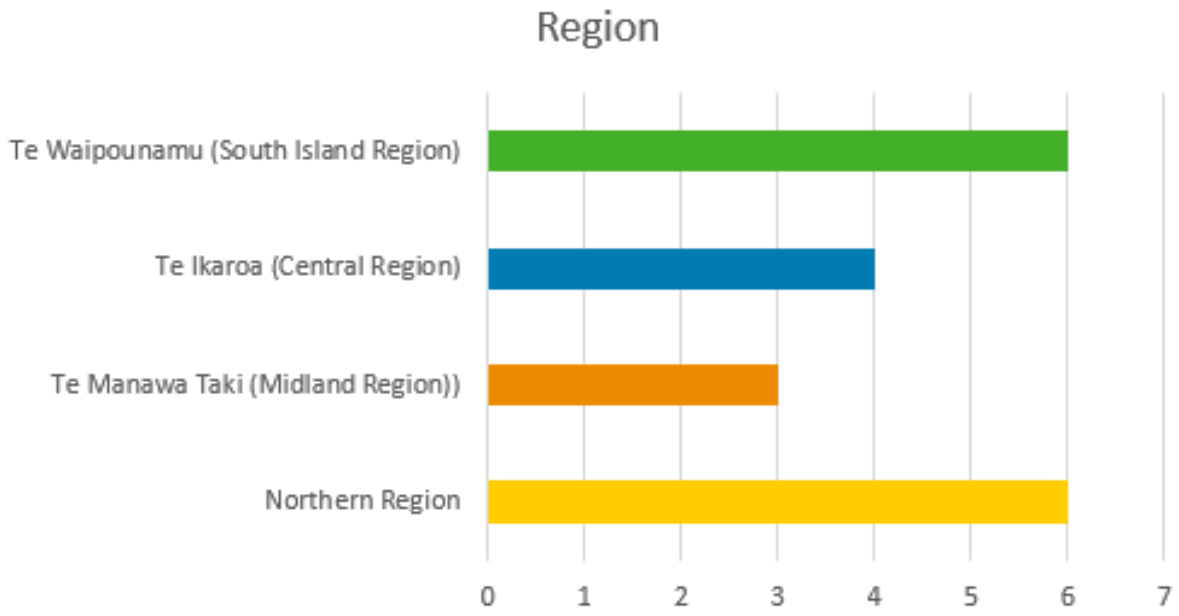
- **Student-centred design:** Stakeholders strongly supported adding features that allow students to express preferences, flag logistical or cultural needs, and access placement details.
- **Scalability:** A separate pilot or codesign process for each profession may be necessary to mitigate risks and ensure usability.

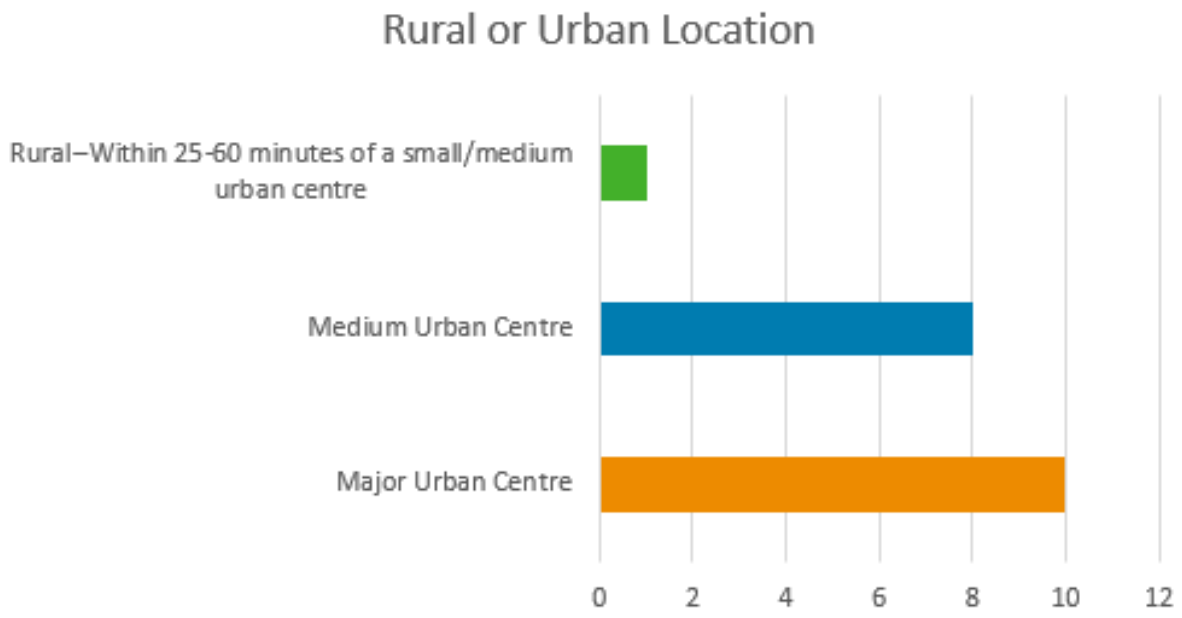
These stakeholders recognised the Tool's potential to improve equity and efficiency but warned that without careful planning and engagement, a national rollout could disrupt existing systems and relationships.

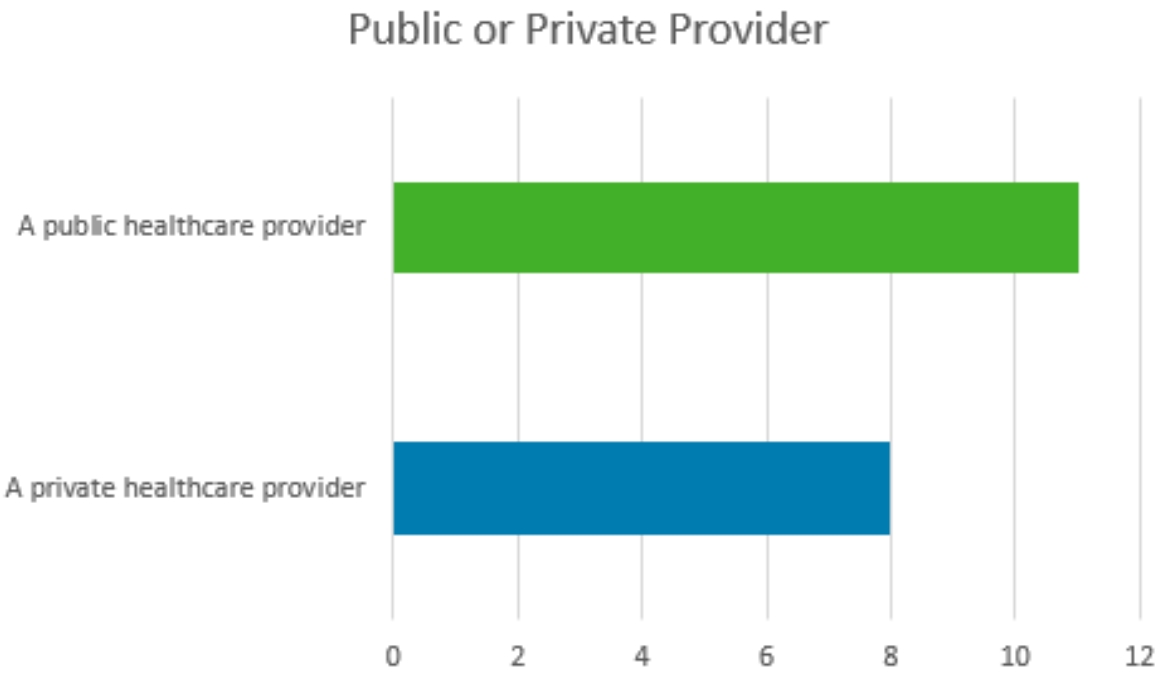
## 5.2 Survey Results

As part of the evaluation, a survey was conducted to gather feedback from Clinical Placement Coordinators involved in the Student Placement Coordination Tool. The survey aimed to capture users' experiences, assess the usability of the Tool and Hub, and explore perceived impact and potential for broader implementation. The findings presented below reflect the collective insights of users and provide a valuable lens into how the Tool and Hub are functioning in practice.

