



Health Sciences Australia

Australian Council of Deans of Health Sciences

MEETING	Australian Council of Deans of Health Sciences		
CHAIR	Professor Ian Wronski		
DATE	Tues 28 February 2017	LOCATION	Crowne Plaza Hotel The Crossings room
TIME	9-430 [8.30 coffee available and room open]		1 Binara St Canberra
Invited guests			
Dr Wendy Southern	Department of Health		
Mr Dave Hallinan	Department of Health		
Ms Lynne Gillam	Department of Health		
Ms Maureen McCarty	Department of Health		
Ms Sarah Howard	Australian Research Council		
Dr Marcus Nicol (apology)	Australian Research Council		
Members	Attending	Proxy Attending	Apologies
Central Queensland University			Tony Schneiders
Charles Sturt University		Megan Smith	Tim Wess
Curtin University	Michael Berndt		Phil Hocking
Curtin University	Lorna Rosenwax		
Deakin University	Catherine Bennett		
Flinders University		Taicea Agnew	John Coveney
Griffith University			Sheena Reilly, Tony Perkins
Griffith University	Peter Westwood		
James Cook University	Ian Wronski		Pamela Stronach
Latrobe University	Catherine Itsiopoulos		Pamela Snow
Monash University	Wendy Cross		Christina Mitchell
QLD University of Technology	Ross Young		
University of Canberra	Diane Gibson		
University of Newcastle	Judith Scott		Elaine Terry
University of Queensland	Sarah Roberts-Thomson		Bruce Abernathy
University of South Australia	Esther May		
University of Sydney	Kathryn Refshauge		
University of Sydney	Stella Vasilliadis		
Western Sydney University	Gregory Kolt		
In attendance			
ACDHS EO	Robyn Adams		



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DATE	Tues 28 February 2017	LOCATION	Crowne Plaza Hotel The Crossings room
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Draft Minutes			
Item			Actions
1.	<p>Welcome, introductions and apologies</p> <p>Following general introductions, the chair welcomed:</p> <ul style="list-style-type: none"> • Professor Catherine Itsiopoulos -the new Latrobe representative; • Taicea Agnew- proxy for John Coveney of Flinders University; and • Megan Smith- proxy for Tim Wess of CSU. <p>Apologies noted.</p> <p>The Chair informed that Council that a membership inquiry had been received from Professor Fiona Coulson of CQU. Following confirmation of membership requirements, an invitation to join ACDHS was accepted by CQU. Professor Anthony Schneiders is the nominated CQU representative</p> <p>The meeting confirmed the minutes from 21 November 2016 ACPDHS meeting subject to the following amendment: P6 Item 3 Reflective comments- add –‘specifically national exit examinations’</p> <p>This section will now read 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- <i>specifically national exit examinations</i>.</p> <p><i>Discussion on the status of previous actions.</i></p> <p>Action item 160602- proposal development for a national allied health [workforce or education] advisory network. Paper developed for discussion at 1 March 2017 meeting of the Australian Allied Health Forum (AAHF) better considered a background paper. Focus for proposal needs to be sharper with fewer professions. Better to focus on a ‘core ‘ group professions (10-12) Important to clarify initial focus to increase support for proposal Suggested focus could include</p> <ul style="list-style-type: none"> • Integrated care • Interface between PHN and acute care • Clinical training- work integrated learning; learning integrated work; <p>EO to circulate draft AH advisory network paper to members (to be considered draft background only). EO to provide feedback after discussion of advisory network with AAHF member organisations. EO to provide descriptors (and acronyms) of key allied health organisations</p> <p>Action item 160612 Executive nominations Nomination will be sought for the following executive positions to commence in June 2017: VIC/TAS (2), NSW/ACT(1), WA (1), SA/NT (1), QLD (1)</p> <p><i>Correspondence:</i> Response to HWPC re AHAA curriculum content was provided as attachment 3.</p>		<p>Chair to sign amended and approved minutes of 21 November 2016.</p> <p>EO to distribute any new AHA resource material to members.</p> <p>EO to circulate draft AH advisory network paper to members (to be considered draft background only).✓</p> <p>EO to provide descriptors (and acronyms) of key allied health organisations</p> <p>EO to provide feedback after discussion of advisory network with AAHF member organisations</p> <p>EO to send nomination forms for executive positions</p> <p>EO to invite a member of the NAHAC to</p>

