

MEETING		Australian Council of Deans of Health Sciences	
MEETING CHAIR	Professor Esther May		
DATE	Tuesday 27 February 2018	LOCATION	Crowne Plaza Hotel
TIME	9-4.30	1 Binara St Canberra	
Invited guests			
Ms Kylie Woolcock	Policy Director, Australian Healthcare & Hospitals Association		
Mr Dave Hallinan	First Assistant Secretary, Health Workforce Division, Department of Health		
Ms Lynne Gillam	Assistant Secretary, Health Workforce Reform		
Ms Ros Bauer	Health Workforce Reform		
Professor Paul Worley	National Rural Health Commissioner		
Ms Rachel Yates	Policy Director Health And Workforce, Universities Australia		
Members	Attending	Apologies	
Central Queensland University	Tony Schneiders	Fiona Coulson	
Charles Sturt University	Tim Wess, Megan Smith (Three Rivers UDRH)		
Curtin University	Michael Berndt Prof Archie Clements	Lorna Rosenwax	
Deakin University	Catherine Bennett		
Flinders University	Michelle Miller		
Griffith University		Tony Perkins	
James Cook University	Pamela Stronach	Ian Wronski	
Latrobe University	Catherine Itsiopoulos, Pamela Snow		
Monash University	Terry Haines		
QLD University of Technology	Renata Meuter	Ross Young	
University of Canberra	Dominic Upton		
University of Newcastle		Shane Dempsey	
University of Queensland	Sarah Roberts-Thomson	Bruce Abernathy	
University of South Australia	Esther May		
University of Sydney	Kathryn Refshauge		
Western Sydney University	Gregory Kolt		
<i>In attendance</i>			
ACDHS EO	Robyn Adams		
ACDHS AO	Joanna Bouyesi		

MEETING		Australian Council of Deans of Health Sciences	
27 February 2018			
Minutes			
Item			Actions
1.	<p>Welcome, introductions and apologies Following general introductions, Professor May welcomed new members. Apologies noted as above.</p> <p>The minutes of the 24 October 2017 ACDHS meeting were reviewed. Moved for acceptance by Professor Roberts-Thomson and seconded Professor Smith. The meeting unanimously confirmed the minutes.</p> <p><i>Discussion on the status of previous actions.</i></p> <p>Action items 170301 re MBS review: Collate allied health items and consider submission to MBS review/Allied Health Clinical committee and or nominating an allied health representative from ACDHS pending eligibility criteria</p> <p style="padding-left: 40px;">FYI: Nominations to participate in a clinical committee of the MBS review <i>To nominate yourself or someone else to a clinical committee, please email the MBS Review team and provide the following information: name, position/title, organisation, email, and clinical interest/expertise.</i> http://www.health.gov.au/internet/main/publishing.nsf/content/MBSR-committees#cli</p> <p><input type="checkbox"/> Form time limited working group re allied health MBS items and possible input to AH clinical review committee when formed</p> <p><input type="checkbox"/> EO initiate discussions, store information and provide lists of current MBS items</p> <p>170307 re University Clinic Workshop notes</p> <ul style="list-style-type: none"> • EM to liaise with JB/RA to finalise notes for distribution • To be completed for next meeting <p>170308 Website info</p> <p><input type="checkbox"/> EO to provide specific request to individual members for examples of innovations, research or achievements</p> <p><i>Correspondence: noted</i></p> <ul style="list-style-type: none"> • AHHA AHRGP Education program Accreditation • IAHA- Letter of appreciation <p><i>Discussion re IAHA conference</i></p> <p>The chair provided positive commentary on the 2017 IAHA conference and noted the attendance of ACDHS member and students from member universities</p> <p>2018 IAHA form/con to be international and in Sydney ?Canberra</p> <p><input type="checkbox"/> EO to circulate date to members as soon as available to flag with students to allow advanced planning</p> <p><input type="checkbox"/> EO to seek specific emails to Deans to for specific examples</p> <p><input type="checkbox"/> EM to provide UniSA RAP action</p> <p>USyd- would welcome input from previous student attendees to IAHA conference as despite promoting the conference, no students opted for the USYD scholarships</p> <p><input type="checkbox"/> EO liaise with IAHA</p>		<p>Chair to sign approved minutes <input type="checkbox"/></p> <p><input type="checkbox"/> EO to form MBS AH item Working group and convene</p> <p><input type="checkbox"/></p>

2.