A total number of 20 (out of 60 invited) individuals participated in the survey, both private and public (Health NZ) Clinical Placement Coordinators. The response rate was as expected given it was sent to a busy clinical workforce. The response to the online survey (20/60, 33%) was slightly lower than the average for academic research (44% (Wu et al., 2022), but higher than customer satisfaction surveys (5%-30% (Ralph, 2024)), meaning there was a moderate level of response to the survey. Participation was likely positively influenced by factors such as the survey's relevance and online delivery with reminders and negatively influenced by its 15–20-minute length and lack of incentives (Holtom et al, 2022). Respondents represented all four regions-Northern, Midland, Central and South Island—with most coming from the South Island Region and the Northern Region and most based in major or medium urban centres.





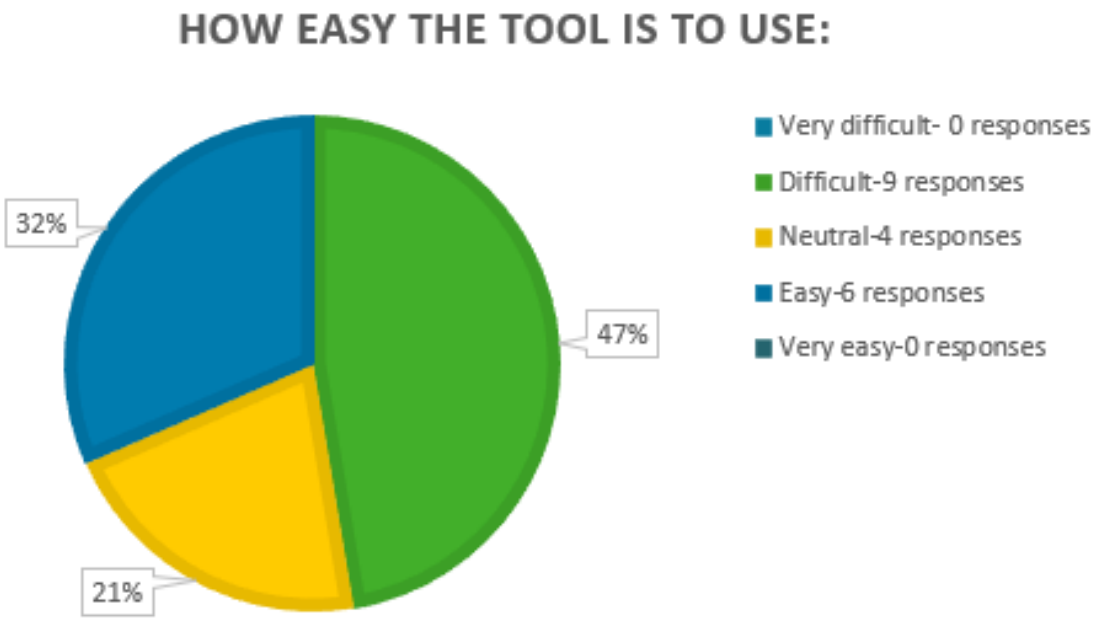




The mix of perspectives provided a rich foundation for understanding how the Tool and Hub were experienced.

Survey responses revealed several consistent themes across stakeholder groups, offering valuable insights into how the Tool during the pilot were perceived and used. These themes align with the evaluation's focus on usability, impact, and scalability.

*Usability of the Tool*

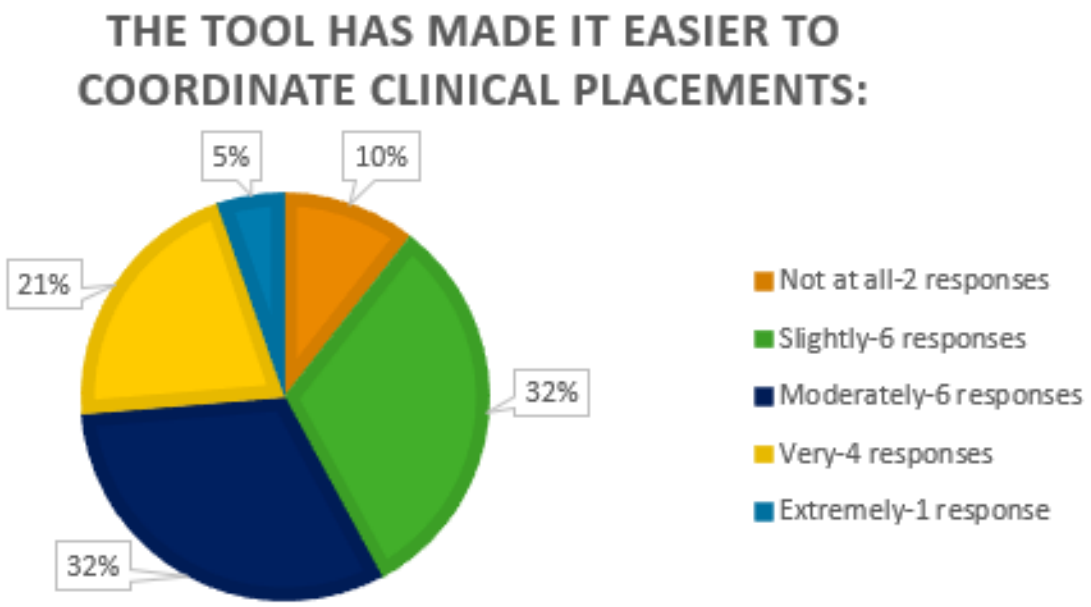
Feedback on usability was mixed:
Although initial setup was time consuming, once completed, key information carried over, reducing the need for repeated input and streamlining future use. With this in mind, 47% of respondents found the Tool difficult to use, while 32% rated it as easy and 21% were neutral.