	<p>Curriculum content that prepares students in the allied health professions to confidently work with allied health assistants on graduation will remain an agenda item.</p> <p>Actions: EO to forward any new AHA materials received/published to members. EO to invite a member of the National Allied Health Advisors Committee (NAHAC) to attend June or October meeting</p>	attend June or October meeting
2.	<p>Clinical education and other sector developments <i>Discussions with Minister Hunt.</i></p> <p>Chair provided a summary of recent discussion with the new Minister for Health including his focus on four key pillars (Also listed by Dr Southern at item 5)</p> <ul style="list-style-type: none"> • building a strong Medicare and universal health coverage • supporting hospitals • priority areas include: Mental Health; Indigenous health and population health • Strong medical research <p>Noted also the Commonwealth State health agreements that are soon due for negotiation. The Chair recommended that ACDHS develop and shape organisational position that reflects priority state and Commonwealth issues.</p> <ul style="list-style-type: none"> • Address potential information gaps and develop an understanding of key levers or incentives to inform policy – for example workforce (distribution, rural generalism and impact of NDIS). • Some discussion on developing a strong position on incentives, including the advisability of accessing expertise in the area. Professor Bennett mentioned Professor Rob Carter (Deakin University) as a person to follow up <p>2a Accreditation Systems Review</p> <ul style="list-style-type: none"> • Discussion paper released and circulated to members http://www.coaghealthcouncil.gov.au/Portals/0/Documents/Accred%20Review%20Discussion%20Paper%2027%20Feb%202017.pdf • Responses due 1 May 2017 • An additional face to face meeting was recommended to develop and refine the ACDHS position. <p>2b Review of Health Practitioner Regulation National Law</p> <p>Feedback was due by 22 Feb on the first stage of proposed changes to the Health Practitioner Regulation National Law. The changes reflect many of the NRAS review recommendations provided by Kim Snowball in the 2015 NRAS review. <i>As no member feedback was received ACDHS did not provide a response.</i></p> <p>2c Independent Hospital Pricing Authority (IHPA) Professor Wronski provided a summary of recent IHPA activity including:</p> <ul style="list-style-type: none"> • The Commonwealth has allocated funding for the Development of the Australian Teaching and Training Classification – Data modelling and draft classification structure <ul style="list-style-type: none"> ○ Important to watch future implications, for example: TTR ranking of hospitals; allocation of grants; and possible push back to universities for clinical education. ○ Discussion points included: transparency of funding; developing and leading models beyond transactionary approaches; and quality dimension in clinical education provision <p>2d Clinical education: Professor Refshauge indicated there was no new addition to the information provided in November and would provide members with an update on the project that has been looking at the clinical education hours required Action: agenda item for June 2017 ACDHS meeting</p>	<p>ACDHS develop and shape organisational position that reflects priority state and Commonwealth issues</p> <p>EO to identify possible dates and arrange location/venue for meeting for members available to attend</p> <p>EO to keep Clinical education hours project on the agenda for June 2017 meeting</p>

Australian Research Council

Ms Sarah Howard (A/g Branch Manager, Research Excellence), ARC provided.

2018 ERA preparation

- The rules and processes for ERA 2018 are to be much the same as 2015, recognising the requirement for the development of Engagement and Impact Assessment (EIA) responses
 - Esteem measures will no longer be included
 - Mid to late September, draft version of the submission guidelines are expected to be released
- The Journal list to be updated by adding any new journals and removing those non longer active
 - Universities will be consulted initially with responses co-ordinated by each university's ERA liaison officer
 - A further round of consultation will occur with peak bodies and disciplinary groups [see <http://www.arc.gov.au/era-2018>]
- Nominations for ERA committees and EAI panels
 - To occur 2nd half of 2017

Engagement and Impact Assessment

- Development of a discussion paper (informed by consultation) followed the 2015 NISA announcement of EIA (<http://www.arc.gov.au/nisa>)
- Aspects of the methodology developed will be tested in a pilot study to be conducted in May- June 2017 (all bar 2 universities enrolled in the pilot)
 - To be run as 2 separate pilots: 1. Engagement; 2. Impact
 - EIA will be collected at two digit division level only
 - eg Division 11 Medical and Health Sciences
 - Definitions of engagement and impact are deliberately broad
 - Engagement: has 12 metric indicators and a narrative strand
 - Impact: a streamlined system of case studies will be used
 - Main focus: what the university has done to facilitate the impact of research
 - Evidenced for example, by HR policy; resources and innovation support that has been made available
- Full national EIA will occur in 2018 and run in parallel with ERA
- Ratings for ERA and EIA will be separate
- Ms Howard noted that ERA had been removed from block funding grants and that following the outcomes of Round 1 EIA, measures may be once again included in funding allocations.
 - Feedback therefore important as this work progresses.
- Each of the university research offices have the detail