Sector developments

Accreditation

Health Promotion Practitioners- accreditation and registration

Extensive discussion on the implications for the clinical allied health professions of the planned accreditation and registration of health promotion practitioners by the Australian Health Promotion Association (AHPA). This process will articulate with the international IUHPE Health Promotion Accreditation System.

Professor Bennett provided overview on work to date. Using an international accreditation process (International Union for Health Promotion and Education, IUHPE)

- Intent was dedicated HP degrees or with a significant emphasis (specific health science/B Health promotion major rather than clinical program)
- Intent a standalone program-independent of other clinical programs
Perhaps map current clinical program against HP UG/PG program
- All relative recent work...so impact on course selection yet know

Professor Bennett who will raise some of these discussions at an upcoming workshop of the advisory board- including possible implications for clinical professions will be part of the conversation

EO place on agenda for next meeting

[See extended discussion notes at end of formal minutes](#)

Accreditation System Review

- The current and Immediate past Chair and EO met with Mike Woods in January
No further update received on this review
Details of the ASR are available at
<http://www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review>
- It is understood that AHPRA have established an independent accreditation committee under their management committee in anticipation/foreshadow
 - ANMAC Pharmacy medicine and dentistry all wishing to work together to harmonise 3-4 professions harmonised against dentistry
- Re program accreditation, one member noted they started to provide long detailed pedagogical evidenced responses to some specific accreditation council requirements with some positive effects

The Higher Education Standards Panel's advice on the impacts of professional accreditation in higher education

Recommendations were provided to Minister for Education and Training in December 2017

<https://www.education.gov.au/higher-education-standards-panel-s-advice-impacts-professional-accreditation-higher-education> .

The Government has accepted the Panel's advice in principle. The department is seeking stakeholder views on the advice and its implementation. Please forward any comments to HigherEd@education.gov.au by **30 April 2018**.

EO to discuss requirement for ACDHS to provide comments

Related is the final report conducted by Phillips KPA :*Mapping of Professional Accreditation In The Context Of Higher Education Regulatory and Standards Frameworks Final report*

https://docs.education.gov.au/system/files/doc/other/pkpa_mapping_of_professional_accreditation.pdf

Committee Feedback /Updates

- Executive committee (no recent meeting)
- ACDHS representation
 - 2019 National Allied Health Conference (ACDHS EO)
 - To be held in 2019 in Brisbane-updates to be provided by EO
 - Australian Allied Health *Leadership* Forum (AAHLF)
 - Meeting tomorrow (EM/RA)
 - Aim common voice
 - Connection to chief officers with jurisdictions valuable

Clinical placement and curricula matters

Clinical placement hours required for accreditation

No updates as such. Some input re future direction would be valuable.

Professor Refshauge suggested it would be valuable to have a small working group of ACDHS members review the collated evidence to provide some further analysis and contextual.

Need to better understand what information we can access that would influence a key accreditation body, including a level of evidence that required to change requirements

Complex environment

Essence is assessment of minimum requirement

Multiple audiences

EO to convene half day workshop to identify themes form work to date and develop position papers

- Working group of members including: Professors Refshauge, May Bennett, Itsiopoulos, Robert-Thomson, Smith, Young (volunteered) and Haines

Decision: Members agreed that funding is to be allocated to assist with this work

EO to develop options for funding allocation for consideration by the ACDHS Executive. Will be important to have right person available for short term project

Metro North Hospital and Health Service (QLD) Clinical practicum Project

- MNHHS planned project to occur 2nd semester
- Initial expressed intent recruitment and retention- commencing with positive student placements
- Feedback from members UQ
 1. has evolved to be be a 2hour IPE session once a week which the universities are required to provide
 2. Four sites- currently allocated disciplines to attend ...
- QUT input- research into the background on IPL
- Confirmed the trial is next semester
- QUT developed four IPE strategies based on the Canadian IPP framework (https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf)
- Noted that the Canadian experience has resulted in growth in employment through promotion of IPE

