



# Health Sciences Australia

Australian Council of Deans of Health Sciences

<b>MEETING</b>	Australian Council of Deans of Health Sciences		
<b>CHAIR</b>	Professor Ian Wronski		
<b>DATE</b>	Mon 21 November 2016	<b>LOCATION</b>	<b>Crowne Plaza Hotel</b>
<b>TIME</b>	9-430 [ 8.30 coffee available and room open]		1 Binara St Canberra
<b>Chair</b>	Ian Wronski		
<b>Invited guests</b>			
Professor Mike Woods	Accreditation Systems Review		
Mr Peter Carver	Accreditation Systems Review		
Mr Dave Hallinan	Department of Health		
Ms Rachel Yates	Universities Australia		
<b>Members</b>	<b>Attending</b>	<b>Apologies</b>	<b>Proxy</b>
Charles Sturt University	Tim Wess		
Curtin University	Michael Berndt	Lorna Rosenwax, Phil Hocking	
Deakin University		David Crawford	Catherine Bennett
Flinders University	John Coveney	Meredith Peters	
Griffith University	Sheena Reilly	Tony Perkins	
Griffith University	Peter Westwood		
James Cook University	Ian Wronski		
James Cook University	Pamela Stronach		
Latrobe University	Karen Dodd		
Monash University	Wendy Cross	Christina Mitchell	
QLD University of Technology	Robyn Nash	Ross Young	
University of Canberra	Diane Gibson	Maggie Jamieson	
University of Newcastle	Judith Scott		
University of Newcastle	Elaine Terry		
University of Queensland	Bruce Abernathy	Sarah Roberts-Thomson	
University of South Australia	Esther May		
University of Sydney	Kathryn Refshauge		
University of Sydney	Stella Vasilliadis		
University of Tasmania		Justin Walls	
Western Sydney University	Gregory Kolt		
<i>Observational member</i>			
University of Otago		Don Robertson, Peter Crampton	
<i>In attendance</i>			
ACDHS EO	Robyn Adams		



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<b>Draft Minutes</b>		<b>Australian Council of Deans of Health Sciences</b>	
<b>CHAIR</b>	Professor Ian Wronski		
<b>DATE</b>	Monday 21 November 2016	<b>LOCATION</b>	Crowne Plaza Canberra Room: 'The Crossing' 1 Binara Street 2601 Canberra ACT Australia Tel:
<b>TIME</b>	9.00am – 4.30pm		
<b>Minutes</b>			
<b>Item</b>			<b>Actions</b>
1.	<p><b>Welcome, introductions and apologies</b> Following general introductions, the chair welcomed Professors Sheena Reilly from Griffith University and Catherine Bennett – proxy for David Crawford of Deakin University</p> <p>Apologies noted.</p> <p>The meeting confirmed the minutes from 29 August 2016 ACPDHS meeting subject to the following amendments</p> <p>i. P3/7 section 3 –DSS-Paragraph 3: amend first sentence, currently written as Initial estimates indicate significant increase in the allied health workforce required to meet the service demand- particularly in the Early Intervention component <b>To read</b> Initial estimates indicate significant increase in the number of allied health professionals choosing to work in disability will be required to meet the service demand- particularly in the Early Intervention component</p> <p>ii. P7/7 section 6-Scope of Practice: amend 2<sup>nd</sup> dot point currently written as 'potential for radiographers to provide double screening eg screening of coal miners' <b>To read</b> 'potential for radiographers to provide the initial reading where double reporting requirements are specified, with a radiologist providing the second reading'</p> <p>Discussion on the status of <b>previous actions</b> Please see attached Action sheet from August 29 ACDHS meeting with updates provided (not sent with meeting papers) Actions from 10 August Executive meeting provided and discussed as detailed below</p> <ul style="list-style-type: none"> <li><b>Re action 160306E</b>-progress the notion of an allied health <b>training advisory network</b>. EO provided summary of responses to AAHF members- where there was a general level of support despite some concerns about the feasibility and or effectiveness of establishing yet another body. IW suggested this was a key activity and should be actively pursued. It was an area in which ACDHS could help shape policy. Also should consider workforce mobility and increasing international demand for health workforce. EO to continue development of a paper/proposal and to liaise with AAHF members</li> <li><b>Re action 160307E</b>- feasibility of establishing a <b>new ERA code</b> for allied health research Professor Bruce Abernathy provided feedback subsequent to his discussion with Professor Aidan Byrne about developing a new allied health code within ERA. Changing systems and financing may mean that a submission direct to ARC could now be appropriate. Suggestions of data to support any submission include <ul style="list-style-type: none"> <li>- quantum of activity</li> <li>- number of RHD students in the higher education sector</li> </ul> </li> </ul>		<p>EO to amend minutes</p> <p>Chair to sign amended minutes of 29 August 2016 ACDHS meeting.</p> <p>EO to continue development of a paper/proposal and to liaise with AAHF members re an allied health training advisory network</p> <p>EO to convene meeting of ERA working party and extend invitation to membership.</p>