*Impact on Placement Coordination*

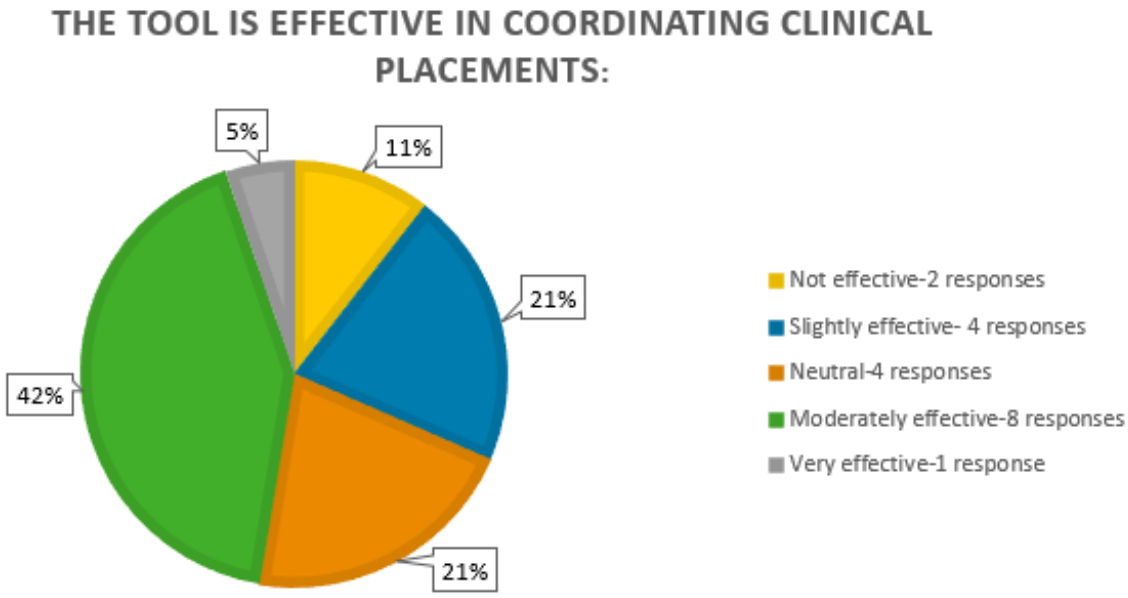
The tool moderately improved coordination processes:

- 32% said it made coordination slightly easier, and another 32% rated it moderately easier.
- Only 5% felt it made coordination extremely easier, while 10% reported no improvement.




Effectiveness of the Tool followed a similar pattern:

- 42% rated the Tool as moderately effective, 21% as slightly effective, and 21% as neutral.
- A small proportion (11%) felt it was not effective, and 5% rated it very effective.

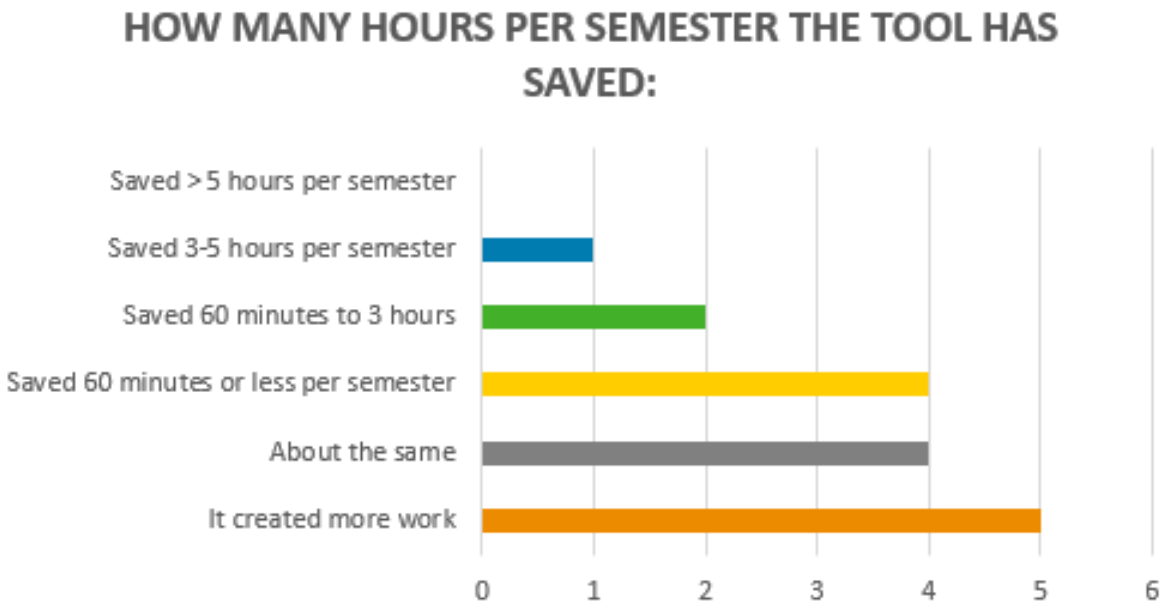


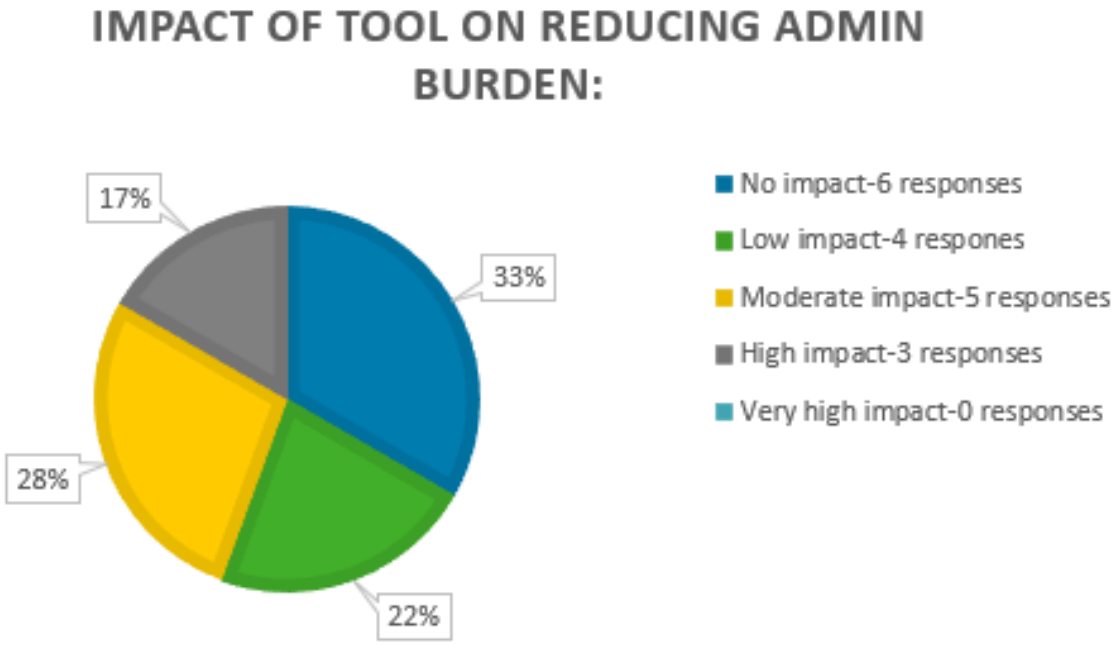

*Administrative Burden*

The Tool delivered some reduction in administrative workload:

- 28% reported a moderate impact on reducing admin burden, and 22% saw a low impact.
- 17% noted no impact, and 33% reported a high impact.