See extended discussion notes at end of formal minutes


Higher Education impact post MYEFO

Not discussed at this time- to be discussed later if time permits

Presumed discussion points will be

- Next 2 years budget
- Cost of clinical training

EO to convene working group on clinical hours required for program accreditation

	<ul style="list-style-type: none"> • Capping of places for expensive programs • growth in non CSP places • ?? impact of AH course • Impact of post grad model especially 3+2 integrated bachelor/masters • USyd will be able to grandfather current enrolees <p><input type="checkbox"/> KR to provide overview of material OK for circulation</p> <ul style="list-style-type: none"> • CSP will be undergraduate • One positive noted - that cessation of PG CSP funding will address the issue of competition and provide a level playing field <p><i>Concurrent announcement</i></p> <p>Senator Birmingham’s recent address to the UA conference makes reference to the 2017 MYEFO decisions https://ministers.education.gov.au/birmingham/speech-universities-australia-2018-higher-education-conference-canberra</p> <p><i>Aboriginal and Torres Strait Islander Higher Education and Health</i></p> <p>Research Fellow LIME project recently recruited will be tasked to look broader than medicine in this project EO forwarded it to IAHA for their information</p> <p>CB mentioned that PHILE also works with LIME PHILE Network is a coalition of leading national Indigenous public health academics and professionals formed from the National Indigenous Public Health Curriculum Network, to build capacity of Indigenous public health teaching and learning nationally. http://www.phile.net.au/</p>	
3	<p>Australian Healthcare and Hospitals Association</p> <p><i>Kylie Woolcock (Policy Director) and Kate Silk (Innovation and Integration Manager) from the Australian Healthcare & Hospitals Association attended the meeting.</i></p> <p>Kylie and Kate provided an introduction and overview of the Allied Health Rural Generalist Education Program Accreditation System Project.</p> <p>Pipeline approach- workforce need, education and training and service models with a structure approach. Seeking a national approach Emphasised that an Allied Health Rural Generalist is not a generic worker The presentation has been provided by the Australian Healthcare and Hospitals Association.</p> <div style="text-align: center;">  <p>Allied Health Rural Generalist Education</p> </div> <p>Further information is available on</p> <ul style="list-style-type: none"> • the SARRAH website https://www.sarrah.org.au/ahrgp and • the Queensland Health Allied Health Professions' Office of Queensland webpage https://www.health.qld.gov.au/ahwac/html/rural-remote 	
4	<p>Department of Health – Health Workforce Division</p> <p>Ms Lynne Gillam- Assistant Secretary, Health Workforce Reform (HWR) attended the meeting with Ms Ros Bauer, Ms Katy Roberts and Mr Peter Hogan Mr Dave Hallinan, was required for Senate Estimates and sent his apologies</p>	

UPDATE

Ms Gillam provide an update on the Health Workforce Reform Branch activities including

- Currently developing workforce strategy (still in process so not shared as yet)
- Geographic distribution and mapping tool- an exciting piece of work in terms of location of workforce and services and is the beginning of the focus shift from workforce to service
 - It may be feasible to have demonstration at the next ACDHS meeting
- Registration and accreditation – a lot of work through the COAG health Council and AHAMAC including how we expand the allied health voice at this level
- 2017 major review of AHAMC and subcommittees- rationalised and streamlined
 - HWPC was ceased and new committee Health Services Principal Committee (HSPC) was formed <http://www.coaghealthcouncil.gov.au/AHAMAC/Principal-Committees>
 - CW-DOH was asked to lead how those committees could obtain advice from the allied health sector on workforce issues.
 - Submitted a recommendation that the Australian Allied Health Leadership Forum (AAHLF) could, through its members, provide such information
 - (NB ACDHS is a member of AAHLF)
- AHMAC approved AAHLF to be the conduit through which the government/s can seek advice from allied health, and also that the allied health sector can raise issues via AAHLF to health ministers
- **Opportunity** for allied health to raise/highlight issues especially with a focus on
 - service and workforce
 - where there are both Commonwealth and state interests
 - patient outcomes and the contribution made by the professions of allied health
- extensive discussion on evidence- available, needed including
 - fragmentation of available evidence an issue
 - Of where activities and services occur...
 - trying to bring together in a coherent way to look at in benefit or benefit framework
- ACDHS/AAHLF try to bring together- to pull stands together- Coherent package of information