	<p>-journal information</p> <p>Advice is required on the structure of such a document or examples of previous successful submissions</p> <p><b>Next steps</b></p> <p>EO to convene meeting of ERA working party and extend invitation to membership</p> <p>Consider collecting data from each university- Working party to discuss questions</p> <p>Possibly useful to unpack 1103 ( and 1117)</p> <p><b>Correspondence</b></p> <p>Letter from Health Workforce Principals Committee ( HWPC) re AHAs</p> <p>EO collating member responses and will develop a draft response detailing current content and examples and framed in terms of importance of optimally utilising the full scope and skills of the allied health professional. Draft to be circulated for comment prior to submission.</p>	<p>EO collate responses re AHA content in curricula and develop draft response to HWPC for comment.</p>
<p>2.</p>	<p><b>Sector issues and developments</b></p> <p><b>Clinical education</b></p> <p>Professor Refshauge provide a summary of work looking to re-examine the clinical placement requirements for accreditation. The catalysts for this work included the prescriptive requirements specified by some accreditation councils and the increasingly competitive environment for clinical placements.</p> <p>Some points emerging from the review include</p> <ul style="list-style-type: none"> <li>• Difficult to identify original source of the prescribed number of hours</li> <li>• Variation in time to achieve competency <ul style="list-style-type: none"> <li>○ For example, a study of speech pathology students suggested that some students achieved competency in 100 hours while others took 400 hours</li> </ul> </li> <li>• Evidence indicates that simulation can replace up to 25 % of clinical placement hours without compromising learning outcomes and for some areas can enhance learning. <ul style="list-style-type: none"> <li>○ Quality of simulated learning important to achieving such outcomes</li> </ul> </li> </ul> <p>Professor Refshauge indicated a paper is to be produced that would inform follow up discussions at the next ACDHS meeting</p> <p>Questions/comments arising from discussion</p> <ul style="list-style-type: none"> <li>• Cost of simulation a key issue</li> <li>• Employability skills of beginning practitioners are not the technical skills but rather 'soft' skills some of which are amenable to teaching via simulation</li> <li>• if interprofessional education was being addressed by Professor Refshauge</li> <li>• Patient safety, teamwork and communication skills important</li> <li>• Acceptance or otherwise of cross disciplinary supervision</li> <li>• Capacity for supervision of international placements</li> <li>• Conversations on impact/outcome/output rather than inputs required for accreditation</li> <li>• Many of the allied health profession accreditation requirements are much more prescriptive than for AMC for instance. AMC also welcome innovations in clinical education</li> </ul> <p>Professor Berndt noted that Curtin had undertaken an audit of accreditation bodies that accept simulation and indicated this information could be shared with ACDHS</p> <p>A cautionary note was offered as the discussion concluded re potential for unanticipated consequences of shifting accreditation requirements. Examples may include increasing specification of criteria for simulation and scenario development and the need to understand when and how supervision by another profession could/should occur.</p>	<p>EO to add KR clinical placement requirements to next meeting agenda</p> <p>MB to provide audit &amp; EO to circulate to ACDHS members</p>