- In terms of time savings, most respondents estimated up to 60 minutes per semester, with a few reporting savings of 3-5 hours. However, five respondents indicated the Tool created more work rather than reducing it.




Overall, survey respondents indicate that the Student Placement Coordination Tool and Health Placement Hub Pilot delivered moderate benefits, with clear opportunities for refinement. While the Tool showed promise in improving visibility of placement opportunities and supporting better planning, its impact on reducing administrative burden was mixed amongst Clinical Placement Coordinators.

Common frustrations included:

- Confusing navigation and terminology
- Lack of notifications or feedback loops (later addressed)
- Double-handling of communication

Despite these challenges, respondents acknowledged the potential value of the Tool if successfully introduced and refined. Several highlighted the ability to view all placements could enable better coordination across disciplines and help fit additional placements into the semester. Others noted that the Tool could support more strategic planning and reduce the "placement burden" experienced by Clinical Placement Coordinators during peak periods.

Respondents highlighted benefits such as:

- Centralised placement visibility
- Reduced email chains
- Helpful support when accessed

Feedback also reinforced that placement capacity and quality are influenced by organisational factors rather than the Tool itself. However, respondents saw opportunities for the Tool to help identify underutilised sites and spread placement load more evenly across facilities and regions.

## 5.3 Evidence for Future System-Wide Data Sharing, Reporting and Planning

Evaluators were provided with screenshots of the Tool dashboard to better understand how data was collected and presented within the Tool. Data was not collected for reporting purposes, more so it was to provide a view of available placement capacity and location. During the pilot, raw data could not be used because of inconsistencies in how information was entered. For example, some providers recorded data ranges covering an entire year when their actual offer was only for one semester, while others entered figures that reflected total student numbers rather than maximum capacity at any given time. These variations, although logical to users and the Health Placement Hub, created a risk of misinterpretation and inaccurate counts if shared without context. Additionally, there were constraints on sharing the data externally due to those nuances.

This challenge highlighted the need for clearer guidance on data entry for participants, which became a focus in subsequent iterations. The development team at Health NZ, together with the technology team, introduced improvements such as specifying that placements should be entered by semester rather than by year. These changes reflect a positive outcome from the pilot, demonstrating how the agile approach enabled learning and rapid adjustments to better meet user needs.

With the additional features added to the Tool, there will be benefits to enable robust system-wide data sharing, reporting and monitoring to assist with decision-making:

**Data Sharing:** The Tool enables centralised data sharing across health and education providers, reducing fragmentation and improving transparency.

**Reporting:** If the Tool is continued to be built, it offers the potential for robust dashboards and exportable reports to support operational and ministerial decision-making. In alignment with stakeholder feedback, this was a crucial step forward.

**Workforce Planning:** By providing real-time visibility of placement capacity and demand, the Tool supports strategic workforce planning and forecasting.

**Tertiary Pipeline Monitoring:** Integration with education systems will allow monitoring of student progression and placement trends across the tertiary pipeline.

**Equity Analysis:** Future enhancements to the Tool can include metrics and allocation logic to ensure fair access for Māori, Pacific, and rural students.

## 5.4 Role of the Health Placement Hub

The Health Placement Hub was consistently viewed as highly useful, particularly for the technical support it provided. Respondents indicated that access to timely assistance with technical support was the primary reason for engaging with the Hub, and this support was critical in navigating the Tool and resolving issues. Many stakeholders said that without timely assistance from the Hub navigating the Tool would have been significantly more challenging. The Hub's role offered hands-on guidance through setup, functionality, and problem-solving which was essential for building user confidence and accelerated onboarding. The Hub helped translate digital infrastructure into meaningful workforce outcomes.

## 5.5 Formative Evaluation

A formative evaluation considers the development or implementation of a programme or project to improve its design, effectiveness, and outcomes. The Tool demonstrated partial fidelity to its intended design. The core functionality—Plan Capacity and Liaise & Match—was operational and provided measurable benefits. For example, education providers reported significant time savings, however, these gains were not universal; some health organisations experienced increased administrative burden due to manual data entry and reliance on email for communication. This variation underscores the need for clearer role-based workflows and technical enhancements to achieve full fidelity in future iterations. It is also possible that a learning curve contributed to perceptions of lack of time savings. For example, time to be onboarded, learn the Tool and become familiar with the functionality would realistically create a time lag compared to an experienced user.

While the Student Placement Coordination Tool and Health Placement Hub were successfully deployed for the anaesthetic technician workforce and one education provider, several planned features were not implemented. As a result, some coordination processes continued outside of the Tool such as confirmation of students into placements, resolving issues, and managing late changes, limiting its ability to deliver a fully integrated experience and potentially muted the impact on administrative burden. Additionally, the Tool lacked reporting capabilities and integration with existing institutional systems, which constrained its utility for strategic planning and compliance.

## 5.6 Impact Evaluation

The pilot demonstrated early signs of impact, particularly in improving visibility of placement opportunities and supporting more equitable distribution across regions. Stakeholders reported that the Tool enabled faster allocation processes and helped identify rural and

underserved sites that were previously overlooked or not known about. For education providers, the Tool centralised placement data and reduced reliance on email chains, contributing to moderate administrative efficiency gains. However, the impact on overall workload was mixed; while some users experienced time savings of up to three hours per semester, other reported no change or even increased administrative effort due to navigation challenges and lack of integration with existing systems.

While the Tool is still evolving, it has laid a strong foundation for improving placement coordination. Current functionality provides visibility and centralisation benefits, but there is significant opportunity to build on this progress. Placement capacity challenges largely stem from organisational factors such as curriculum alignment and staffing availability, rather than limitations to the Tool itself. Future enhancements such as improved navigation, richer reporting, integration with institutional systems, and student-facing features for preferences and constraints are expected to unlock even greater value. Stakeholders expressed confidence that these developments will enable the Tool and Hub to deliver substantial long-term benefits, including increased placement capacity, reduced inequities, and stronger workforce planning.

## 5.7 Looking Ahead

While the Tool did not consistently reduce administrative burden or improve placement quality during the pilot, respondents expressed high optimism about its potential with further development. Suggested improvements included simplifying navigation, enhancing notifications, and ensuring robust onboarding and support. With these refinements, the Tool and Hub could play an important role in streamlining placement coordination and supporting future workforce planning.

# 6.0 Discussion

The Student Placement Digital Coordination Tool has demonstrated clear value in improving visibility, reducing administrative burden for some, and supporting equity in placement access.

User experience varied, with some stakeholders finding the interface intuitive, while others continued to rely on manual processes. The absence of student-facing functionality continues to be a critical gap. The Tool lacks integration with existing systems, and reporting capabilities still need to be developed.

Importantly, the Tool does not replace human coordination, it complements it. Relationship management, curriculum alignment, and nuanced placement decisions still require human oversight. The Tool's success will depend on its integration into the broader system reform efforts, including digital infrastructure upgrades and policy alignment.

## 6.1 Interpretation of Results

### 6.1.1 Strategic Alignment

The Tool aligns strongly with Health NZ's Health Workforce Plan and priorities. It supports goals around workforce growth, equity, and system efficiency by enabling better planning, data visibility, and equitable access to placements. Its potential to support ministerial reporting and strategic workforce forecasting further reinforces its value as a national system investment.