ANZSRC Codes

- The ABS Australian and New Zealand Standard Research Classification (ANZSRC), 2008 (ABS catalogue number 1297.0) was to have a minor review at 5 years (2013) and a major review at ten years (2018). As ABS is required to work on a cost recovery basis, there is some doubt if the major review will progress in 2018.
- Ms Howard indicated that ARC staff were aware of the issues with FoR group 1103 that were raised in a discussion led by Professor Refshauge. Issues raised included:
 - The research conducted by the professions of allied health is not readily visible which makes assessment and/or comparison of research quality difficult.
 - The challenge is providing meaningful measures of quality for the research conducted by the professions of allied health
 - The Division 11 Medical and Health Sciences covers 18 groups of which, 1103 [Clinical Sciences] has one of the largest volumes containing 25 Fields
 - While several 4 digit groups reflect the professions of allied health, many are listed a 6 and 8 digit levels
 - 4 digit FoR groups reflecting specific areas of allied health research include
 - 1106 Human Movement and Sports Science

	<ul style="list-style-type: none"> ▪ 1111 Nutrition and Dietetics ▪ The 4 digit group 1117 Public Health and Health Services is also relevant to the research conducted by the professions of allied health ▪ 1104 Complementary and Alternative Medicine is variably included in allied health classifications, and includes further 6 fields: eg chiropractic(110401) and naturopathy (110402) ○ 6 digit fields under 1103 that reflect the work of specific areas of allied health include <ul style="list-style-type: none"> ▪ 110317 Physiotherapy ▪ 110318 Podiatry ▪ 110321 Rehabilitation and Therapy (excl. Physiotherapy) ▪ 119999 Medical and Health Sciences not elsewhere classified includes other http://www.abs.gov.au/Ausstats/abs@.nsf/Latestproducts/38AFE6FE9DD7BA6BCA25741800048AE8?opendocument • Members of ACDHS seek to add a new code that could initially be named “ Allied Health and Rehabilitation” <ul style="list-style-type: none"> ○ Recent work by the University of Queensland suggest that such a code could contain up to 14,000 publications (using data from the 2011-2016 period) <ul style="list-style-type: none"> ▪ This compares more than favourably with publication volumes for Dentistry (2147) Paediatrics and reproductive medicine (4134) and Complementary and Alternative medicine (1439). <p>Action: While ARC is working with ABS on this matter, members suggested that the ACDHS chair write to the Minister re the development of an additional 4 digit group supported by data.</p> <p>Ms Howard agreed to the circulation of her contact details and welcomes engagement, discussion and feedback from stakeholders.</p> <p style="padding-left: 40px;">Sarah Howard A/g Branch Manager Research Excellence Branch Australian Research Council Phone: 02 6287 6671 sarah.howard@arc.gov.au</p>	<p>Chair to write to Minister re development of a new 4 digit group with the ANZSRC code</p>
4	<p>Department of Health – Workforce data</p> <p>Ms Lynne Gillam, Assistant Secretary, Health Workforce Reform Branch, and Ms Maureen McCarty Director, Workforce Data, Analysis & Planning attended the ACDHS meeting.</p> <p>Ms McCarty</p> <ul style="list-style-type: none"> • indicated the DOH were now custodians of the National Health Workforce Data set • Health Workforce website contains http://data.hwa.gov.au/ <ul style="list-style-type: none"> ○ A data tool (develop your own tables and graphs) ○ Data sets ○ Publications, including fact sheets ○ Summary Statistics • expected workforce data to be made available sooner than previously possible • noted that the data reports are only for the professions regulated under the HPNRL • provided an overview of the 2015 allied health workforce data <ul style="list-style-type: none"> ○ The 2015 Allied Health Fact sheets can be found on the Health Workforce Data website - http://data.hwa.gov.au/ see publications/Fact sheets ○ The PDF fact sheet documents contain a series of graphs reflecting key workforce characteristics ○ There is an accompanying word document that provides a text based summary ○ The data is sourced from the annual workforce surveys of the registered professions • Common across professions <ul style="list-style-type: none"> ○ Workforce growth ○ Continuing workforce maldistribution • 2016 data has now been received and reports are expected to be released mid 2017 	