	<p><b>Cost of clinical Placements</b> Victorian members discussed the additional costs anticipated if the allied health placements increase from current \$35 per student per clinical placement day to \$54.70 after 2017 [see link for costs <a href="https://www2.health.vic.gov.au/health-workforce/education-and-training/student-placement-partnerships/fee-schedule-for-clinical-placement-in-public-health-services">https://www2.health.vic.gov.au/health-workforce/education-and-training/student-placement-partnerships/fee-schedule-for-clinical-placement-in-public-health-services</a>]</p> <p>Estimates of increases on annual costs range from \$800, 000 to \$2mil Also raised was the increase cost related to the number of hours considered to be a clinical day (7.6 rather than 8) Other states are looking at adopting the Victorian model <b>Action:</b> Wendy Cross happy to share recent cost modelling</p> <p><b>Quality of supervision</b> was raised as an issue that is currently not within the fee/payment model with no requirement to provide any minimum standard nor reporting on supervision quality. Expectation for some universities with multiple programs to pay in the order of \$5-10 million with no mention of quality.</p> <p><b>IHPA costing study</b> Costing study TTR has been endorsed and is now progressing via the Ministers to COAG. The report found that it was possible to link clinical education activity to patient days but not so for research. It is possible that this work will inform the development of a national efficient price (NEP) for casemix funding in future years (2018 or beyond). While this would make the costs explicit, there was some concern expressed about the data collected to inform the work to date.</p> <p>Also timely to note that Rachel Yates (UA) has developed a paper seeking to make clinical education funding more transparent. Paper has been circulated to HPESG members EO to follow up if UA CEP paper is available to circulate to ACDHS members</p> <p>EOI for establishment of 3 new UDRH as part of the broader RHMT strategy as flagged in MYEFO 2015- south east Queensland, south and central NSW and Broome-Kimberly region of WA. EOI close at <b>2pm 19</b> December 2016. Link provided. <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/H1617G001">http://www.health.gov.au/internet/main/publishing.nsf/Content/H1617G001</a></p>	<p>WC to provide modelling &amp; EO to circulate to ACDHS members</p> <p>EO to follow up if UA CEP paper is available to circulate to ACDHS members</p>
3	<p><b>Accreditation Systems Review</b> Professor Mike Woods (Independent Reviewer) and Mr Peter Carver (Project Director, Accreditation System Review Consultation for the Review) attended the meeting Professor Woods provided an overview of timeline of review as follows</p> <ul style="list-style-type: none"> <li>• Informal discussions initially- seeking to understand where we can add value and to obtain examples</li> <li>• Discussion paper to be released in February 2017</li> <li>• 1- 2 meetings in each state in March</li> <li>• Submissions due in April- see link to website</li> </ul> <p><a href="http://www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review">http://www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review</a></p> <p>3 key areas of interest</p> <ol style="list-style-type: none"> <li>1. Effectiveness and efficiency of current system</li> <li>2. Education and innovation</li> <li>3. Governance</li> </ol> <p><u>RE #1 Effectiveness and efficiency of current system</u></p> <ul style="list-style-type: none"> <li>• Decrease duplication and increase collaboration</li> <li>• Identify opportunities-examples welcome [ACTION]</li> </ul> <p><i>Discussion points included</i></p> <ul style="list-style-type: none"> <li>• Accreditation costs for multi-campus programs <ul style="list-style-type: none"> <li>○ Perception that accreditation costs are a revenue generator</li> </ul> </li> <li>• Accreditation of online programs and new health service programs and health needs <ul style="list-style-type: none"> <li>○ Are current systems sufficiently nimble to respond to emerging education and/or health service models ( eg Community health care)</li> </ul> </li> </ul>	<p>Action : EO to send</p> <ol style="list-style-type: none"> <li>1. DN accreditation paper</li> <li>2. ACDHS response</li> </ol> <p>to Ewan review to Mike Woods &amp; Peter Carver</p>