### 6.1.2 Change Management

Successful implementation will require continued focus on change management. Stakeholders need clear communication about the Tool's purpose, functionality, and limitations. Training must be accessible and tailored to clinical realities. Moving from heavy relationship-based coordination to standardised digital processes is a big cultural shift and must be supported through leadership and engagement.

While not yet fully realised, its foundational design position it as a transformative enabler for health education reform. With the establishment of a new medical school, the Tool will be especially valuable in supporting clinical placements with emerging training needs.

### 6.1.3 Evaluation Alignment with Scope and Evaluation Questions

The evaluation was designed to assess the effectiveness of the Student Placement Digital Coordination Tool and Health Placement Hub pilot, measure its impact, and provide insights for future scalability. Overall, the results indicate that participants felt the Tool and Hub demonstrated strong support for some areas with clear gaps in others. Below is a description of how well the results of the evaluation supported the evaluation scope and evaluation questions in relation to expected findings. An expected finding is what evaluators would reasonably expect to observe or uncover, based on the rationale and literature provided prior to engaging with participants. Where:

- **Supported** = results from the evaluation fully supported the expected findings
- **Partially supported** = results in the evaluation were mixed (either binary (supported vs didn't support); or across a spectrum); and,
- **Not supported** = results in the evaluation did not support the expected findings

*Effectiveness of Pilot Implementation*

The evaluation confirmed that the pilot delivered core functionality—specifically the Plan Capacity and Liaise & Match phases which resulted in measurable benefits for education providers. For example, placement visibility improved significantly, however, implementation fidelity was incomplete. Key features such as the Confirm & Prepare phase, robust reporting, and student-facing functionality were not developed during the pilot, limiting the tool's ability to provide a fully integrated experience. Therefore, effectiveness was partially supported due to the pilot constraints, not to the Tool.

*Impact on Placement Coordination and Capacity*

Findings demonstrated early signs of impact, particularly in improving visibility and enabling faster allocation processes. Stakeholders reported that the tool helped identify rural and underserved sites, supporting equity objectives. However, broader system-level impacts such as increased placement capacity and workforce planning remain aspirational due to currently limited rollout and lack of integration with existing systems. Impact measurement was therefore partially supported.

*Benefits and Challenges of Scaling*

The evaluation strongly supported this objective. Stakeholders expressed clear interest in expanding the tool to other professions, while identifying critical prerequisites for success, including student interfaces, maintenance of the Health Placement Hub, and technical integration. Risks such as entrenched placement control and lack of funding were documented, providing actionable insights into future planning. This area was fully supported.

*Recommendations Reaffirmed for Future Rollout*

The evaluation provided detailed recommendations for short-, medium-, and long-term improvements. These included completing core functionality, enhancing reporting, introducing student-facing features, and implementing phased rollout with profession-specific codesign workshops and workflows. Recommendations were aligned with stakeholder feedback.

### 6.1.4 Lines of Inquiry and Corresponding Findings

These findings are mapped to the nine lines of inquiry. Please see Appendix A.

*Coordination Across Settings and Regions*

The tool improved national visibility and supported identification of rural sites, but the pilot was limited to one profession and one education provider. Full cross-setting coordination was not tested; therefore, this was partially supported.

*System-Wide Data Sharing and Workforce Planning*

Stakeholders acknowledged the tool's potential, but reporting and integration features were underdeveloped. Equity analysis capabilities were absent. This may have clouded the view of the utility of the tool in the pilot phase. This was partially supported.

*Visibility, Equity, and Administrative Burden*

Visibility improved significantly, and equity benefits were promising but not measurable at scale. Administrative burden reduction was mixed: education providers saw major gains, while health organisations reported inconsistent results due to manual workarounds. This was partially supported.

*Ease of Use and Accessibility*

Stakeholder support for the tool was overwhelmingly positive, but usability feedback was mixed. Forty-seven percent of survey respondents reported difficulty navigating the Tool, citing unclear terminology and limited dashboard functionality. While the Health Placement Hub improved accessibility, role-specific views and student features were missing. Greater co-design in the future developments could help deliver a more user-friendly experience.

### 6.1.5 Comparison of Intervention Logic vs Evaluation Results

This table summarises how well the evaluation results supported the original intervention logic for the Student Placement Digital Coordination Tool and Health Placement Hub. Each logic element is assessed against expected findings and the degree of support found in the evaluation.

| Logic Element | Expected findings | Evaluation Support | Key Evidence |
|---|---|---|---|
| Context | Fragmented, manual system with inequitable access and limited visibility | Supported | Evaluation confirmed fragmentation and manual processes prior to tool development. Inequity, especially for Māori, Pacific, and rural students was not measured. |
| Inputs | Funding, governance, infrastructure, stakeholder engagement | Supported | Tool and Hub were developed and deployed with stakeholder engagement and pilot data. Governance and funding provided via Health NZ. |
| Outputs | Digital platform with dashboards, real-time data, and support | Supported | Tool delivered dashboards and centralised data, with real time support from the Health Placement Hub. |
| Short-Term Outcomes | Reduced admin burden, improved visibility, stakeholder satisfaction | Partially Supported | Education providers saw time savings; health organisations had mixed experiences due to manual workarounds. |

| | | | |
|---|---|---|---|
| Medium-Term Outcomes | Increased placement capacity, equitable access, better planning | Partially Supported | Tool helped identify underserved sites and improve planning, but equity and capacity gains could not be measured/reported as the Confirm & Prepare functionality had not been developed. |
| Impact | Efficient, equitable system and sustainable workforce | Partially Supported | Stakeholders agreed on potential impact, but full benefits depend on future development and rollout. |

### 6.1.6 Limitations

Several limitations should be acknowledged:

- Some feedback may reflect experiences with earlier versions of the Tool, prior to feature updates. This may have adversely affected feedback particularly for Clinical Placement Coordinators.
- There was a moderate response to the online survey (20/60, 33%). Several factors likely influenced participation. Positively the survey was sent to known stakeholders regarding a relevant topic and was online with two reminders sent while the survey was open. Mitigating factors may have included the length of the survey (15-20mins), and the lack of incentives to complete the survey.
- We spoke to participants from the nursing and medical workforce at Health NZ, who have preliminary interest in the Tool however, a full co-design process would be necessary to fully understand and meet their requirements.
- Students were not involved in the evaluation, primarily as they were not necessarily aware that their placements were being managed via a Tool.
- Overall participant numbers in the evaluation were small which may limit inferences and conclusions reached in this evaluation.
- The tool was only piloted with one healthcare profession. Professions new to the Tool may have additional needs or requirements that will need to be built into future iterations of the tool.
- The evaluation was commissioned by Health NZ, and although classified as independent, members of the Health Placement Hub (also the commissioners) were critical stakeholders in this evaluation. Care was taken not to bias findings, although risks of bias can never be fully eliminated when stakeholders hold dual roles.

### 6.1.7 Overall Assessment

This evaluation shows meaningful progress toward modernising placement coordination within New Zealand's health education system. The pilot delivered measurable benefits, particularly in improving visibility and reducing allocation time, and showed strong potential to support equity and strategic workforce planning. However, limitations in functionality, integration, and user experience constrained the Tool's overall effectiveness and impact.