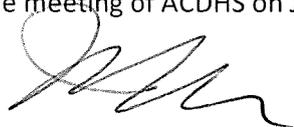
	<ul style="list-style-type: none"> • 2016 ABS data will be also accessed to provide additional workforce data <ul style="list-style-type: none"> ○ Mini fact sheets will be developed for the self- regulating professions • Re clinical placement data, <ul style="list-style-type: none"> ○ Reports based on the DET data yet to be released ○ DOH have the HWA clinical placement survey instrument and analysis tool <p>The Workforce Data, Analysis & Planning directorate can provide assistance in use of the data tool to develop queries and can respond to specific data requests via email healthworkforcedata@health.gov.au</p>	
5	<p>Department of Health- Update national programme delivery</p> <p><i>Dr Wendy Southern, Deputy Secretary National Program Delivery, Ms Lynne Gillam Assistant Secretary, Health Workforce Reform Branch, and Ms Maureen McCarty Director, Workforce Data, Analysis & Planning were in attendance</i> Dr Southern</p> <ul style="list-style-type: none"> • commenced the discussion by noting <ul style="list-style-type: none"> ○ the commencement of the new Minister for Health, ○ foreshadowed a difficult budget in May, and ○ stressed sustainability was a key issue • noted Minister Hunt has listed 4 areas of focus (or 4 pillars) <ul style="list-style-type: none"> ○ Strong Medicare ○ Support for hospitals ○ Priority on mental health, indigenous health and population health ○ Strong medical research • Listed the following underpinning foundations <ul style="list-style-type: none"> ○ Medicare Review ○ Health Care Homes ○ Digital technology ○ Mental health reforms ○ My Health Record (noted <5% opt out rate in trial sites) ○ Primary Health Networks • Noted that sustainable change requires the right workforce in the right place <ul style="list-style-type: none"> ○ For example, while the medical workforce is forecast to be in oversupply, maldistribution remains an issue • Indicated developing a workforce plan will be a focus for the coming 12 months • Listed increased efficiency, cost effectiveness and transparency as possible outcomes of the Accreditation System Review being led by Professor Mike Woods • Noted the resumption of the Senate Inquiry into complaints mechanism under the Health Practitioner Regulation National Law (HPRNL) <ul style="list-style-type: none"> ○ http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ComplaintsMechanism ○ Submissions were sought by 24 February 2017. The reporting date is 10 May 2017. <p><i>Other discussion points:</i></p> <ul style="list-style-type: none"> • In response to a query re the focus on hospitals- Dr Southern noted that the Minister had a strong view about the place of acute care in the broader spectrum of services- including Primary health care and prevention to keep people out of hospitals • A brief overview of the Medicare review following a member query • A query about the complaints mechanisms for professions not regulated under the HPRNL. For example what level of influence would the findings have on the self-regulating professions • Broad ranging discussion following a query re appetite for the development new health professions including <ul style="list-style-type: none"> ○ new or expanded roles rather than new professions as such ○ expanded professional scope, but individual specialisation- noting that scope is driven by professions 	