See extended discussion notes at end of formal minutes

- ACTION: ACDHS consider how best to collate ?allocate ACDHS resources
- EM SA study better health outcomes project 40 positions funded in RR SA t=and the funding stopped. An interesting case study that might be a proxy for health outcome

The Chair thanked members of the Department for their work to have an allied health voice at the level of AHAMC

WORKFORCE DATA

- First iteration of allied health fact sheets were provided last year for the 2015 data <http://hwd.health.gov.au/publications.html#alliedh>
- The next iteration (2016) is in development- data analysis not yet complete
- Members confirmed the usefulness and format of the fact sheets
- Maureen McCarty asked that one issue be raised: that of replacement rate
 - the replacement rate of AH in first set of fact sheets was 3 for most professions
 - that is three new registrants to one not renewing registration (3 in: 1 out)
 - This next set of date seems to be indicating that this is going down.
 - Key message Don't want a boom/bust issues (shortages and oversupply)

	<ul style="list-style-type: none"> • Maureen is keen to understand perspective from the university sector, for example <ul style="list-style-type: none"> ○ intake of students with university sector- ○ Are as many coming in (or completing), or not choosing to work in the sector with their AH qualification <input type="checkbox"/> seek feedback from members 	
5	<p>National Rural Health Commissioner Professor Paul Worley provided an overview of his role, future directors and priorities</p> <ul style="list-style-type: none"> • Acknowledged the work of many to establish role • Influence is key to role rather than accountability or funding allocation • Values <ul style="list-style-type: none"> ○ human rights, quality and safety ○ Safety for patient and practitioners ○ Cultural safety key to all • Staff- <ul style="list-style-type: none"> ○ secretariat support ○ CPS recruited part time with CPS Ruth Ellis (prior RDA workforce agency) ○ CPS 0.5 researcher Belinda O’Sullivan (from Matthew Mc Grail’s research group Monash Bendigo)- pull together data and research questions to assist evaluation <input type="checkbox"/> • Will work collaboratively with colleges, associations and universities • Needs to be led from rural areas- hub to be rurally based...partner with organisations based rurally to help build social capital in rural areas • Reference groups and working parties – all specialities including med n and AH to be involved <ul style="list-style-type: none"> ○ Have spoken to most of the AH groups on the rural health roundtable chaired by successively by Ministers Nash, Gillespie, McKenzie • Interprofessional supervision could assist more students are to go rurally- relevant to many of the allied health professions <p>See extended discussion notes at end of formal minutes</p> <p>The Chair thanked Paul and will invite back later in the year</p>	
6	<p>Governance, Policy and Planning <i>Annual Membership Fee</i> Decision: The annual membership fee for ACDHS for 2018 is to remain the same at \$15,000 Fee to support ACDHS activities Budget balance Cash reserves to invest in activities ~ \$500,000 built up as capacity to invest in activities All agreed Invoices are sent out ~March/April</p> <p><i>2018 EO/ACDHS activities</i></p> <ul style="list-style-type: none"> ➤ Location of ACDHS staff <ul style="list-style-type: none"> ○ Part of an ongoing discussion about where ACDHS EO is based ○ Discussed within the context of 1-2 year timeframe and succession planning for ACDHS staff. ○ EO investigated options for a Canberra office to inform discussion <ul style="list-style-type: none"> ▪ Office in UA building- single person office ▪ ~\$7500 office and outgoings ▪ Not available until late 2018- early 2019 ▪ Possible Board room access ▪ Allow Canberra based to knock on doors WITH information ▪ ?project officer for some work to base in this space 	

- Canberra university campus options
 - check with CSU re Canberra campus
- EO to develop a paper outlining costs/ risks/opportunities/timeline to take to the executive for consideration

➤ **Conferences, meetings & forums for ACDHS**

Decision: EO attendance approved in principle as proposed in Attachment 8

(Also listed below)