The evaluation results underscore the importance of continued development, including student-facing features, robust reporting, and system-wide integration. With sustained investment and alignment to broader reform efforts, the Tool can evolve into a foundational component of more efficient, equitable, and future-ready placements.

It is strongly recommended to continue developing the Tool to its full potential. Removing it entirely would exacerbate existing challenges such as inequities and administrative burden, particularly as student volumes increase. Maintaining the Tool in its current state is not sufficient. Stakeholders expressed a strong interest in a fully built-out solution, aligning with the vision first proposed by The Finding a Place to Learn in Health report.

# 7.0 Recommendations

This section synthesises the key findings from the evaluation and outlines recommendations to guide future development and implementation of the Student Placement Digital Coordination Tool and the Health Placement Hub. It presents four implementation options for investment and scale:

1. Maintain status quo
2. Partial implementation
3. Full-scale implementation
4. Discontinuing the Tool and using an off-the-shelf solution

Implementation options are presented first, followed by more detailed recommendations for individual items/functions for the Tool that were discussed during the evaluation period with both participants and members of the Hub. It is structured to support decision-making across different timelines; short-term (within 6 months), medium-term (6-18 months), and long-term (18+ months) with corresponding impact and relevance to each implementation option.

The evaluation confirms that the Student Placement Coordination Tool and Health Placement Hub address critical gaps in New Zealand's clinical placement system. The pilot demonstrated clear benefits, including improved visibility of placement capacity and reduced administrative burden for education providers. However, limitations in functionality, reporting, and integration prevented full realisation of these benefits. Stakeholders expressed strong support for the Tool's purpose and scalability, if development continues to prioritise usability, equity, and interoperability. Without further investment, systemic challenges such as fragmentation, inequity, and inefficiency will persist, undermining workforce growth and national health priorities.

## 7.1 Implementation Options

### 7.1.1 Option 1: Maintain status quo *(Not Recommended)*

**Description:** Maintain the Tool in its current state (as was deployed in the pilot), with support from the Hub.

**Implications:**

- Limited to one profession with limited functionality. Creates continued fragmentation, administrative burden, inequity and inefficiencies.
- Limits visibility of placement capacity and demand for all other professions, with placements often reliant on relationships rather than need.
- Persistent equity gaps for Māori, Pacific, and rural students (students have discontinued study due to being placed far from home or in environments that do not accommodate their family, caregiving or cultural needs).
- Risk of failing to meet workforce growth targets and the needs of the new medical school.

**Reasoning:** This option avoids immediate costs but only serves one profession. This perpetuates systemic problems and undermines strategic workforce goals.

### 7.1.2 Option 2: Partial Implementation *(Not Recommended)*

**Description:** Enhance the existing Tool's core functionality and usability.

**Key Actions:**

- Complete the Confirm & Prepare phase by allocating students to confirmed placements, assigning supervisors, and sharing pre-placement information to ensure readiness before placements commence.
- Add reporting and dashboard enhancements so that users can access real-time placement data, monitor capacity and demand trends, and generate insights for workforce planning and equity analysis.
- Provide training and onboarding support.
- Restrict to current profession and education provider to manage risks. Risks might include the Tool not being fit for purpose for other professions, and reports of increased administrative burden for some health organisations.

**Implications:**

- Moderate efficiency gains and improved visibility.
- Partial equity improvements.
- Provides new functionality that could then be tested with other professions, however there are unknown risks in terms of scalability particularly around volume and the inability to tailor the Tool to meet individual need.

**Reasoning:** This option balances cost and benefit, delivering short-term consistency but defers full integration and expansion, meaning that many of the clear benefits of the Tool will not be realised.

### 7.1.3 Option 3: Full Implementation and Scale-Up ***(Recommended)***

**Description:** This option involves completing all planned functionality, integrating with existing systems, and scaling nationally across professions. It positions the Tool as a cornerstone of health workforce transformation, democratising access to placements across the motu and providing a modern tool to a modern workforce.

**Key Actions:**

- Develop student-facing features for inputting preferences, cultural and personal needs.
- Expand to nursing, medicine and other professions through phased pilots.
- Develop data reporting capabilities.

**Critical Success Factors:**

- Integrate with education and health provider systems.
- Allow for registration features to support personalisation of placement options
- Establish governance, policy frameworks, and funding models.

**Impact:**

- Significant efficiency gains and equity improvements.
- Robust data for workforce planning and ministerial reporting.
- High upfront cost and resource requirements.

**Reasoning:** This option delivers maximum strategic value, aligning with national workforce priorities such as equity and digital innovation. It supports long-term sustainability as this Tool can adapt to evolving needs across professions and regions. Once integrated with existing systems

and expanding across professions, this approach supports interoperability, data-driven decision-making, and cross sector collaboration. With the inclusion of student-facing features and cultural responsiveness ensures that the Tool supports inclusive workforce development, helping to attract and retain the future health professionals.

### 7.1.4 Option 4: Discontinue use of the Tool, clarify continued need and seek alternate solution *(Not Recommended)*

**Description:** Re-visit the relevancy of a Tool for National Placement Coordination. Do not continue any further use of the current Tool and initiate a search for a more suitable, scalable solution, either by exploring existing national or global platforms or commissioning an existing tool that is out of box ready to be scaled.

**Implications:**

- Potential for improved coordination, equity, and visibility if a tool is identified that has this functionality and can be used straight out of box. Note, no such tool was identified by Health NZ in assembling their business case.
- May require upfront investment in procurement, integration, and change management.
- Disruption as current processes are reassessed and transitioned.
- Risk that only partial functionality is present in any pre-existing tool, limiting its applicability to the New Zealand education and health provider landscape.

**Reasoning:** This option acknowledges the limitations of the Tool in its current state. Short-term cost savings may be realised if the current tool is stood down. However downstream costs would appear in rising administrative burdens, continuation of manual processes, and equity would be compromised in terms of democratic and personalised access to placements across the motu. No tool has been identified as serving all needs of education and health organisations, hence the decision to build a bespoke Tool was taken. This option would not recoup the effort invested in the current Tool and could increase workloads for providers and the Health Placement Hub.

*Summary of options*

The recommendations present distinct options for managing the future of the placement coordination tool. Maintaining the current state would incur minimal cost but deliver negligible impact, leaving systemic issues unresolved and perpetuating inequity and inefficiency. Partial implementation offers moderate improvements in functionality and visibility at a medium cost, yet it falls short of addressing scalability and long-term strategic goals. Full implementation and scale-up, while requiring the highest upfront investment, delivers the greatest impact by enabling national integration, equity improvements, and robust data for workforce planning. This option aligns strongly with Health NZ's priorities and positions the tool as a cornerstone of system reform. Discontinuing the tool and seeking an alternative may appear cost-effective initially, but it carries high risk and offers poor alignment, given the absence of any identified solution that meets New Zealand's unique requirements. This is summarised in the table below:

| Option | Cost | Impact | Risk | Alignment |
|---|---|---|---|---|
| **1:** Maintain Current State | Low | Low | High | Poor |
| **2:** Partial Implementation | Medium | Moderate | Medium | Partial |
| **3:** Full Implementation | High | High | Managed | Strong |
| **4:** Discontinue | Low | High | High | Poor |

### 7.1.5: Recommendation for Implementation

Option 3 – Full Implementation and Scale-Up – is strongly recommended. This approach is not simply a technical upgrade; it represents a fundamental system reform that addresses long-standing fragmentation and inequity in clinical placement coordination. By completing all planned functionality, integrating with existing health and education systems, and scaling nationally across professions, the Tool becomes a cornerstone of health workforce transformation. It will enable a modern, data-driven, and culturally responsive placement system that supports equitable access for Māori, Pacific, and rural students, while improving efficiency and transparency for providers.