- Accreditation cost and workload burden on universities with numerous programs
- Need for better alignment with other accreditation agencies eg TEQSA
  - TEQSA considered too high a level – discussion required
- Interpretation of standards by accreditation panel members
- Continued output focus
- Innovation and collaboration not prioritised ( compared with AMC for example)
- *'Protect the public'* not mentioned overtly within the standards
  - ? consider/distinguish roles eg
    - TEQSA focus: accreditation quality
    - Professional Accreditation focus: patient safety
  - **Action:** examples and evidence of what can/should be done in either TEQSA or Professional Accreditation. Examples/evidence should list
    - Problem
    - Option
    - Case study/example
      - EO to provide previous DN accreditation paper and ACDHS response to Ewan review
- Professor Cross provided an outline of a recent internal review of one accreditation council using a risk based model of assessment.
  - For example, this model considered the length of time a university has been offering a program ( well established V new program) and aligning accreditation requirements to possible risk profile
- Governance/oversight of the Accreditation Councils “... *who guards the guard?*”
- Possibility of a forum to work together ( Universities and accrediting councils)

#### Re #2 Education and innovation

- Consider the structure and delivery of education programs and their effectiveness and efficiency
- Understanding the constraints for
  - Quality and safety
  - Custom and practice ( professional ‘patch’ protection’ V innovation... *how to decrease the former to increase the latter*) **ACTION: provide examples**

#### *Discussion points included*

- Changing services and setting eg interdisciplinary or transdisciplinary practice, placements in aged care settings
- New models
- Risks associated with innovation mid accreditation cycles
- Supply issues- placements and workforce
- Regional issues such as availability and capacity of supervisors; working across multiple sites; issues of scale... and the impact on these issues on cost and placement capacity
- Globalisation of health workforce (HW)
  - how to best position the health workforce to emerging changes
  - HW and HW education as an export industry
    - Consider opportunities, barriers and enablers
- Diversity is a strength of Australian education programs
  - Allows development of unique characteristics and local responsiveness
- Industry informs program development through external reference committees, placement offerings, emerging field work placements, community development models
  - Clinical placements also provide a feedback mechanism from industry
- Future Workforce
  - what health workforce is required for aged care for example

#### #3 Governance

- What sort of health workforce do we need in 10-15 years
  - What are the drivers
  - Eg changing patterns of disease
- Where does the accreditation system fit in
  - Responsiveness to changing needs: when/How/should the education and training system respond to changes

<p><i>Handwritten notes:</i>      20/11/16      Proposed      written      2/11/16</p>	<ul style="list-style-type: none"> <li>○ ? interface of accreditation with broader system ( eg Universities, health services and systems, consumers, employers</li> <li>○ ?? if incentives within the accreditation system are aligned with other systems and processes</li> <li>● What structural changes to the national accreditation system are required to align with medium term need for Australian Health Care</li> <li>● Issues to be considered through a lens of the accreditation system, but will look at the whole system</li> </ul> <p><i>Reflective comments</i>          Some members advised caution was required when considering possible extensions of the points raised in the discussions and advised a carefully considered and nuanced approach to be adopted in framing responses-specifically national exit examinations.</p>	
	<p><b>Governance and Policy</b></p> <p><i>Executive Officer update</i>  <b>Australian Allied Health Forum (AAHF)</b>          Professor May (ACDHS executive representative to AAHF) provided</p> <ul style="list-style-type: none"> <li>● An overview of AAHF and potential value to ACDHS and</li> <li>● Feedback on the September AAHF meeting.</li> </ul> <p>Members requested circulation of</p> <ul style="list-style-type: none"> <li>● Minutes of meetings</li> <li>● AAHF Terms of reference</li> </ul> <p>Members agreed to the following</p> <ul style="list-style-type: none"> <li>● ACDHS to undertake AAHF secretariat role in 2017 ( yearly rotation)</li> <li>● ACDHS financial contribution to development of AAHF website up to \$1000</li> </ul> <p><b>Sponsorship IAHA</b></p> <ul style="list-style-type: none"> <li>● ACDHS EO has confirmed sponsorship of IAHA 2016 Forum Welcome Event</li> <li>● Professor Wronski to speak at the Welcome event;</li> <li>● EO to attend Forum and pre forum workshop on 'Embedding Aboriginal and Torres Strait Islander perspectives in health curricula'</li> </ul> <p><b>Submissions/consultations/Responses</b></p> <ol style="list-style-type: none"> <li>1. ACDHS response submitted on 10.10.2016 to DET commissioned 'Mapping Of Professional Accreditation In The Context Of Higher Education Regulatory And Standards Frameworks' conducted by Emeritus Professor Christine Ewan -Key Associate PhillipsKPA</li> <li>2. HWPC letter re preparedness of graduates to work with allied health assistants (AHA)              Responses being collated by EO              Discussion included             <ul style="list-style-type: none"> <li>● considering how to best reflect this ( and other content requests) into curricula                     <ul style="list-style-type: none"> <li>○ Eg thread through existing modules or add additional topic</li> </ul> </li> <li>● Possible linking to AHA sub degree programs more broadly</li> </ul>             EO to finalise collation of responses and develop draft reply to HWPC</li> </ol> <p><b>Working parties</b></p> <p><i>ERA working party</i>              See notes above in business arising              EO to convene meeting of working party</p> <p><i>NDIS working party</i>              Professor May (chair of ACDHS NDIS working party) and EO provided an update of recent activity. Opportunity to develop a Sector Development Fund application to look at models of clinical placement in NDIS that are scalable and sustainable (without additional incentives).  <b>Action:</b> EO to circulate call for proposals to ACDHS , working party members and Rachel Yates              Professor May also discussed the value of developing relationships with key NDIA personnel  <b>Action:</b> EO to make initial contact with NDIA.</p>	<p>EO to finalise collation of responses and develop draft reply to HWPC</p> <p>EO to convene ERA working party meeting</p> <p>EO to circulate call for NDIS SDF proposals (Sent 25.11.2016)</p> <p>EO to make initial contact with key NDIA personnel</p>