In response to a question re possible priorities, the EO indicated strong allied health, education, workforce, research and/or policy focus would be a priority

- RA report back on attendances

Related discussion

- Take a strategic approach more than a presence...
 - eg present... the work planned and discussed above
 - Also promote profile of ACDHS members as Key notes speakers
 - At allied health conferences
 - general conferences
 - How do we for instance get invited to the Canberra forum in April
 - members often part of Scientific
 - All have research within our roles
- Conference abstracts open: SARRAH , AYRI, APA
 - Consider Running workshops eg clinical placement hours
- How can allied health input or be represented on MRRFF and NHMRC
 - Increasing effectiveness of communication to both
 - MRRFF a good example... Deans well placed to advise
- Issues/opportunities
 - Gaps... in research to outcomes and prevention...
 - Understand IPP and how AH can contribute
- Canberra based staff
 - *could follow up issues and*
 - Work with AH and university colleagues
 - *That is the potential of Canberra*
- HSPC ... a great opportunity- a huge step forward...
 - Make it responsive and proactive..
 - Often many agendas.. but time to work together
 - Now its about what are the messages that we present/say
 - Can we be more strategic in developing messages for each committee
- Action discuss with JH extra Key notes for 2019 conference
- Workforce and education... and evidence possibly a workshop at SARRAH conference

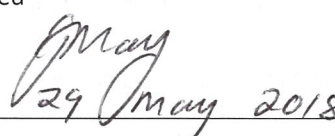
➤ **ACDHS Sponsorship options 2018**

Decision: Meeting approved in principle sponsorship of IAHA Health Fusion Team Challenge Prizes(Est \$5000) and possibly 1 Award (\$1500)

Additional requests or changes to be considered by the ACDHS Executive team for approval

➤ **Priority issues/activities for discussion**

In principle approval for allocation of ACDHS funds towards funding specific projects and activities.

	<p><input type="checkbox"/>EO to prepare a paper/proposal detailed the scope and costs etc for the executive to agree and sign off.</p> <p><input type="checkbox"/>PS to check if interest is earned and kept from the ACDHS funds</p> <p>➤ Executive Officer update</p> <ul style="list-style-type: none"> • Website – send articles to share on website https://acdhs.edu.au/ • National Allied Health Conference 2019 in Brisbane • Theme ‘realising our value’ <ul style="list-style-type: none"> ○ EO attends meetings • NDIS working group- SDF reference committee (EO rep) 	
	<p>Universities Australia <i>Rachel Yates, Policy Director (Health and Workforce) Universities Australia attended the meeting and provide an update on recent activities, including</i></p> <ul style="list-style-type: none"> • MYEFO cuts • Meeting with Minister Ken Wyatt and his advisor re MYEFO cuts • Meeting with Greg Hunt’s advisor • article for the Health Advocate the magazine of the Australian Healthcare & Hospital Association’s [AHHA] magazine), which is through the Australian Health and Hospitals Association. Not yet been released (but will be available at http://ahha.asn.au/publication/health-advocate) • A placement survey was released to the universities which closed at the end the week (2/3/18). Preliminary responses have shown: <ul style="list-style-type: none"> ○ Costs are a barrier ○ quality supervision, coordination and sufficient clinical exposure are the biggest issues ○ Private hospital, private allied health services and aged care services are more likely to charge fees ○ NGOs tend to charge slightly higher fees compared with private and public. ○ 55% of respondents overall are reasonable satisfied with placements – will need to analyse this further and decide what the focus needs to be • Labor has stated if they are re-elected they will do a review of education – UA are keeping this in mind to see if there is any opportunity to link in health. • Variable engagement with the Department of Health. <ul style="list-style-type: none"> ○ Reviewing the workforce strategy nationally. • Engagement with John Pollears who is leading the Aged Care Workforce Strategy taskforce. • Met with Leading Aged Serviced Australia (LASA) – • Accreditation Systems Review – awaiting the government’s response to the final report. <p>See extended discussion notes at end of formal minutes</p>	
7	<p>General Business and next meeting/s</p> <ul style="list-style-type: none"> ➤ Future agenda items ➤ Next meeting: <ul style="list-style-type: none"> ○ 29 May 2018 <p>The council would like to thank Prof Michael Berndt from Curtin University for his contributions to the Council. He will be succeeded by Professor Archie Clements in mid April.</p>	
4.30pm - Meeting Closed		
<p>Minutes accepted Signed :  Professor Esther May ACDHS chair Date: 29 May 2018</p>		