The benefits of full implementation extend beyond operational improvements. A fully integrated Tool will provide robust data for workforce planning, ministerial reporting, and strategic decision-making. It will allow personalised placement options through student-facing features, ensuring cultural and personal needs are considered. This capability is critical for attracting and retaining a diverse future workforce and meeting national health priorities. While the upfront investment and resource requirements are significant, these costs are outweighed by the long-term gains in sustainability, interoperability, and system-wide efficiency.

## 7.2 Recommendations for Development - Current State


| No. | Theme | Recommendation | Rationale | Impact | Option | Timeframe | Specific Actions |
|---|---|---|---|---|---|---|---|
| 01 | Simplifying Processes | Continue refining the Tool's workflows to reduce reliance on spreadsheets and email chains. Provide clear user guides and role-specific dashboards to streamline navigation. | Current placement coordination is fragmented and manual, creating inefficiencies and delays. | | Option 2 | Medium-Term | • Design clear, role-specific dashboards so each user sees only what they need.<br>• Publish quick start guides and training resources to make navigation intuitive.<br>• Review and simplify the steps users take to confirm placements, assign supervisors, entering data which will remove unnecessary manual steps. |
| 02 | Reduce Administrative Time | Align processes across institutions by expanding automation features that would limit duplicate data entry. | Education providers reported significant time savings, but health organisations experienced mixed due to dual systems. | | Option 2 | Medium-Term | • Require all placement confirmations and updates to occur in the Tool, not via email or spreadsheets.<br>• Assign permissions so each user only sees and edits what's relevant to their role.<br>• Enable education providers to upload placement data in bulk (CSV) rather than one record at a time. |
| 03 | Democratising access to placements | Maintain and enhance visibility features and introduce filters for geographic and role | The Tool improves visibility of rural and underserved placements, | | Option 2 | Medium-Term | • Add geographic and role filters to placement dashboard. |

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|---|---|---|---|---|---|---|---|
| | | preferences to ensure fair allocation. | supporting equity goals. | | | | • Implement equity allocation logic for rural and underserved areas. |
| 04 | Benefits for rural/smaller providers | Provide targeted onboarding and support for rural providers, including simplified data entry and training resources. | Increased visibility helps smaller providers participate in placement coordination, reducing reliance on personal relationships. |  | Option 2 | Medium-Term | • Develop simplified data entry templates for rural providers.<br>• Launch virtual training sessions. |
| 05 | User Experience | Simplify navigation and refine terminology across the Tool to ensure clarity and ease of use. | Current feedback indicates that inconsistent terminology and complex navigation create confusion for users. Improving usability will increase confidence and support sustained engagement. |  | Option 2 | Medium-Term | • Conduct a terminology audit to standardise language across all screens (placement request vs. offer).<br>• Redesign navigation menus to group related tasks logically and reduce clicks. |
| 06 | Create Continuous Improvement Loop | Establish feedback channels and regular updates based on user insights. | Maintains relevance and responsiveness to stakeholder needs. It ensures the Tool evolves based on user needs and system priorities. |  | Option 2 | Ongoing | • Set up quarterly feedback cycles with education and health organisations who are using the Tool.<br>• Publish a transparent improvement roadmap every six months showing planned updates and timelines.<br>• Implement an in-tool feedback feature so users can report issues or suggest improvements in real time. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 07 | Tool Development and Coordination | Continue to invest in the Health Placement Hub | The Health Placement Hub was critical in providing governance, leadership, agile Tool development, and supporting stakeholders across the system. Sustaining and strengthening the Hub will ensure continued availability and uptake, and innovation and alignment. |  | Option 2 | Ongoing | • Continue the Health Placement Hub's leadership role in cross-sector governance.<br>• Position the Hub as a permanent fixture in regional health infrastructure.<br>• Align its functions with strategic priorities such as equity, digital enablement, and workforce development.<br>• Keeping a human in the loop for support is essential for the success of the Tool, regardless of the option or iteration selected for implementation. The presence of a knowledgeable, responsive human such as through the Health Placement Hub is not a supplementary feature but a foundational requirement. |

| No. | Theme | Recommendation | Rationale | Impact | Option | Timeframe | Specific Actions |
|---|---|---|---|---|---|---|---|
| 01 | National Coordination | Establish governance structures and shared timelines for placement requests and offers to enable consistent national coordination. | A national system would standardise processes, reduce inequities, and support workforce planning. |  | Option 3 | Medium-Term | • Publish national placement calendar and policy framework. |
| 02 | Tool Reporting | Develop robust reporting capabilities, including historical data views, equity metrics, and exportable dashboards. | Reporting is essential for ministerial accountability, workforce planning and equity monitoring. |  | Option 3 | Medium-Term | • Deliver full reporting functionality, which includes equity metrics and historical trend analysis.<br>• Enable exportable dashboards for ministerial reporting. |
| 03 | Student-Centred Design | Introduce student-facing features for preference-setting, cultural needs, and feedback loops to improve transparency and equity. | Students currently lack visibility and input into placements, which affects satisfaction and retention. |  | Option 3 | Medium-Term | • Pilot student-facing features that include cultural needs and feedback mechanisms.<br>• Validate through student user testing and satisfaction surveys. |
| 04 | Integration | Explore API-based integration or other interoperability solutions with university databases and HR systems to enable seamless data exchange and reduce manual work. | Lack of integration with institutional systems creates duplication and limits efficiency gains. |  | Option 3 | Long-Term | • Complete technical design for API integration or other interoperability solutions such as the ability to upload and download spreadsheets.<br>• Begin a phased integration with the top 3 education providers. |
| 05 | Scaling the Tool | Implement phased rollout with profession-specific pilots and co-design workshops to ensure alignment and buy-in. | Stakeholders support national rollout, but curriculum misalignment and entrenched placement control pose risks. |  | Option 3 | Medium-Term | • Launch pilot for other professions.<br>• Conduct co-design workshops before profession rollout.<br>• Develop national rollout roadmap. |

On balance, this evaluation **strongly supports full implementation of the Student Placement Digital Tool**, and **maintenance of the Health Placement Hub.**

## 7.4 Implications of Implementing the Recommendations

Collectively, these recommendations strongly support investing in the future state of the current Tool and maintaining the Health Placement Hub. If adopted, the following implications should be anticipated:

- Operational Efficiency Gains
    - Reduction in manual processes and duplicate data entry, saving time for education and health organisations
    - Streamlined workflows and improved navigation will lower training requirements and increase adoption
- Enhanced Equity and Access
    - Visibility and allocation logic will improve access for rural and underserved providers
    - Student-facing features will support cultural needs and preference-based placements
- Data-Driven Decision Making
    - Robust reporting capabilities will enable ministerial accountability and workforce planning
    - Equity metrics and historical trends will inform policy and resource allocation
- Improved User Experience
    - Simplified navigation and standardised terminology will reduce errors and improve satisfaction
    - Continuous improvement loops will ensure responsiveness to feedback and the evolving needs of the users
- System Integration and Scalability
    - Interoperability solutions and/or API-based integration will eliminate duplication and enable seamless data exchange
    - Phased rollout and governance structures will support national consistency and long-term sustainability
- Resource and Investment Requirements
    - Higher upfront investment for full implementation (Option 3) but significant long-term returns
    - Dedicated governance and technical resources required for integration and continuous improvement

# 8.0 Conclusion

The evaluation confirms that the Student Placement Coordination Tool and Health Placement Hub address critical gaps in New Zealand's clinical placement system. While the pilot demonstrated clear benefits such as improved visibility and reduced administrative burden there were limitations in functionality, reporting, and integration that could not be resourced / funded and therefore prevent full realisation of these benefits.