	<p><b>ACDHS Executive position nominations</b></p> <p>Following the nomination and confirmation of Professor Esther May (UniSA) as the incoming ACDHS chair (mid 2017) and recent amendments to the Constitution, a call for nominations for up to 4 executive member positions will now occur.</p> <p>EO to confirm with current executive members if they are continuing or stepping down and then identify positions to be included in the next election process (<i>mindful of the Constitutional requirement to maintain corporate knowledge by not replacing more than half the Executive at any one time</i>)</p>	EO to confirm with positions for nomination and circulate
5	<p><b>Planning</b></p> <p>Updated draft of a strategic plan incorporating suggestions received at the August meeting was briefly discussed with members. EO to amend in line with feedback and circulate with minutes for comments.</p>	EO to amend draft plan and circulate for comment
6	<p><b>Department of Health and Ageing (DoH)</b></p> <p><b>David Hallinan</b>, acting <i>Deputy Secretary National Programme Delivery</i> provided an overview on Commonwealth priorities for health workforce including:</p> <ul style="list-style-type: none"> <li>• Health Care Homes</li> <li>• HWPC letter re Assistant and support workforce</li> <li>• Accreditation systems review</li> <li>• Health workforce and data</li> </ul> <p><b>Health Care homes</b></p> <p>To commence in July 2017, Health Care Homes aim to improve the provision of care for people with chronic and complex conditions. Participating general practices and ACCHS will play a vital role in shaping this important reform. Models to be developed locally</p> <p>Funding applications are now open for stage one of Health Care Homes.</p> <p>Information is available at <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes">http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes</a></p> <p>Tender information to be found at <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/H1617G014">http://www.health.gov.au/internet/main/publishing.nsf/Content/H1617G014</a></p> <p>HCH applications close Thursday 15 December 2016.</p> <p>Question: could students other than medical students deliver billable services in HCH models?</p> <p><b>Health Workforce Principal Committee letter re allied health assistants</b></p> <p>Discussion points included:</p> <ul style="list-style-type: none"> <li>• The capacity to work to full scope of the professional and assistant roles. Assistants/support workers will be increasingly important in aged care and disability.</li> <li>• Some issues re terminology- however there are Certificate III and Certificate IV in Allied Health Assistance and aged care for example. ( NB the certificate is titled 'assistance' not assistant')</li> <li>• Possibility of students to provide work as an allied health assistant during their studies as an interim/casual workforce</li> <li>• This would be a positive strategy for students to align their part time work with their area of study... and a possible pathway for allied health</li> </ul> <p><b>Action:</b> in the response to the HWPC letter, include a general reference to potential opportunities for students to work in the system as allied health assistants</p> <p><b>Accreditation systems review</b></p> <p>As Members had the opportunity for discussion with Professor Woods and Mr Carver, discussion points with Mr Hallinan included:</p> <ul style="list-style-type: none"> <li>• Appetite for implementation</li> <li>• Trust issues between professions, services and levels of government</li> <li>• Specific request in the NRAS review for further review of the accreditation component</li> <li>• The link to reforms noted in the Productivity Commission Report on Australia's health workforce</li> <li>• The notion/feasibility of interprofessional accrediting teams</li> <li>• Other issues noted included the growth of the health workforce ( 7-8 % compounding), the capacity to meet standards and push back from the professions</li> </ul> <p><b>Health workforce</b></p>	EO to include a general reference to potential opportunities for students to work as AHAs in response to HWPC



