

This submission raises concerns about unpaid clinical placements in tertiary training programs for health and social care professions. According to the World Health Organisation, 67% of staff in these sectors are women.¹ The following submission argues that unpaid clinical placements likely contribute to “unexplained factors” of the gender pay gap² as unpaid work perpetuates gender inequality³ and unpaid labour depresses wages.⁴

In Aotearoa NZ, unpaid clinical placements are common in health and social care training. These hours are considered ‘voluntary’. However, given the extensive hours, prescriptive nature of training and practice, and the potential for economic benefit to employers, placements replicate work. As such, this submission asserts that clinical placements should be remunerated in accordance with the United Nations Declaration of Human Rights, Article 23.3 “*Everyone who works has the right to just and favourable remuneration...*”⁵

Background

The purpose of practicum or placements in tertiary education programs is to ensure students have the opportunity to apply theory in practice in preparation for entering their chosen profession on qualification.⁶ Placements are common in degree programs such as teaching, social work, counselling, nursing, and midwifery; professions historically deemed ‘women’s work’.⁷ Placement requirements vary from 500 hours for counselling to 2,400 hours for midwifery.⁸ This equates to anything between three and fourteen months of full-time **unpaid** work.

Aotearoa has an estimated shortage of 700 social workers,⁹ 940 psychologists,¹⁰ 1,000 teachers,¹¹ 1,050 midwives, and 4,800 nurses,¹² yet the barriers to entering these professions mean they are unattainable for many.¹³ Barriers include limited places on programs, student loans, supervision fees, travel, accommodation, and lost income on placement and training days.¹⁴ Extensive placement requirements also limit a student’s capacity to undertake paid work, resulting in “extreme financial hardship and mental distress” (p. 7).¹⁵ This is even more concerning in a cost-of-living crisis.¹⁶ Unsurprisingly, attrition rates for programs with unpaid clinical placements are high, sitting at 40% for midwifery,¹⁷ 45% for social work,¹⁸ and up to 50% for nursing.¹⁹

Legality and ethics of unpaid placements

The current legal assumption is that placements are voluntary and therefore do not constitute employment. As such, there are no provisions for remuneration, annual leave, sick leave, or bereavement leave. Students are also not entitled to other rights or protections of employment law.²⁰ This makes students vulnerable to exploitation by placement providers with limited opportunity to raise or address challenges they experience within the placement context.

It should be noted that clinical placements are a **compulsory** requirement for registration with a professional body. There are no alternative pathways to entering these professions. If placements are truly voluntary, students should be able to decline the opportunity to undertake a placement and still be able to qualify. However, this is not the case. This submission challenges the legitimacy of ‘volunteerism’ given placement hours, locations, and training requirements are dictated by university providers and professional bodies.

In addition, Employment NZ states that employers should avoid gaining an economic benefit from the work done by volunteers and volunteers should not be doing work that is integral to the organisation. However, the very purpose of a clinical placement is for students to undertake work that is integral to the organisation and their ongoing professional

development, which in turn provides a service - a social and economic benefit. Employment NZ also states that “the longer a person volunteers and the more hours they work, the more likely they are to be an employee.”²¹ Whether it be 500 or 2,400 hours, clinical placements are an extensive, compulsory commitment during which students are required to undertake tasks that they will continue to do on qualification. According to the International Labour Organisation, unpaid internships (including clinical placements through tertiary institutions) may undermine labour standards as there is a risk the unpaid person serves as a cheap form of labour, thereby evading minimum wage laws.²²

The gender pay gap

Male dominated professions such as trades, labouring, and construction provide paid apprenticeships for on-the-job training.²³ Police pay their recruits while they are at Police training college. They also provide recruits with free meals and accommodation. There are no costs to the individual and no pre-requisite qualifications required (such as a degree). Within a year of completing training, probationary officers earn \$75,063.²⁴ Meanwhile, a graduate registered nurse starts on approximately \$68,000,²⁵ with three years of student loan debt and 1,100 hours of unpaid clinical placement behind them.

According to Te Whatu Ora, 183,000 placement weeks are undertaken in the health sector each year (this excludes medical students).²⁶ This is approximately **7.32 million hours of unpaid labour** each year. That equates to \$190 million a year (at the living wage)²⁷ and does not include placements for social care professions such as teaching, counselling, or social work. Moreover, these unpaid clinical placements are not accounted for in the annual \$17.6 billion gender and ethnic pay gap,²⁸ creating further hidden inequities. There remains much work to be done to close the gender pay gap.

Te Tiriti o Waitangi

In accordance with Te Tiriti o Waitangi, Aotearoa New Zealand must strive towards equity for Māori, including access to tertiary education and training.²⁹ The health and social sector workforces should reflect our diverse communities. Paid placements and fees free “earn while you learn” programs would ensure equitable access to health and social care professions with clinical placement requirements. Recruiting professionals from overseas is not a long-term solution, particularly with a global shortage of health professions.³⁰ We need to train and retain health and social care personnel here in Aotearoa to ensure a sustainable, representative, and culturally competent workforce.

In conclusion, this submission argues that when a profession is so highly skilled it requires extensive supervision and training, the skillset is more valuable, not less. Clinical placements should be remunerated to reflect the hours, commitment, and training requirements students undertake to qualify. I ask that this issue please be given serious consideration as part of the Universal Periodic Review, specifically in relation to equity for Māori, healthcare, education, employment, and economic empowerment of women.

Ngā mihi,

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