Benefits of the evaluation included talking to a variety of stakeholders, including those who could potentially use the tool (nurse and medical school), and potential sponsors (Office of the Chief Clinical Officer), all of whom were overwhelmingly supportive of the Tool continuing to be developed and deployed. It also highlighted the critical role of the Health Placement Hub in providing governance, guidance, and supporting users of the Tool. It is unlikely that the Tool would have successful uptake and adherence without the Hub in place, particularly with the obvious dedication and depth of knowledge present in the team. The technology providers were enthusiastic about the technical potential of the Tool, including handling larger capacities (such as nursing), and personalisation. It is promising that most stakeholders saw the value of student-facing functionality. Personalising placements to a student's culture, place of origin, or family/whānau or caregiving situation would support continued engagement and potentially retain students who face disadvantage.

Several limitations should be acknowledged in this evaluation. Some feedback may reflect experiences with earlier versions of the Tool prior to feature updates, which may have negatively influenced perceptions, particularly among Clinical Placement Coordinators. Survey participation was moderate which may have biased responses to those who felt more compelled to give feedback (particularly negative or particularly positive). Overall participant numbers were small, limiting the strength of drawing overall conclusions, although a wide range of stakeholders were involved which may strengthen common themes and findings. Finally, while the evaluation was commissioned by Health NZ and classified as independent, members of the Health Placement Hub were both key stakeholders and commissioners, introducing a potential, though mitigated, risk of bias.

From here, decision-makers can focus on four possible implementation options: maintain current state, invest in partial improvements, commit to full implementation and scale-up, or discontinue the Tool altogether, potentially procuring an off-the-shelf solution. Option 3 delivers the greatest strategic value, aligning with Health NZ's workforce growth targets, equity commitments, and ministerial reporting requirements. Although it requires higher upfront investment, it mitigates systemic risks and positions Health NZ for sustainable health education transformation. It also respects the digital age, understanding that process automation and optimisation is part of facilitating and supporting a modern workforce. Without further investment it is likely that

fragmentation and inequity will persist, undermining national health priorities and workforce growth development goals.

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# 10.0 Appendices

## Appendix A: Lines of Inquiry

### Lines of Inquiry: Nine Key Themes

The following lines of inquiry were followed in this evaluation focused on nine key themes. Each theme drew on formative or impact domains to guide the evaluation approach and questions asked of stakeholders. These were collaboratively developed and ratified between Health NZ and Deloitte. Refer to Appendix B for specific questions.

| | |
|---|---|
| Coordination of placements across settings and regions<br>*Formative* | To assess whether the Tool improves logistical and operational coordination across different healthcare settings (e.g., hospitals, community clinics) and regions. This helps evaluate system-level integration and equity in placement distribution. |
| Usability and accessibility<br>*Formative* | To understand how intuitive and user-friendly the Tool is for different stakeholders (coordinators, education providers), and whether any groups face barriers to access (e.g., digital literacy, device compatibility, disability). |
| Effectiveness for public and private providers<br>*Formative* | To evaluate the Tool's practical value in both public and private sector contexts. This includes time savings, reduced admin burden, and alignment between placement demand and availability. |
| Experience and diverse placements<br>*Formative* | To explore how users' roles influenced their experience and whether the Tool enabled a broader range of placement types (e.g., rural, interprofessional, culturally diverse). This supports equity and workforce development goals. |
| Additional benefits from the Tool and Hub<br>*Impact* | To capture unexpected positive outcomes or insights beyond the Tool's core functionality-such as improved collaboration, data insights, or professional development. |
| Enablers and barriers to success<br>*Formative* | To identify what helped or hindered the pilot's success-such as leadership support, training, or technical issues. This informs future implementation strategies. |
| Expansion to other professions<br>*Formative and Impact* | To test the perceived adaptability of the tool to other health professions (e.g., nursing, medicine), which is key for scalability and return on investment. |
| Expansion requirements<br>*Formative and Impact* | To gather practical insights on what would be needed to scale the Tool, such as policy changes, funding, or technical upgrades, and to surface risks of scaling or not scaling. |
| System-wide benefits<br>*Impact* | To explore the broader, long-term value of the tool-such as workforce planning, improved student satisfaction, or reduced inequities in placement access. |

## Appendix B: Document Prioritisation Matrix

| Title | Date | Relevance | Importance | Priority |
|---|---|---|---|---|
| Finding a place to learn in health | July 2023 | High | High | High |
| Briefing memorandum of understanding to establish a third medical school | December 2023 | Med | Low | High |
| Student placement digital tool design feedback and next steps | June 2024 | High | High | High |
| High Level Health + Education portal overview | September 2024 | High | High | High |
| Change Management High Level Approach | October 2024 | Med | Med | High |
| Student Placement System Funding Case | December 2024 | High | High | High |
| Pilot Evaluation of the Student Placement Tool | May 2025 | High | High | High |
| Cabinet Paper-New Medical School Detailed Business Case Redacted | May 2025 | High | Med | High |
| Student placement digital tool design feedback and next steps | June 2024 | High | High | High |
| Cabinet Minute | July 2025 | Med | Low | High |
| MoH New Medical School Detailed Business Case | July 2025 | High | Med | High |
| Student Placement System Project Intervention Logic | --- | Med | Med | High |

# Appendix C: Additional Releases after the Go-Live of the Tool on 08 October 2024.

| Name | Release Management Number | Date | Comments |
|---|---|---|---|
| **RC2** | **24.28.1.0** | **30 October 2024** | **Minor release focused on early Production feedback** |
| **Hotfix RC3** | **24.23.3.1** | **11 November 2024** | **Business requested 9 user stories to be released with urgency as per user feedback** |
| **RC3** | **24.32.3.0** | **5 December 2024** | **Minor release focused on Production feedback & introducing Portal Messaging** |
| **Hotfix RC4** | **25.2.7.1** | **22 January 2025** | **Business requested 2 user stories to be released with urgency as per user feedback** |
| **RC4** | **25.2.8.0** | **20 February 2025** | **Minor release focused on Production feedback and introducing SharePoint document management** |
| **RC5** | **25.6.5.0** | **20 March 2025** | **Minor release focused on Production feedback** |

Deloitte.