	<p>Regional Training Hubs announced EOI now out for</p> <ul style="list-style-type: none"> <li>• 3 new UDRH – closing date for submissions 2pm Monday 19 December 2016 <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/H1617G001">http://www.health.gov.au/internet/main/publishing.nsf/Content/H1617G001</a></li> <li>• Rural General Practice Grants Program - Rural General Practice Grants Program for grants up to \$300,000 each to deliver improved health services through additional infrastructure, increased levels of teaching and training for health practitioners, and more opportunities to deliver 'healthy living' education to local communities. EOI <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/H1617G020">http://www.health.gov.au/internet/main/publishing.nsf/Content/H1617G020</a></li> </ul> <p>Note: On a case-by-case basis, applications may be considered by the Department for applications to utilise current UDRH funding allocations for accommodation.</p> <p><b>Health workforce data</b> DOH on-line data tool soon to be available that will be searchable. A series of fact sheets should be released within coming months</p> <p><u>Issues raised by ACDHS members</u></p> <p><b>Clinical training fund/s</b> To a query re the allocation of funding to provide placements in private sector... Mr Hallinan indicated that that all workforce sits within the domain of the Minister for Rural Health.</p> <p><b>National allied health education and advisory training network</b> The Chair noted the continued workforce maldistribution and views the network as a coordinating mechanism. As such would be keen to pursue- and perhaps a risk in not doing so</p> <p><b>Globalisation of the health workforce</b> Role of Australia in the evolving health systems in region- (including but not limited to: Asia, Pacific, sub-continent, China and Japan). Key issues for consideration Australian accrediting systems, work readiness of graduates and regulation of professions and relation to state based laws. Some of these issues could be considered within the current Accreditation Systems Review</p>	
7	<p><b>Universities Australia update</b> <b>Rachel Yates</b>, Policy Director Health and Workforce), Universities Reported on recent activities including</p> <ul style="list-style-type: none"> <li>• work on tracking the transparency of funds that flow to state and territory health services for clinical training</li> <li>• IHPA TTR costing studies</li> <li>• Recent meeting with the Secretaries of Health and Education- Mr Martin Bowles and Dr Michele Bruniges-</li> <li>• UA may be able to attend future interdepartmental meetings between health and education</li> <li>• Exploring clinical placement models in NDIS in collaboration with ACDHS</li> <li>• Flagged the DOH work re the development of a National Health Workforce Strategy April 2017</li> <li>• Attending meeting of Health Professions Accreditation Councils Forum ( HPACF)</li> <li>• Did end up submitting a response to Medical Complaints process</li> </ul>	
8	<p><b>General Business and next meeting/s</b></p> <p>Next meeting Tuesday 28 February 2017 in Canberra prior to UA meeting ( venue tbc)</p>	
4.30pm - Meeting Closed		

Minutes approved at the meeting of ACDHS members on 28 February 2017

Signed



Professor Ian Wronski ACDHS Chair  
28/2/2017