	<ul style="list-style-type: none"> ○ How any new profession, scope or role is managed across jurisdictions- especially in professions with growth in demand in areas such as NDIS and aged care ○ Possible incentives to encourage horizontal specialisation ○ The development of the rural allied health generalist program, including discussion on core skills across professions Action: EO to send GNARTN brief on rural allied health generalist to Dr Southern ○ Interprofessional practice –including education of service providers about IPP ○ Integrated care and interface between acute and primary care 	<p>EO to send GNARTN brief on rural allied health generalist to Dr Southern ✓Sent 170228</p>
6	<p>Governance and Policy <i>Executive Officer update</i></p> <ul style="list-style-type: none"> ➤ 2017 ACDHS <ul style="list-style-type: none"> ▪ The meeting confirmed the 2017 membership fees as \$15,000 ex GST ▪ As noted above, executive member nominations and elections will be conducted for the following positions to commence mid-year <ul style="list-style-type: none"> ▪ VIC/TAS (2), NSW/ACT(1), WA (1), SA/NT (1), QLD (1) ▪ Membership inquiries have been received from <ul style="list-style-type: none"> ▪ CQU, Bond Swinburne and Victoria Universities ▪ As noted above, CQU is now an ACDHS member ➤ Website development –Logo options <ul style="list-style-type: none"> ▪ Options developed to date presented ▪ Request for further options including <ul style="list-style-type: none"> ▪ Logo ▪ Acronym only ➤ Australian Allied Health Forum (AAHF) <ul style="list-style-type: none"> ▪ Meeting 1.3.2017 ➤ NDIS working group- SDF submission <ul style="list-style-type: none"> ▪ Multi uni ,4 state proposal submitted mid-January 2017 ▪ No formal feedback as yet ➤ Allied Health Assistant content in curricula- <ul style="list-style-type: none"> ▪ No additional material to provide ▪ NAHAC rep to be invited attend June or October meeting ➤ Possible submissions <ul style="list-style-type: none"> ▪ Accreditation System Review-submission due 1May 2017 ▪ Review of Competency Standards for Occupational Therapy Practice (open until 30 March 2017) <ul style="list-style-type: none"> ▪ Action: EO short response acknowledging inclusion of Aboriginal and Torres Strait Islander competency; 200hours of simulation. Gap is perhaps absence of CALD competency ▪ Public consultation on the Optometry Board of Australia revised registration (due close of business on 31 March 2017) ▪ Productivity Commission: A study to review the costs of the National Disability Insurance Scheme (NDIS). <ul style="list-style-type: none"> ▪ (Timeline issues paper Feb 2017; Position paper May 2017; Final report Sept 2017) ➤ Working parties- <ul style="list-style-type: none"> ○ ERA working party – discussed above ➤ Sponsorship <ul style="list-style-type: none"> ○ Approached by National Allied Health Conference organising committee to consider sponsorship options <ul style="list-style-type: none"> ▪ Discussions with Chair and incoming Chair supportive ▪ Best profile option would be sponsoring the Welcome Event 	<p>EO to seek further branding work including a logo and acronym only option</p> <p>EO circulate AAHF overview</p> <p>OT competency Standards: EO short response acknowledging inclusion of Aboriginal and Torres Strait Islander competency; 200hours of simulation. Gap is perhaps absence of CALD competency</p>

	<ul style="list-style-type: none"> ○ Discussion today regarding developing/strengthening regional ties prompted the suggestion of sponsoring an attendance to the conference <ul style="list-style-type: none"> ▪ Would need to clarify process to inform who and where from <p>Other member discussion</p> <ul style="list-style-type: none"> ➤ Systems and funding- students <ul style="list-style-type: none"> ○ Seek better understanding of Medicare Review and feasibility of student delivered services in private sector and options for funding under MBS items eg EPC <ul style="list-style-type: none"> ▪ 2 key messages: <ul style="list-style-type: none"> • affordable accessible health care • workforce pipeline ○ Private hospital student placement capacity ○ Private health insurance company initiatives <p>Action: invite private sector stakeholders to next meeting EO to follow up possible presentations from</p> <ul style="list-style-type: none"> ▪ Australian Private Hospitals Association ▪ A large Private health insurer such as BUPA ▪ DOH Medicare Review team <ul style="list-style-type: none"> ➤ Regional activity <ul style="list-style-type: none"> ○ Potential influence in the area ○ Important for accreditation system review to recognise importance of workforce mobility ○ Brief discussion on ACDHS hosting a regional forum. Would need <ul style="list-style-type: none"> ▪ a reasonable lead time ▪ to add a day to a planned meeting ▪ confirm potential invitees 	<p>Action: invite private sector stakeholders to next meeting EO to follow up possible presentations from -Australian Private Hospitals Association -A large Private health insurer such as BUPA -DOH Medicare Review team</p>
7	<p>Universities Australia update Rachel Yates, Policy Director Health and Workforce), Universities provided an update on the UA Health Professional Education Standing Group (HPESG) update. Areas of discussion included</p> <ul style="list-style-type: none"> ➤ Clinical placement costs <ul style="list-style-type: none"> ○ HPESG clinical placement survey ○ IHPA – UA now represented on IHPA TTR WG <ul style="list-style-type: none"> - update on recent IHPA meeting - RY sought feedback on IHPA structures for allied health ➤ UA holding a Health Policy Think Tank on 10 March 	
8	<p>General Business and next meeting/s</p> <ul style="list-style-type: none"> • Matters without notice <ul style="list-style-type: none"> ○ Professor Refshauge raised the possibility of universities working collaboratively on key issues <ul style="list-style-type: none"> ▪ NSW university representatives indicated interest in doing so • Agenda items for next meeting/s <ul style="list-style-type: none"> ○ Perspectives from the Private sector ○ Suggestions Rachel David and Dwayne Crombie • Next meetings: <ul style="list-style-type: none"> ○ Friday June 23 2017 ○ Tuesday October 24 2017 	
4.30pm - Meeting Closed		

Minutes approved at the meeting of ACDHS on June 23 2017

Signed



Professor Ian Wronski ACDHS chair