Extended notes of discussions

Agenda item: Health Promotion Practitioners- accreditation and registration

Extensive discussion on the implications for the clinical allied health professions of the planned accreditation and registration of health promotion practitioners by the Australian Health Promotion Association (AHPA). This process will articulate with the international IUHPE Health Promotion Accreditation System

Issues

- Course Leaders have expressed some confusion about requirements for clinical programs re this accreditation that still to be resolved, including whether accredited courses need to be standalone Health promotion degrees or can majors within broader degrees (eg the Masters of Public Health) be accredited, which seems possibly looking at the list of programs already accredited internationally.
- AHPA process is still under development but will likely include a dual pathway to registered membership, either completion of an accredited program and/or individual practitioner registration
- It is unclear whether the accreditation is focussed on Health Promotion practitioners specifically or to allied health clinicians more broadly who include health promotion within their role. **
- Q: should clinical programs seek accreditation
 - Perhaps once/if a critical mass of programs seek accreditation- all are by default will then be required to seek program accreditation, and/or
 - If the workplace starts requiring HP KPIs provided by HP credentialed practitioners and therefore seeks HP qualifications and registration in job descriptions
- A level of concern expressed re use of the terms “practitioner” and “registered”
 - Registration of health professionals designed to protect the public - not the profession or resource allocation to HP (despite possible harm on population scale)
 - Not confirmed what discussions may have occurred with HPACF or NAHSRP
- Appears to seek to define a profession- professionalization
- Need to clarify implication and advice to program leads and universities

Discussion points

- Professor Bennett provided overview on work to date. Using an international accreditation process (International Union for Health Promotion and Education, IUHPE)
 - Intent was dedicated HP degrees or with a significant emphasis (specific health science/B Health promotion major rather than clinical program)
 - Intent a standalone program-independent of other clinical programs Perhaps map current clinical program against HP UG/PG program
 - All relative recent work...so impact on course selection yet know

Professor Bennett who will raise some of these discussions at an upcoming workshop of the advisory board- including possible implications for clinical professions will be part of the conversation

EO place on agenda for next meeting

Agenda item: Metro North Hospital and Health Service (QLD) Clinical practicum Project

- letter sent by MNHHS about the planned project that is to occur 2nd semester
- Initial expressed intent recruitment and retention- commencing with positive student placements
- Feedback from members UQ
 1. has evolved to be be a 2hour IPE session once a week which the universities are required to provide
 2. Four sites- currently allocated disciplines to attend ...
- QUT input- research into the background on IPL
- Confirmed the trial is next semester

- QUT developed four IPE strategies based on the Canadian IPP framework (https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf)
 1. Students observing g others on site and 3 action based inquiry processes working in teams
 2. Interviewing a patient
 3. Intervention for patients or patient groups across professions
 4. Potential a module in health program
- Noted that the Canadian experience has resulted in growth in employment through promotion of IPE

Agenda item: Department of Health

UPDATE

Ms Gillam provide an update on the Health Workforce Reform Branch activities including

- Currently developing workforce strategy (still in process so not shared as yet)
- Supply -demand of health workforce
 - especially distribution of the primary health care workforce
 - MDT teams ... and relation to other caring workforce NDIS and aged care
- Last meeting discussed demand /supply study and the geographic distribution and mapping tool.
 - This is an exciting piece of work in terms of location of workforce and services and is the beginning of the focus shift from workforce to service
 - It may be feasible to have demonstration at the next ACDHS meeting
- Registration and accreditation – a lot of work through the COAG health Council and AHAMAC including how we expand the allied health voice at this level

AHMAC

- 2017 major review of AHAMC and subcommittees- rationalised and streamlined
- HWPC was ceased and new committee Health Services Principal Committee (HSPC) was formed <http://www.coaghealthcouncil.gov.au/AHMAC/Principal-Committees>
- CW-DOH was asked to lead how those committees could obtain advice from the allied health sector on workforce issues.
 - Submitted a recommendation that the Australian Allied Health Leadership Forum (AAHLF) could, through its members, provide such information
 - (NB ACDHS is a member of AAHLF)
- AAHLF provides a broad sector representation of allied health <http://aahlf.com/>
- AHMAC approved AAHLF to be the conduit through which the government/s can seek advice from allied health, and also that the allied health sector can raise issues via AAHLF to health ministers
- AAHLF will now be listed under the HSPC of AHAMC
 - CW-DOH keen to utilise this group to provide workforce advice
 - Will request AAHLF add TOR to reflect this new role
 - Keen to engage with all the sector
 - Both the commonwealth and the jurisdictions can sponsor issues up to AHMAC
 - CW-DOH expressed commitment to make this work and work well
 - CW-DOH asked to undertake a review in 12 months to confirm that this is the right group to provide advice from/about the allied health sector
- **Opportunity** for allied health to raise/highlight issues especially with a focus on
 - service and workforce
 - where there are both Commonwealth and state interests
 - patient outcomes and the contribution made by the professions of allied health
 - provide information to both commonwealth DOH and HSCP/AHMAC
 - Increase the visibility of how AH contributes to patient outcomes..
 - Look at workforce differently to work across disciplines
 - To show where AH can make a difference-

- Where there is evidence and
 - perhaps where there is a need to collect more evidence
- extensive discussion on evidence- available, needed including
 - fragmentation of available evidence an issue
 - Of where activities and services occur...
 - trying to bring together in a coherent way to look at in benefit or benefit framework
- ACDHS/AHHLF try to bring together- to pull stands together- Coherent package of information including
 - Evidence of impact
 - How AH can work in the newer structures eg health care homes.... PHN
 - for example, Sector needs to feed back to CW how AH can work with HCH and help with patient outcome
 - any analysis of content of care plans....
 - can we access data about what is put into EPC plans to look at what doctors are prescribing.. ? match patient need and evidence

The Chair thanked members of the Department for their work to have an allied health voice at the level of AHAMC

WORKFORCE DATA

- First iteration of allied health fact sheets were provided last year for the 2015 data
<http://hwd.health.gov.au/publications.html#alliedh>
- The next iteration (2016) is in development- data analysis not yet complete
- Members confirmed the usefulness and format of the fact sheets
- Maureen McCarty asked that one issue be raised: that of replacement rate
 - the replacement rate of AH in first set of fact sheets was 3 for most professions
 - that is three new registrants to one not renewing registration (3 in: 1 out)
 - This next set of data seems to be indicating that this is going down.
 - Key message Don't want a boom/bust issues (shortages and oversupply)
- Maureen is keen to understand perspective from the university sector, for example
 - intake of students with university sector-
 - Are as many coming in (or completing), or not choosing to work in the sector with their AH qualification

Agenda item National Rural Health Commissioner

Professor Paul Worley provided an overview of his role, future directors and priorities

- Acknowledged the work of many to establish role
- Influence is key to role rather than accountability or funding allocation
- Tending to use the terms
 - 'rural' to be inclusive of rural regional remote and island
 - 'Generalist' to incorporate clinical with research and teaching
 - Breadth V depth of knowledge attracts certain people not others
 - 'Allied health' – when to use and not to use-
 - who's in and who's out- NRHC receiving mixed advice
 - 'Specialities' to include all of the 'protected titles' – while recognise that not all AH disciplines have a protected title
- 'Generalism' emphasises only at PG level... need to introduce earlier eg at UG level
- Values
 - human rights, quality and safety
 - Safety for patient and practitioners
 - Cultural safety key to all
- Staff-
 - secretariat support
 - CPS recruited part time with CPS Ruth Ellis (prior RDA workforce agency)
 - CPS 0.5 researcher Belinda O'Sullivan (from Matthew Mc Grail's research group Monash Bendigo)- pull together data and research questions to assist evaluation□

- Recent agreement between RACGP and ACCRM on what a rural generalist is...important as their resources will need to work on that
 - Will work collaboratively with colleges, associations and universities
 - Needs to be led from rural areas- hub to be rurally based...partner with organisations based rurally to help build social capital in rural areas
 - Reference groups and working parties – all specialities including med n and AH to be involved
 - Have spoken to most of the AH groups on the rural health roundtable chaired by successively by Ministers Nash, Gillespie, McKenzie
 - Interprofessional supervision could assist more students are to go rurally- relevant to many of the allied health professions
- The Chair thanked Paul and will invite back later in the year

Agenda item: EO 2018 Conference attendance

Decision: EO attendance approved in principle as proposed in Attachment 8 (AI listed below)

In response to a question re possible priorities, the EO indicated strong allied health, education, workforce, research and/or policy focus would be a priority

11-12 April 6th Rural and Remote Health Scientific Symposium- Canberra

1-4 July ANZAHPE-Hobart

24-27 July Are You Remotely Interested -Mount Isa

13-15 September Rural allied health conference- Darwin

Invitations to the EO/ACDHS to attend stakeholder meetings received or expected

- 1 March Accreditation Standards Development – Allied Health Rural Generalist-Sydney –attended
- 13 April Rural allied health evidence & research forum- Sydney
- 17 April 2nd Aged Care workforce Summit-Melbourne (follow up to Dec2017 meeting)

ACDHS council Meetings

- May 29 Canberra
- October 17 Canberra

AHHLF meetings-

- Canberra 28 February, 21 May
- Darwin 12 September

IAHA annual forum –Canberra/Sydney (late November- December)

Information sent back to group on conferences or for a

Universities Australia

Rachel Yates, Policy Director (Health and Workforce) Universities Australia attended the meeting and provide an update on recent activities.

- MYEFO cuts have been the main area of advocacy which UA is pursuing. There has been a real impact on health course in particular
 - Regional Universities Network Media Release
http://www.run.edu.au/cb_pages/news/RUN_slams_MYEFO_cuts.php
- Met with Minister Ken Wyatt and his advisor re MYEFO cuts and expanding placements which are themes UA is continually working on.
 - They were receptive and requested to have 'ideas' presented to them. Rachel thanks council members who sent through examples of how to expand placements into aged care.

- yet to hear a response but will follow up.
- Rachel met with Greg Hunt's advisor, and Jo Testa.
 - Jo is looking after the workforce portfolio.
 - Discussions included MYEFO cuts and the post-2020 National Healthcare Agreement which is currently being negotiated.
 - Aiming to have education and training input.
 - Rachel will have a follow up meeting.
- Opportunity to write an article for the Health Advocate the magazine of the Australian Healthcare & Hospital Association's [AHHA] magazine), which is through the Australian Health and Hospitals Association. Not yet been released (but will be available at <http://ahha.asn.au/publication/health-advocate>)
- A placement survey was released to the universities which closed at the end the week (2/3/18). Preliminary responses have shown:
 - Costs are a barrier
 - quality supervision, coordination and sufficient clinical exposure are the biggest issues
 - Private hospital, private allied health services and aged care services are more likely to charge fees
 - NGOs tend to charge slightly higher fees compared with private and public.
 - 55% of respondents overall are reasonable satisfied with placements – will need to analyse this further and decide what the focus needs to be
- Labor has stated if they are re-elected they will do a review of education – UA are keeping this in mind to see if there is any opportunity to link in health.
- Variable engagement with the Department of Health.
 - Reviewing the workforce strategy nationally.
- Engagement with John Pollears who is leading the Aged Care Workforce Strategy taskforce.
 - UA will be making a submission to their 5 strategic imperatives and he will be on the panel for the Health Workforce Session at the UA Higher Education conference. –
 - Rachel will check if this is being recorded so that it can be shared.
- Met with Leading Aged Serviced Australia (LASA) –
 - UA was advised to engage with a national aged care organisation if they want to be taken seriously to coordinate a national approach to expanding placements and the future workforce. Also intending to meet with the Council of the Aged (CotA).
- Accreditation Systems Review – awaiting the government's response to the final report.